The Orders Of St. John Care Trust

OSJCT Orchard House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 11 and 12 December 2017 and was unannounced. Orchard House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Orchard House is registered to provide accommodation for 50 people who require nursing and personal care. There were 45 people were living in the home at the time of our inspection. The home is set over two floors. It has large dining room, several lounges and quiet areas and a hair dresser.

A registered manager was in place as required by their conditions of registration after a period of the home not having a permanent manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

At the last inspection in March 2017 we rated the service as 'Requires improvement'. The provider sent us an action plan to show what they would do to improve the key questions of: Is the service safe, effective and well-led? to at least good. They told us they would make these improvements by 31 July 2017. Whilst we found at this inspection improvements had been made in the areas we had identified as requiring improvement, we found new concerns in the planning of people's care to ensure their changing needs would be met. These shortfalls in people's care plans had not all been identified by the provider's internal quality monitoring systems.

As a result, we found the service had not improved in its rating and continues to be rated as 'Requires improvement'. Orchard House has been inspected eight times since it was registered under the Health and Social Care Act in 2010. Five of these inspections, including this one, have identified breaches of regulations. The provider has not demonstrated they are able to consistently meet the requirements of their registration. Under Regulation 17(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, we will be asking the provider to send us a written report of the action they plan to take to achieve a rating higher than 'Requires Improvement' to support us to monitor the provider's planned improvements.

Staff were aware of people's likes, dislikes and support needs. Improvements had been made to the recording of the management of people's risks. People's care plans did not always show how people's changing care had been planned with them to meet their specific needs, which increased the risk of them receiving inappropriate care. The provider's quality assurance systems had not identified that people's changing needs had not always been incorporated in their care plans to ensure they would always receive the individualised care they need and prefer.

Since out last inspection, an established staff team was now in place so people were supported by staff who

were familiar with their needs. Improvements had been made to the management of people's medicines. Staff had been trained in their role and told us they felt supported by the new registered manager. Plans were in place for staff to receive additional training.

Staff were aware of their responsibilities to report any concerns of abuse or harm. Accident, incidents, concerns and complaints were reported and investigated into. Actions were taken and lessons were learnt when shortfalls had been found. People's health care needs were monitored and any changes in their health or well-being had prompted a referral to their GP or other health care professionals.

A new registered manager was in post which had provided the home with stability. The registered manager had made improvements to the systems and running of the home. Quality assurance and communication systems were being implemented and reviewed to improve the quality of the service.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

This service was safe.

Improvements had been made in the management people's medicines and pressure care risks since our last inspection. People's medicines were stored and administered safely.

People were supported by staff who were familiar with their needs as an established staff was now in place.

Staff were trained to recognise signs of abuse and report any concerns.

Reflected practices when incidents occurred and action was taken.

Is the service effective?

Good

This service was effective.

Staff received the support and training they required to carry out their role.

People's rights were protected and staff supported them within the principles of the Mental Capacity Act 2005.

People were supported to maintain a healthy balanced diet.

When people's needs changes they were referred appropriately to health care professionals for additional advice and support.

Improvements were being made to the home's environment which would assist those people who live with dementia.

Is the service caring?

Good

The service was caring.

People were treated with kindness and dignity by staff who knew people well and understood their needs.

Staff adapted their approach and manner according to people's

emotional and communication needs.

Staff were thoughtful and attentive people's needs and levels of comfort.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care plans did not always show how people's changing care had been planned with them to meet their specific needs, which increased the risk of them receiving inappropriate care.

Improvements were being made to the recording of people's social and emotional well-being needs.

Staff and the registered manager were responsive to people's complaints and concerns.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider had not consistently assured that the quality assurance processes in place were effective and maintained.

A new registered manager was in post who was making progress in improving the lives of people and the quality of care being delivered at Orchard House.

An established staff team was now in place. Staff felt supported and that communications in the home had improved.

OSJCT Orchard House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 11 and 12 December 2017 and was unannounced. The inspection was carried out by two inspectors and an expert by experience. An expert- by -experience is a person who has personal experience of using or caring for someone who uses this type of care service.

This service was last inspected in March 2017 and was rated as 'Requires Improvement'. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service and provider as well as previous inspection reports.

During the inspection we spent time walking around the home and observing how staff interacted with people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven people and one person's relatives. We looked at the care plans and associated records of 13 people. We also spoke with a visiting health care professional, four care staff, two nurses (including the head nurse), an activity coordinator, the head chef and the registered manager. We looked at staff files relating to their training and personal development as well as the home's recruitment procedures. We also checked the latest records concerning complaints and concerns, safeguarding incidents, accident and incident reports and records relating to the management of the home including quality assurance reports.

Good

Is the service safe?

Our findings

At the last inspection of Orchard House in March 2017, we rated this key question as 'requires improvement'. This was because the home had not always assessed staff to ensure they were competent to administer people's medicines safely and some people's risks had not been effectively monitored in line with their care plan. Additionally people's medicines were not always safely managed. At this inspection in December 2017, we found improvements had been made to the management of people's medicines, the assessment of staff competencies and to the management of people's risks relating to their skin integrity and pressure care.

People received their medicines as prescribed in line with the home's medicines policy. Actions had been taken to address some concerns about the management of people's medicines from our last inspection. People received their medicines by staff who had been trained to manage and administer their medicines. Records indicated that the skills and competencies of the nurses managing people's medicines had been checked and observed to ensure good practices were maintained. People's medicines administration records showed that people had received their medicines as prescribed. Their medicines were reviewed every six months by the GP or earlier if required. Medicines were securely stored and kept within recommended temperature ranges. Robust systems were now in place to safely manage people's controlled drugs and the safe use of sharps such as hypodermic needles. Records showed that PRN medicines (as required medicines) were administered and recorded appropriately. Risk assessments had been carried out and regularly reviewed for those people who managed and administered their own medicines. The home had recently been presented with 'OSJCT Accreditation for Medication' award by the provider for good medicine management practices.

The staffing levels in the home had stabilised since our last inspection with a reduction in the use of agency staff. Since being in post the new registered manager had prioritised recruiting and developing an established staff team. They told us they were confident in the skills of the new staff team and were working on improving the communication across all the departments in the home.

There were sufficient numbers of staff on duty during our inspection. People told us they felt they were mainly supported by staff who they recognised and who were familiar with their needs. We observed that people were left with their call bells in reach and staff responded to their calls for assistance promptly. The response times of staff answering people's request for assistance were monitored by the registered manager. They investigated when the staff response times had exceeded the expected time and had carried out actions such as reminding staff about the timings of their breaks to ensure staff would be available when people needed them.

The provider had a central and electronic recruitment process to assist the registered manager in advertising and recruiting new staff. The previous employment history of new staff and Disclosure and Barring Service checks (criminal histories) were carried out to ensure staff were of good character and suitable for their role. Employment gaps and applicants' reasons for leaving their previous employment were discussed at interview to ensure people were cared for by suitable staff. The registered manager also reviewed the profiles of agency staff to ensure they had the skills and training before they were contracted to

work and support people at Orchard House.

People's risks had been individually assessed and were known by staff including the risks, management and prevention of pressure ulcers, falls and mobility. Where risks had been identified, risk assessments had been recorded and management plans had been put into place which described the control measures to guide staff to deliver care safely. For example, a detailed care and treatment plan was in place for one person who had developed a pressure ulcer due to a contracture in their upper limb. It was also documented that staff had carried out a reflective practice meeting on the cause and prevention of the pressure ulcers and the actions they would take to minimise this risk in future.

We found appropriate interventions and equipment had been put into place for people at risks of falls. Records showed staff had referred people to appropriate health care professionals as needed such as to a physiotherapist for walking equipment. Staff had considered people's safety in bed and had made suitable arrangements to manage their risks. For example, one person had been assessed that bed rails were not suitable for them and therefore a high/low bed lowered to the floor with a crash mat along the side of the bed was required and being used. The pressuring relieving equipment in the home had recently been updated to help reduce the risk of people being placed on unsuitable mattresses. Monitoring charts for those people who needed support to be repositioned were regularly completed to ensure the pressure on their skin would be reduced.

Fire evacuation procedures were in place and each person had a personal emergency evacuation plan in place which detailed the support they required to evacuate the premises safely. There were regular service and maintenance checks on all fire safety equipment.

Accidents and incidents were reported by staff and investigated by the registered manager or head nurse. The reports were analysed and used to identify patterns and trends. Records showed actions were taken to reduce the risk of further incidents. Staff carried our reflective meetings when incidents such as a fall or skin tear had occurred. The meetings encouraged staff to reflect on the incident and any learning and actions that needed to be taken when shortfalls were identified.

People told us they felt safe living Orchard House. One person said, "Yes, it's very nice ……and do I feel safe. Oh yes you could give lots of reasons, but I feel safe at night as well as during the day they have good security you know." Another person told us, "Oh yes absolutely I can go down stairs if I want to and there's a keypad on the doors which you need to know the code to get in." People told us they mainly felt comfortable amongst staff and could speak to them about their concerns.

All staff had a good understanding of their responsibility to keep people safe and protect them from abuse and discrimination. They were able to explain different types of abuse and the actions they would take if they had any concerns. One staff member said, "I would report any problems straight away and would take it to social services or you guys (CQC) if I thought any resident was in immediate danger." The provider had policies and procedure in place for staff to raise any safeguarding concerns. The registered manager had a good understanding of their responsibility to report any safeguarding concerns to CQC and the local authority safeguarding team. The provider's safeguarding and whistleblowing policy provided staff with internal and external contact details if staff wished to report any concerns or poor practices.

People lived in an environment which was kept clean and safe. The cleaning schedules of the home had been reviewed and now extended into the evening and weekends. Staff had access to and were seen using personal protective equipment such as disposable gloves and aprons to reduce the risk of spreading infections. Regular infection control audits were carried out to monitor that staff were complying with the

provider's infection control procedures.

Good

Is the service effective?

Our findings

At the last inspection of Orchard House in March 2017, we rated this key question as requires improvement. This was because the home did not have effective systems to manage and monitor the skills of agency staff before they supported people. At this inspection in December 2017, we found improvements had been made in this area and have rated this key question as 'good'. Records showed that the profiles of agency staff were checked before they worked in the home. Agency staff also received a brief induction into home's systems and were informed of the care needs of people during the handover process between the changes in the staff.

People were supported to sustain and improve their health and well-being at Orchard House. People could be assured that their care was delivered in accordance with national guidance and legislation. Staff had formed links with organisations and other health care professionals to promote and guide best practice within the home. People's care and support needs were assessed using current nationally recognised assessment tools. For example, a screening tool was used to identify people who were at risk of malnutrition or losing/gaining weight. Where risks were identified, management plans were put in place to support people with their food intake according to their needs.

New staff completed the provider's induction training which also included shadowing experienced staff members and completing the care certificate which ensured staff were suitably trained to provide a basic standard of care. The registered manager and head nurse observed the care practices of new staff to ensure they were competent and confident in their role. Records showed that staff went on to complete further training to enhance their skills. The registered manager monitored the staff training and put plans in place when their skills needed to be refreshed. Staff were also given the opportunity to complete national vocational qualifications in health and social care.

Staff spoke positively about the support and training they received. A staff member said, "Yes generally the training is good here. We have opportunities to do extra courses if I needed." Some staff felt that additional training in dementia awareness and end of life care would help their skills to support people. The registered manager explained they were currently resourcing some additional course as they had recognised that the nature of people's needs were changing and that skills of the staff team needed to evolve and be in place to ensure people received appropriate care and support. We were told that the home now had an in house manual handling trainer who would be carrying out observations of staff's moving and handling practices to ensure people were supported in line with current guidance.

People with specific needs were supported by staff who had an understanding of their care needs. The registered manager explained they would continue to appoint and train staff to become champions in specialist areas to ensure people who cared for by staff who were knowledgeable in current practices. The champions would be required to keep up to date with the latest guidance and legislation in their specialism and cascade the latest information to the staff team to ensure people experience good healthcare outcomes.

A systematic programme was now in place which ensured that staff received regular support meetings using the provider new frame work and methodology of supporting and developing staff. The registered manager described the structure of the support meetings and told us they were receiving positive feedback from staff about the process. Records showed and staff told us they received regular supporting meetings using the provider's new methodology in supporting staff.

People who we spoke with were generally positive about the food and meals they received. We received comments such as "Delicious. You can't go wrong here"; "The food is quite good and there's a choice and if you don't like it you can always get something else I don't have a favourite meal I like everything, and I don't get hungry at night and if I did I could always get a sandwich" and "So far so good. I like food here very much." People were supported and prompted to eat their meals and drink. We observed people eating their meals during the lunchtime period. Most people chose to eat in the dining room. Staff gave people choice about where they would like to sit and gave them a choice of meals. People were offered to wipe their hands with wet wipes and offered an apron to protect their clothes before their meal. Staff supported people who needed assistance at that their own pace.

Some people were given adaptive crockery which helped them to maintain their independence in eating and drinking. We observed the catering staff engaging and talking to people about the quality of the meals and whether they had enjoyed their lunch. They were aware of people's likes, dislikes in food and ensured their dietary needs which were catered for. Any changes in people's dietary needs were communicated with the kitchen.

People's day to day health was monitored by staff. Records showed that any changes in people's well-being had immediately been referred to health and social care professionals such as the GP, dieticians and opticians. A visiting health care professional complimented the staff and informed us that they had observed good standards of care when visiting the home. Current information about people's health and well-being was shared amongst staff to ensure they were up to date with people's needs. An informative handover took place between each shift and staff were provided with daily handover sheets which contained information about peoples current condition, mobility and any monitoring charts in place.

Since being in post, the registered manager told us they had initially felt that the home was 'a little clinical' and that it required updating to help people orientate themselves around the home. They had started making steps towards making the home dementia friendly and feel more homely. For example, a series of 'wall-art' features along the corridors was being introduced as well as placing memory boxes outside people's bedroom doors They explained that people had found memory boxes beneficial to help orientate themselves back to their bedrooms and had been a good talking point between staff and people. The registered manager said, "I am very passionate about support people with dementia. It is important that we get the environment right for everyone who lives here. " Further plans were in place to update decoration and improve the signage around the home.

People were involved in making decisions about their care and treatment. Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Some staff had received training in MCA and the provider's admiral nurse had also carried out workshops with staff to reinforce the principles of the MCA.

Staff demonstrated that they had a sound knowledge in the principles of the MCA which we found was

embedded in their care practices when they supported people. For example, we observed people being involved in decisions about their care and support such as being offered choices about their daily activities and personal hygiene. Where people lacked mental capacity to make decisions, staff had generally sought consent before delivering care in line with legislation and guidance. For example, people's mental capacity to make specific decisions had been assessed and best interest decisions were made in consultation with other people such as health care professionals and family members.

The provider had met their responsibility with regard to the Deprivation of Liberty Safeguards (DoLS). People can only be deprived of their liberty to receive care and treatment when this in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made appropriate applications to the local authority when they had identified that staff and the environment was restricting people's liberty. Authorised applications of DoLS were in people's care records and were being regularly reviewed to ensure they remained in date. Staff were in the process of updating people's care plans to reflect how they supported people in the least restrictive manner and the outcome of the authorisations of the DoLS application.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were kind and caring. We received positive comments such as "Yes, they're caring and one of the carers are very good and yes they seem as if they know what they're doing"; "I am happy here. The carers work hard to make sure we are all taken care of. It can be a push for them sometimes but they are all nice" and "They are lovely, very nice staff."

Staff were seen to interact kindly with people. We observed staff from all departments interacting and chatting with people. One staff member told us the home had a 'family' feel to it as some people and a lot of staff came from the local town. They said, "If you search long enough, you find we all have a connection with one another in one way or another especially if you have come from the local area." Where time allowed, staff spoke to people individually and enquired about their wellbeing. One staff member sat with a person in a sitting room and asked them about the previous day and about what they wanted to do that day.

A relative also described staff as 'warm and friendly'. Staff were attentive to people's needs and ensured they were comfortable. For example, staff ensured people were warm and fetched additional item of clothing for one person who felt it was chilly. People and staff chatted about the snowy weather and reminisced about the weather during previous Christmases. We observed staff being mindful when people were sat directly in the sun light and offered to close the curtains for them.

Staff understood how to communicate with people in a meaningful and compassionate manner. When speaking to people, we observed that some staff automatically adapted their approach, tone of voice and position to meet the person's communication needs and overcome any barriers such as being hard of hearing. For example, one staff member positioned themselves to the left of a person and spoke directly into their left ear as they were aware that the person had limited hearing on the right side. This was done in a sensitive manner and their voice was clear and concise without shouting at the person. They then made eye contact with the person and to confirm they understood their instruction before moving in them in their wheelchair.

The home had a warm and friendly atmosphere especially during the lunchtime period as people gathered in the dining room to eat their main meal of the day. The registered manager explained that they had reviewed the dining experience at Orchard House and as a result had implemented pictorial menus and reviewed the layout of dining room to encourage social interactions between people. This had had a positive outcome for people as we found the atmosphere in the dining room to be sociable and light hearted as people freely chatted with each other. We also observed throughout our inspection that staff knew people well and took time to ensure that their likes and dislikes were respected especially during their meal and snack times. Staff were able to tell us about people's meal preferences and people's background histories and what was important to them.

People's privacy and independence was promoted. Staff knocked on people's doors and introduced themselves before entering. Staff spoke to people respectfully but in a caring manner. They were able to describe to us how they maintained people's dignity. One staff member said, "I only treat the residents here

like I would treat my own mother. We should show them respect and never talk down to them. We should respect who they are and what they have lived through."

People were supported by staff to express their views and wishes. People's care records detailed people's preferences and choices, The registered manager informed us that people at Orchard House were treated equally and that staff were aware not to pass judgment and to respect and support people with their personal values and beliefs and other protected characteristics. They provided several examples of how they had previously supported people with religious beliefs and criminal backgrounds in a non-discriminatory manner.

Requires Improvement

Is the service responsive?

Our findings

Records showed that people and their relatives had been involved in their assessment and development of their care plans. People had care plans in place; however, some people's care plans did not always show how people's changing care had been planned with them to meet their specific needs, which increased the risk of them receiving inappropriate care.

Care plans did not always contain guidance for staff relating to how people's changing needs should be met. For example, it had been recommended by the hospital that the management of one person who had dislocated their shoulder should be carried out 'conservatively', however it was not clear from their care plan how staff should support the person to transfer and reposition them. Although we were told that staff were made aware of the risks and management of the person's shoulder through the handover process (sharing of information between staff at the start of each shift), in the absence of a care plan there was a risk that the person's care would not be systematically reviewed to ensure it met their needs and preferences.

We enquired about the management of another person's finger nails which were misshaped due to a fungal nail infection. The head nurse told us that the person had received several courses of treatment from the GP with no success. Staff were now supporting the family to maintain their nails, however their care plan did not contain information about the individual support they required from staff such as how to carry out their nail hygiene, manage any pain or discomfort or the actions staff should take to help reduce the risk of spread of the infection. They might therefore not always receive the personalised support they need.

It was unclear from people's care plans how the management of some people's nutritional and hydration needs was being maintained and monitored. For example, records showed that the nutritional care plan for one person had been updated to reflect the recommendations of health care professionals as they had swallowing difficulties and was losing weight. However it was unclear how their nutritional and fluid intake was being monitored.

We observed the management of another person's nutritional and fluid intake who remained in bed throughout our inspection. We found the person had been left with a drink which remained untouched for several hours whilst they slept. The person did not respond when a staff member attempted to wake the person up for their lunchtime meal and therefore the person received very little nutrition and fluids during our observations of this person. The staff member informed us that they verbally informed the nurse on duty if they felt people had not eaten or drank sufficiently and would record it in the person's daily records.

Another person had been prescribed thickener for their drinks due to swallowing difficulties and had been left with a drink that was of thick consistency. The recommended consistency of their fluids was not clearly recorded in their care plan or known by two staff members on duty during our inspection. However the nurse was able to inform us of the prescribed consistency and told us they would check the person's drinks as part of their medicine's round. They reassured us that this information would be reinforced during their handover with staff and that the person's care plan would be updated.

People were at risk of not always receiving the emotional support that they required by staff who were unfamiliar with their needs such as agency staff. We observed staff who were familiar with people's needs appropriately supporting people who became agitated and distressed, however there was not sufficient details in their care plans to guide staff on the best way to support people if they became upset. For example, the care records of one person explained that their underlying medical condition may affect their mood and staff should aim to minimise their stress and discomfort, however their care plan did not provide details how staff should support the person to achieve this.

The registered manager told us they were aware that the care plans could always improve and that they were continually looking to develop the care planning. They informed us that people's emotional needs were being reviewed as part of their actions to develop a dementia friendly home.

Although we found that improvements had been made to people's care plans in areas such as pressure care management, people's care plans did not always include guidance to staff to inform them how to meet all their individual needs. This is a breach of Regulation 9, Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Other areas of people's care and support requirements had been effectively planned, recorded and reviewed. People's care plans reflected their support needs, goals and desired outcomes in relation to their personal care and communication needs. For example, care records around people's communication needs were detailed and guided staff on how to communicate with people and whether they had any impairment such as being heard of hearing or needed to wear glasses. Care plans for people who lived with dementia described how staff should support people and prompt and encourage them to make decisions about their care and the support they required such as support with their personal hygiene and eating.

Personalised information about people's backgrounds, life histories and preferences were mainly recorded well; however further progress was being made with developing detailed person centred care plans around people's social and emotional needs. We were told that improvements were being made to people's care records which would also include more details of people's social and emotional well-being.

People enjoyed a range of activities during the day, evenings and weekends including music sessions, art and craft classes and gardening sessions. During our inspection, a local school visited the home and sang Christmas carols with the people of Orchard House. The activities coordinator explained that they were supported by a team of volunteers and were working to form better connections with the local community as well as provide more external activities. Most people were positive about the activities and felt there had been an improvement in the range of activities available to them. We were told that progress was being made to the records associated with people's social interests and backgrounds and their participation in activities.

People could be assured that systems and procedures were in place if they required end of life care. We were told that the GP would be immediately informed if a person's health deteriorated and staff would seek expert advice from palliative care specialists if required. An end of life care plan would be implemented in line with the provider's polices and procedures when supporting people with their end of life care. The person, their family and health care professionals would be involved in the planning of their care and any wishes from the person (or on behalf the person) would be respected and implemented as part of the care plan. Information about the person's well-being would be discussed and reviewed daily by the nursing staff and increased monitoring checks would be put in place to ensure the person remained comfortable and pain free. The registered manager was in the process of sourcing courses to up skill staff in end of life care and current practices.

People and their relative's day to day concerns and complaints were encouraged, explored and responded to in good time. Records showed that the registered manager had investigated into the complaints that had been received by the home in accordance to the provider's complaints policy. They informed us of the actions they had taken to address any shortfalls that had been found during their investigation and their response to the complainant. The registered managers used feedback from people and their relatives to help drive improvement across the home. People and their relatives had the opportunity to attend the 'residents and relatives meetings'. One person said, "Yes, I do go to them (meetings) when they have them and yes they do listen to me at the meetings" We were told that the meetings were held regularly and used to inform people of any changes in the home and listen to their concerns. The registered manager was reviewing the timings and the format of the meeting to attract more people to attend.

Requires Improvement

Is the service well-led?

Our findings

During this inspection, we found that improvements and actions had been taken to meet our concerns from the last inspection including the support and management of staff. A range of monitoring systems and checks had been completed and actions had been taken to drive improvement and address the shortfalls such as medicines, pressure care management and infection control audits. Accident and incidents were reported, recorded and analysed and appropriate actions has been taken to ensure people were safe. Nurses held regular clinical governance meeting to discuss and monitor the nursing needs of people and review issues and errors in people's care.

A new registered manager was now in post after several months of not having a permanent manager at Orchard House. It was clear that they were passionate about providing good quality care and were still making progress to improve the service. However the provider's quality assurance systems had not identified prior to our inspection that people's changing needs had not always been incorporated in their care plans to ensure they would always receive the individualised care they needed and preferred.

Orchard House has been inspected eight times since it was registered under the Health and Social Care Act in 2010. Five of these inspections, including this one, have identified breaches of regulations. The provider has therefore not demonstrated that they are able to consistently meet the requirements of their registration and operate effective systems to ensure that Orchard House remained compliant with the Health and Social Care Regulations.

We have therefore rated this key question again as requires improvement and we will be asking the provider to send us a written report of the action they plan to take to achieve a rating higher than 'Requires Improvement' to support us to monitor the provider's planned improvements, under Regulation 17(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed our concerns about the management of people's personalised care needs with the registered manager who assured us that adequate communication between staff at handover and reflective practices would ensure that people received safe and effective care. Nurses also held regular clinical governance meeting to discuss and monitor the nursing needs of people and review issues and errors in people's care. The registered manager showed us records of other quality assurances processes they had in place to monitor the quality of the service and the actions they had taken to address any shortfalls such as in the management of people's medicines, kitchen hygiene and infection control practices. They recognised that further improvements were needed to the systems which monitored people's needs and preferences in care.

Since being in post the registered manager had worked on the home's action plan and taken action to improve the home such as evaluating the staffing team. They shared with us that their biggest challenge had been to stabilise the staff team and improve communication across all the departments. The registered manager had also introduced several initiatives to assist with communication. For example they had ensured that their working patterns remained flexible and often started work early so they could speak to

the night staff and discuss any concerns. They had introduced a daily ten minute head of departments meeting to discuss any new people who had been admitted to the home, staffing levels, events in the home and any concerns about people's well-being. They were also reviewing the schedule of staff meetings as the attendance to meetings had been poor. They told us they were aware that further work was needed to improve the team work and communication between some staff members. Evidence from a recent staff survey, showed that the registered manager had had a positive impact on the home and staff felt that communication in the home and the support they received had improved.

Staff told us the registered manager was approachable and felt their concerns were listened to. They had an 'open door' policy and often walked the corridors of home speaking to staff and people. The registered manager told us they were still getting used to the provider's policies and procedure but felt supported by their line manager, peers and staff within the home. The registered manager was very clear about the values and vision of the provider and told us they were excited about being part of the organisation. They had plans in place to develop their personal knowledge such as attending advance courses in medicines management and fire safety as well as leadership programme.

The registered manager was aware of their responsibilities to run a caring and effective home which protected people from harm. People and staff spoke positively about the management arrangements at Orchard House. Staff told us they felt supported and was pleased to have a permanent manager in post. They told us they were confident in the management and leadership of the registered manager who had implemented some positive initiatives in the home. An on-call system had been developed so staff could seek advice and support when the registered manager and head nurse was not on duty. The registered manager told us that now the staffing levels of the home were more settled they were encouraging staff to be more involved in the running of home. For example, they were in the process of introducing specialist leads in the home by developing the knowledge of certain staff in specific areas such as dementia and falls leads.

The home supported people to have information that was in an accessible format when it was requested such as large print newsletters. The registered manager assured us that they would review the guidance on Accessible Information Standards and the provider's policy to ensure people were given information in a manner that they can understand in line with the latest guidance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care People's care was not always planned to ensure they would receive individualised care that met their needs and preferences.