

# Home from Home Care Limited

## Orchard Lodge

### Inspection report

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### Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Outstanding 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

# Summary of findings

## Overall summary

About the service:

Orchard Lodge is a care home registered to provide personal care to young adults who live with a learning disability and/or autism. Orchard Lodge is a purpose built bungalow which can accommodate six people. At the time of the inspection there were five people living at the service. Each person had access to their own private lounge, bedroom, bathroom and garden area which had been adapted to meet their individual needs.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:

Relatives and our observations confirmed the care and support people received was exceptional. A comment from a relative summed this up by saying, "Care has surpassed what we could have ever imagined!"

Relatives, professionals and our observations confirmed staff provided exceptionally safe care. People were supported by a small team of staff that fully understood their needs.

People received personalised care that was exceptionally responsive to their needs. There was strong sense of leadership in the service that was open and inclusive. The registered persons focused on achieving exceptional outcomes for people and their staff.

We found robust systems, processes and practices were followed and sustained effectively to safeguard people from situations in which they may experience harm. Risks to people's safety had been thoroughly assessed, monitored and managed so they were supported to stay safe while their freedom was respected.

People were fully supported creatively to live healthier lives by having on-going support to access suitable healthcare services. Care staff understood the importance of promoting equality and diversity by supporting people to make choices about their lives. Staff were given the support and opportunities to progress within the organisation. Confidential information was kept private.

People who used the service were treated with compassion and kindness and their privacy and dignity respected.

Safe recruitment practices were followed. Innovative methods to include people in the recruitment process

were in place.

Medicine records reviewed confirmed people received these safely. People lived in an environment that was clean and free from the risk of the spread of infection.

Staff received a thorough induction process and had completed all the training required to support people safely. Staff received regular supervision and annual appraisals and were able to reflect on the care and support they delivered. Staff were able to access further training and development opportunities in addition to their mandatory training.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and live data recording systems in the service supported this practice.

People had been involved in agreeing their care plans and participated in reviews of the care and support provided to them. People and family members said that staff always asked for consent when carrying out care and support tasks.

People and relatives benefited from a robust data management recording framework that helped care staff to understand their responsibilities so that risks and regulatory requirements were met.

The provider had flexible ways of encouraging regular feedback from people who used the service, relatives, care staff and professionals. Views were gathered through questionnaires, telephone conversations, regular face to face meetings at people's home and at staff team meetings in the office.

No complaints had been received in the last 12 months. People were introduced to lay advocates if necessary.

Comprehensive quality checks were available in real time as the provider created a bespoke live data recording system which could review all records and incidents instantly. This made sure people benefited from the service being able to quickly put problems right and to innovate so that people could consistently receive safe care.

Excellent team work was promoted and care staff were supported to speak out if they had any concerns about people not being treated in the right way. Staff were clear about the vision and values of the service. In addition, the registered persons worked in partnership with other agencies and stakeholders to support the development of joined-up care.

More information is available in the full report.

Rating at last inspection:  
Good (report published 11 November 2016)

Why we inspected:  
This was a planned inspection based on the rating at the last inspection when we rated the service as good overall. At this inspection there had been further improvements which resulted in the service being rated outstanding overall.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was exceptionally safe.

Details are in our Safe findings below.

Outstanding 

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good 

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good 

### Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding 

### Is the service well-led?

The service was exceptionally well-led

Details are in our Well-Led findings below.

Outstanding 

# Orchard Lodge

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection was completed by one inspector.

#### Service and service type:

Orchard Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection took place on 10 and 13 June 2019 and was announced. We gave the service 48 hours' notice of the inspection because some of the people using it could not consent to a home visit from an inspector, which meant that we had to arrange for a 'best interests' decision about this.

We made telephone calls and requested information on 11, 17 July 2019 from relatives, staff, health and social care professionals.

#### What we did:

We used information we held about the service which included notifications that they sent us to plan this inspection. We also used the completed Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. However, the provider had completed this over 12 months

previously and we therefore gave opportunities for them to update us throughout the inspection.

We used a range of different methods to help us understand people's experiences. People were unable to talk with us so we observed interactions between people and the staff. We also spoke with five relatives to gain their feedback on the quality of care. We contacted Healthwatch which is independent consumer champion that gathers and represents the views of the public about health and social care services in England. Additionally, we spoke with health and social care professionals the service had worked with over the last year.

We spoke with three support workers, a positive behaviour support manager, the registered manager and two area managers. We reviewed care plans for four people to check they were accurate and up to date. We also looked at medicines administration records and reviewed systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. These included accidents and incidents analysis, complaints management, meetings minutes and quality audits.

We used the Short Observational Framework for Inspection (SOFI) when we visited people in their home. SOFI is a way of observing care to help us to understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has improved and now rated as Outstanding.

This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

Systems and processes to safeguard people from the risk of abuse

- People, their representatives and staff were involved in developing a comprehensive and innovative approach to safeguarding. People had regular one to one sessions about keeping safe in the home and when out in the community. A one page easy read personalised safety guide was created to reinforce this.
- Prior to moving to the service some people had great difficulty accessing their local communities safely. Since moving to the service people had been supported to access and enjoyed visiting their local parks, shops and social clubs.
- Staff had very good knowledge on safeguarding and how to keep people safe. If concerns were raised, prompt investigations were made and referrals made to the local authorities. Staff had completed safeguarding training and had access to a safeguarding policy. Safeguarding was also regularly discussed at staff supervisions and team meetings.
- The service was recognised as having an exceptional and inclusive approach to promoting the safety of its staff and was seen as a good place to work by staff. This was acknowledged by external professionals and family members. The registered manager attended national information events where themes around safeguarding had been shared and this was then discussed at team and house meetings.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care and support. Comprehensive risk assessments such as behaviour management plans had been regularly reviewed and completed for each person's level of risk.
- When some people were supported in the community staff wore jackets that were specially tailored to protect them from any risk of harm. The jackets looked no different to standard high street jackets which were discreet but effective.
- People had behaviours that may pose a risk and received support from the provider's internal positive behaviour support team to manage their safety and wellbeing. This support enabled people to remain safe when accessing their local community.
- When people's behaviours fluctuated the provider's live data management system allowed real time analysis and planning of staff resources and tailored activities to reduce people's anxiety. This allowed staff numbers to be changed at short notice due to people's changing needs and the registered manager always had additional staff available if required.
- People were enabled to take positive risks when out in the community to maximise control over their own



lives with support from staff, relatives, external health and social care professionals. Examples included people accessing their private spaces in their home, local parks and places of interest. Other examples included promoting people's independent living skills safely. We observed people being supported safely in preparing meal and then tidying up afterwards. Some people required one to one support, others required two to one.

#### Staffing and recruitment

- People using the service were involved in the recruitment of new staff. Feedback was gathered from people and relatives after new applicants were observed spending time interacting with people during daily activities. This showed people had a voice and were part of choosing who worked at the service
- We checked the recruitment files of four staff members and safe recruitment and selection processes were followed.
- Relatives and professionals confirmed there were always sufficient staff to meet their needs. This included accompanying people to their activities and health appointments.
- A relative said, "The company operate an amazing timetabling, ensuring just the right amount of skilled staff are made readily available as required."

#### Using medicines safely

- Medicines records were completed accurately and audited regularly.
- Staff worked creatively with people to closely involve them in the management and administration of their medicines, including medicines that were not prescribed. They worked collaboratively with GPs and with other agencies to promote people's independence.
- Staff received medication training as part of their induction and their competency had been regularly assessed.
- Relatives confirmed they were very happy with the support their family members received to take their medicines. This meant people could safely take medicines in a variety of places, and family were empowered to provide support which they may have previously not, enabling more time to be spent with family.

#### Preventing and controlling infection

- The home was clean and hygienic which reduced the risk of infection. Policies and practices in the service ensured people were protected by the prevention and control of infection.
- Staff who supported people with food preparation had received food and hygiene training. This helped to ensure people would be protected from the risks of infections. We observed people being supported in the kitchen and safe food hygiene procedures were followed which promoted their independence.
- The service involved people in identifying and managing risks relating to infection and hygiene, and promoted awareness and independence when doing so. A relative said, "Our [relative] has their flat deep cleaned regularly."

#### Learning lessons when things go wrong

- When things went wrong, relatives were invited to attend the service to discuss how improvements could be made and they spoke positively about their involvement and how it had a positive impact on their loved on.
- The data management system was accessed by all staff and management. It gave real time analysis and information that could be broken down to share learning from incidents with people and staff.
- A relative said, "When things have gone wrong the service have learned and improved [relative's] risk assessments and their environment immediately."
- Regular team meetings with management and staff took place to analyse and review people's safety.

# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question remained Good.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were met by a truly holistic approach to assessing, planning and delivering care and support.
- People had comprehensive pre-assessments and taster sessions to ensure the service could meet their needs prior to using the service. Care and support plans were then created which were bespoke and person centred.
- New evidence-based techniques and technologies had been developed by the provider to support the delivery of high-quality care and support. The system enabled care plans to be reviewed continuously using key personalised indicators such as people's varying behaviours, people's individual sleep patterns or schedules of activities including any appointments.
- People's protected characteristics under the Equality Act were identified during their pre-assessments and care plans put in place to show how these were to be met. For example, if a person wanted only male or female carers this was documented.
- A relative told us how impressed they were and said, "I know [relative] is invited to 'my say' monthly meetings where [relative] is given an opportunity (in a way that meets [relative's] needs) to have an input into what they do, and what they would like to do."

Staff skills, knowledge and experience

- Staff had a thorough induction and training before starting work. We observed staff to have excellent knowledge and our discussions with them confirmed this. Staff were highly skilled and very well trained. They had the right knowledge, qualifications and experience to support people learning disabilities and/or autism. All training was aligned to the live data management system which recommended tailored training programmes to meet people's changing needs.
- Training programmes included subjects that were based on people's individual needs and care plans. Examples of this were around the support needed for epilepsy or special methods for helping people to receive the right nutrition.

Supporting people to eat and drink enough with choice in a balanced diet

- There was a strong emphasis and value on the importance of eating and drinking well.
- People were supported to make good quality food with a variety of different options to choose from. A relative said, "When we visit on a Sunday to drop [relative] off, we see that all the food is cooked from scratch and is a real team effort (by staff and the people they support) to ensure this is a part of their

everyday activities."

- Where people needed support with meal preparation this information was clearly detailed in their care plan and their personalised communication aids that some people used to express their wishes.
- Details of people's food, fluid and weight monitoring were recorded and reviewed regularly.

Staff providing consistent, effective, timely care□

- Relatives consistently told us the service supported their loved one to maintain good health and were always referred to health professionals when required.
- A relative said, "There are individuals who go above and beyond their care for my [relative], and this is gratefully acknowledged, however, I know that this wouldn't be possible without the backing of a amazing team."
- Where people had complex or continued health needs, staff always sought to improve their care, treatment and support by identifying and implementing best practice. Links with health and social care services were excellent. A relative spoke positively about this support and said, "Our [relative] has regular visits to a hospital specialised department and a specialist consultant, all arranged and supported by HFH [provider]."
- The service had systems and processes for referring people to external services. Records checked confirmed detailed documentation from health and social care professionals were available in people's care files.

Adapting service, design, decoration to meet people's needs

- When people were moved into their private rooms, they were consulted on the décor for their rooms and relatives confirmed people's bedrooms were decorated in the way they wanted.
- A relative said, "My [relative] and the family were encouraged to decide what [relative] would like in their rooms and the colour scheme; they chose the curtains that are hanging and the colour of the walls. In the communal area, there are posters (which were chosen with the individuals in mind) and photographs of the individuals who live there, which were replaced on a regular basis."

Ensuring consent to care and treatment in line with law and guidance

- The 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.
- People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the Deprivation of Liberty Safeguards (DoLS) cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. Care plans reviewed showed that DoLS had been applied for and agreed where this was required.
- The service actively sought and used new technology to create solutions to make sure people lived with as few restrictions as possible. People that required epilepsy sensors in their rooms had this and staff carried small hand held devices that would alert them if a person was having a seizure. There were sensors in place inside and outside of the house to reduce the risk of people leaving the home alone. Restrictions to keep people safe were reviewed regularly with people, their relatives and appropriate professionals to make sure these were effective and in people's best interests.
- People's care assessments clearly included information about their capacity to make decisions and any best interest decisions made involved the appropriate people.
- All staff had been fully trained and had a comprehensive understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this impacted on people's daily lives.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained Good.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- Everyone we spoke with confirmed the staff were extremely kind, caring and compassionate. One relative said, "I looked up and down the country and no one would take in my [relative]. They [service] have been amazing and have made such a difference to [relative's] life." Our observations of staff supporting people also demonstrated a real empathy for the people they care for.
- People were always able to choose the staff that supported them. Central to this working well was making sure people and staff were matched well by having similar hobbies and interests. This enabled people to develop trusting relationships with staff. Staff knew people's history and provided individualised support which were logged in creative ways such as group discussions, photo and video log reviews and monthly meeting.
- People lived an active and varied life with opportunities to create positive memories. People celebrated special occasions such as birthdays and festive occasions at their family's home. For people with no family, staff made every effort to make sure people felt special during birthdays celebrations and Christmas.
- The service supported people to express their views. People had limited verbal communication and at times became anxious resulting in behaviour that posed a risk to them or others. Focused support from the provider's positive behaviour support team enabled people to create personalised communication cards, gestures and signs which were used to reduce people's anxiety.
- The service anticipated people's needs and recognised distress and discomfort at the earliest stage. The care planning recording system constantly analysed trends and gave recommendations through changes in; timings of activities, nutrition, personal care routines and planned viewing of favourite DVD/TV programmes. Evidence reviewed following these recommendations showed a significant decrease in periods of anxiety and distress in people's daily lives.
- Relatives repeatedly told us that staff were very caring. One relative said, "My [family member] can have very challenging behaviour but the staff show such patience and kindness and manage to calm [family member]."

Supporting people to express their views and be involved in making decisions about their care

- People's care records showed they were regularly reviewed, and people were central to discussions about how they wished to receive their care and support. Where agreed reviews also involved family or people's representatives.
- People were able to meet their keyworker [dedicated worker] when they wanted and at monthly 'my say' meetings to talk about the how things had gone in the previous month and to plan things to do for the

coming month.

- Staff used a variety of personalised tools to communicate with people according to their needs. Care plans clearly described how people were given information in a way they could understand and the level of support they required with their communication needs.
- We met with several people who communicated with some Makaton [basic sign language], picture cards and personalised communication aids. We observed people and staff communicate very effectively with one another using these aids to make sure people received information about their care and support in an accessible way.

Respecting and promoting people's privacy, dignity and independence □

- An equality, diversity and human rights approach to supporting people's privacy and dignity was well embedded in the service. People using the service had created a 10point checklist about what they wanted from staff that included staff should; 'care, give me quiet time, talk to me and listen.'
- A relative told us, "The staff are extremely kind, supportive and respectful, and go up and beyond their duties. Friendships are made and staff on a day when they not working with our [relative] will still visit [relative] at the end of their shift in their own time."
- Care staff understood the importance of promoting equality and diversity at the service. Staff assisted people to keep in touch with their relatives and friends by telephone, planning family visits and during regular social events. A relative said they were, "Always included and kept up to date as parents, although we visit weekly we feel fully involved in our [relative's] life when not there."
- The service was aware of advocacy and correspondence was seen in people's care files for people to access local independent advocacy services.
- Staff gave us examples of how they had provided support to meet the diverse needs of people. Relatives told us their family members' individual needs were always respected and met. An example being people were able to choose their staff which included whether they preferred male or female staff to support them.
- Information about how the service was run was stored in the registered office. Care record information was stored on the computer system which was password protected so that only authorised persons could access this. The office where confidential information was kept locked when not in use.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding.

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service supported people express their views. Many people had limited verbal communication and at times became anxious resulting in behaviour that posed a risk to them or others. Focused support from the provider's positive behaviour support team enabled people to create personalised communication cards, gestures and signs which were used to reduce people's anxiety.
- Staff used innovative and individual ways of involving people and their families, friends and other carers in their care and support plans, so that they felt consulted, empowered, listened to and valued. Examples included monthly 'my say' meetings, daily one to one discussions to create a daily personalised activity plan using picture prompts to achieve sustained positive outcomes.
- A relative told us, "The company operate an amazing timetabling, ensuring just the right amount of skilled staff are made readily available as required. My [relative] comes home regularly, and the staff are always aware when [relative] is home and when they will be coming back, if at all unsure, a double check by staff is always made with us." Examples of these activities included a social club, trampolining, swimming, gym, climbing wall, long walks, riding on a scooter which enabled people to boost their confidence and feel part of their community.
- The positive behaviour support team supported people to create a personalised sensory room in a neighbouring building to the main house. We observed one person relaxing and enjoying this quiet space with staff support. The sensory room supported people manage their anxiety and behaviours that may pose a risk.
- A relative said, "Our [relative's] flat has been adapted to meet their needs and keep them safe. HFH have put much thought into making sure each flat met the needs of the beneficiary."
- We reviewed four care plans which were all person centred, very well written and truly responsive to people's needs. Care plans included people's detailed preferences in how people would like to be supported. Care plans were updated daily to make sure people were getting all their needs met. Care plans included personalised photo and video logs of activities people had taken part in. People shared these with loved ones on social media or when families and friends visited.
- Visiting professionals and relatives told us that the service is focused on providing excellent person-centred care and support that achieves outstanding results.
- We observed people taking part in individualised programmes that promoted creativity, communication and empowerment using puzzles, colours and communication aids. People's creativity was displayed in various areas around the home.
- People's private spaces were personalised to their wishes. Every private room included a lounge area, large

bedroom area, bathroom/shower room and a private garden. Garden designs varied for each person. Great thought had gone into the design and planning of these private areas to make sure people could access them freely and safely. One person enjoyed using their computer and a relative told us, "My [relative] has good computer skills and with support has been assisting Orchard Lodge with their regular on-line [grocery] shopping."

- The service had taken innovative steps to meet people's information and communication needs over and above complying with the Accessible Information Standard. People used a variety of assistive communication aids to express themselves which enabled staff to support people effectively to meet their needs. Examples included Makaton (basic sign language), picture cards, assistive technology, personalised signs and gestures. Staff had learnt these unique communication processes, and people were seen to engage with them very positively.

- One relative said, "My [relative] loves living at Orchard Lodge and is happy to come home for weekends, however, [relative] is always keen to get back in the car when that time approaches on a Sunday evening. [Relative] is always warmly welcomed back, and staff are always pleased to see [relative]. [Relative] is encouraged to be as independent as they can be and is given all the opportunities to have and enjoy a fantastic life. Key occasions such as Christmas and Birthdays are celebrated amazingly and gifts received are always very [relative] appropriate."

- Arrangements for social activities, and where appropriate, education were innovative, met people's individual needs, and followed best practice guidance so people could live as full a life as possible.

#### Improving care quality in response to complaints or concerns

- People received the support they needed from staff who were particularly skilled when exploring and trying to resolve any conflicts and tensions for people who displayed behaviours which may challenge.

- People using the service were able to express their concerns. Family, friends and other carers felt confident that if they complained, they would be taken seriously, and their complaint or concern would be explored thoroughly and responded to in good time. No complaints had been received in the previous 12 months.

- People who used the service and their representatives were involved in regular reviews of how the service makes improvement. The service demonstrated where improvements had been made as a result of learning from reviews and feedback.

- Everyone had access to a personalised complaint guide explaining how people could make a complaint.

#### End of life care and support

- No one was receiving end of life care at the time of inspection. People using the service were young adults with a learning disability and/or autism and were not able to express their end of life wishes. Family members or advocates were involved to make best interest decisions on their behalf.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding.

This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives said the service was exceptional and distinctive compared to other services their loved ones had tried. The vision and values were imaginative and people were truly at the heart of the service. A relative said, "This is absolutely HFH's [provider's] ethos."
- There was a strong organisational commitment and effective action towards ensuring in house staff were fully supported to progress their way up through the organisation. We spoke with staff who confirmed they had started as carers and had moved up into more senior roles. There were high levels of satisfaction across all staff groups.
- The provider had a clear, person-centred vision and values that included honesty, involvement, compassion, dignity, independence, respect, equality and safety. Managers and leaders monitored practice against these values.
- The provider worked closely with the Clinical Commissioning Group (CCG) and local authorities to achieve positive and sustained outcomes for people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered provider had a centralised computer system which enabled information to be analysed in real time. The registered provider had embedded organisational approaches known as 'One Team' working and the new live data management system. This allowed the registered manager and other senior managers to quickly identify any issues arising, for example, any trends in accidents or incidents, health and well being issues or gaps in staff rotas.
- The systems also enabled care and support to be provided in a holistic and personalised way. For example, the positive behaviour support team would be able to identify if people's support plans needed to be reviewed based on the real time information, rather than waiting for information to be shared with them by staff in the home.
- Management functions such as developing staff rotas, staff recruitment and training and quality assurance audits were carried out by way of the central operating systems. This meant that the registered manager had a wide ranging support network and had more time to focus on supporting the staff team to deliver high quality, personalised care for the people who lived there.



Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered provider held an Investors in People (IIP) Gold award. IIP is an international standard which provides a structure for developing and sustaining a well led organisation and a motivated workforce. They were working towards the platinum award and developing ways in which they could share best practice with other care and support providers.
- The registered provider regularly encouraged feedback from people who lived in the home, their relatives and staff. The information from this feedback was used to drive improvement within the home and the wider organisation.
- People had the opportunity to complete surveys and participate in 'Our Voice' meetings. These meetings were usually held just prior to senior staff meetings which meant any issues raised could be addressed straight away. One example of an outcome from Our Voice feedback was the development of 'My Say' meetings. It was identified that some people did not like to join in wider group meetings so individual, bespoke meetings were offered so that everyone had an opportunity to share their views in the way they preferred.
- The registered provider worked with an external agency to collect staff feedback on a regular basis. This process was part of a staff development programme known as 'Aspire'. Staff were contacted at the end of their induction so they were able to share their experiences. They were then contacted on a regular basis to share their views. The registered provider received anonymised summary information from the external agency which they used as part of their continuous quality improvement processes.
- People had access to the organisation's quarterly newsletter. The format was accessible for all and relatives commented they really enjoyed the newsletter, because they were able to see what activities their loved ones had taken part in.

Continuous learning and improving care □

- As the registered provider's computer system was centralised and recorded data in real time, this meant that learning could be shared quickly across the service and wider organisation.
- A relative told us, "I know that they have a system in place that addresses the staff allocation at their respective sites so as to ensure that they have the required number of personnel and skills in the instances of staff telephoning in sick or other such emergencies. This seemingly works really well as I have not had any concerns with respect to staff numbers when visiting Orchard Lodge."
- A relative told us, "The provider worked in partnership with medical professionals and county councils throughout the UK." To make sure people were getting the best care and support possible.