

Oakleaf Care (Hartwell) Limited

Orchard House

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Orchard House is a residential care home providing personal and nursing care for up to 22 people. The service specialises in providing care for adult males who have acquired brain injuries. At the time of inspection there were 21 people living at the home.

People's experience of using this service and what we found

People received an outstanding, personalised, caring service. People told us they received very kind and respectful support from staff who promoted their abilities, knew them well and genuinely wanted good outcomes for them. Relatives spoke positively about staff and management.

People were safe and were protected by staff who understood their responsibilities and how to keep them safe. People were protected from risks by very detailed, regularly updated risk assessments. Premises and equipment were maintained and serviced regularly. People received their medicines on time and had ready access to healthcare professionals as and when required. The home was well equipped, clean and tidy and good infection control practices were followed.

People had comprehensive care plans which detailed their strengths and promoted their dignity and independence. Their communication needs were assessed and recorded in detail and staff interacted appropriately with people according to their needs. There was a positive collaborative atmosphere and people and staff had good, caring relationships.

Care records contained extensive, clear information covering all aspects of people's individualised care and support. 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 systems in the service supported this practice.

Safe recruitment practices were followed. There were enough staff available to meet people's needs. Staff received comprehensive training to enable them to carry out their roles effectively. The provider encouraged staff to be innovative and empowered them to access additional training and professional development.

Staff were passionate about providing high quality care and supporting people to make progress in their rehabilitation. Staff were happy working for the service and felt well-supported by the management team and colleagues. Staff success was recognised and celebrated. Staff were extremely responsive to people's needs and wishes and provided exceptional person-centred care. People were encouraged and supported to set and achieve goals and ambitions.

People took part in activities they enjoyed and were encouraged to access the community. Visitors were welcomed. People's spiritual and emotional needs were well met by staff. Staff recognised the importance of family relationships in the outcome of people's rehabilitation.

The home had excellent relationships with health and social care professionals. People were encouraged to be active to help them be healthy. They had a varied diet and ate food they enjoyed.

People and their relatives were involved in the planning and delivery of their care, and regularly asked for feedback which was acted upon when appropriate.

There were systems in place to monitor and improve the quality of the service. When there were problems, the registered manager dealt with them appropriately and worked to reduce the likelihood of recurrence. Staff were supported to be creative in the way they provided support for people and be actively involved in service development.

People, relatives and staff told us the home was extremely well run; the entire management team being open, approachable and focussed on supporting people and staff to achieve their potential.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 27 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Outstanding ☆

The service was exceptionally effective.

Details are in our Effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our Well-Led findings below.

Orchard House

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

This service 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with ten members of staff including the deputy director, registered manager, unit

manager and members of the clinical and therapy teams.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two professionals who regularly visit the service.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed safeguarding training and knew what signs to look for to keep people safe from harm or abuse. Staff told us they knew how to report any concerns and were confident these would be properly dealt with by the registered manager.
- The service had safeguarding and whistleblowing policies to ensure staff followed the correct procedure if they had concerns. These were provided to staff in a booklet and information about how to report concerns was on display for staff to refer to for guidance at any time.
- Safeguarding alerts had been raised appropriately and clear records were maintained. Managers conducted regular reviews of safeguarding referrals to ensure themes or trends were identified, and to reduce the risk of recurrence.

Assessing risk, safety monitoring and management

- People's risks were assessed at regular intervals or as their needs changed. Care plans informed staff how to provide care that mitigated these known risks. Staff were kept up to date with changes in people's care during handovers and team meetings.
- Staff promoted independence and encouraged people to use walking aids where they were at risk of falls. One person told us, "Initially I couldn't walk, then I progressed to a wheelchair, now I use a walker."
- People felt safe living at Orchard House. Relatives were confident their loved ones were well cared for. A relative told us, "I'm chuffed to bits [with the care], he's always clean, well kept." Another said, "Yes, I feel [person] is safe."
- Emergency lighting, fire doors and fire extinguishers were all checked regularly to ensure they were in working order. There was an up to date fire risk assessment in place and people's care plans contained personal emergency evacuation plans.

Staffing and recruitment

- People received care from a regular group of staff. This meant staff were familiar with them and their needs. A visiting professional told us, "They have such good quality staff, they really know the patients. There is good staff retention. Some staff really shine out."
- Safe recruitment and selection processes were followed. Staff files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles.
- All employees' Disclosure and Barring Service (DBS) status had been checked. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Preventing and controlling infection

- People were protected from the risks of infection by staff who received training in infection prevention and control.
- Staff followed the provider's infection prevention procedures by using personal protective equipment (PPE) such as gloves and aprons.
- All areas of the home were clean and free of odour. Furnishings and equipment were well maintained, reducing the risk of infection.

Using medicines safely

- People were assessed for their abilities to manage their own medicines. Where people required support with their medicines, people received these as prescribed.
- Peoples' medicines were stored and managed safely by staff who had completed a range of medicine training to ensure they were competent.
- Medicines administration records had been completed accurately and consistently. Protocols were in place for people who took medicines 'as required', such as paracetamol. These provided staff with information about what the medicine was for, how much to give and when, including how to know it was needed if the person couldn't tell them
- Regular medicines' audits informed managers of any issues. We saw that the registered manager had responded to issues and had taken action to reduce the likelihood of them recurring.

Learning lessons when things go wrong

- The management team were proactive in using information from audits, complaints, incidents and safeguarding alerts to improve the service. The managers worked with staff to understand how things went wrong and involved them in finding solutions.

Is the service effective?

Our findings

Effective – this means we looked for evidence 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 has improved to Outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Staff support: induction, training, skills and experience

- The provider encouraged staff to pursue areas of special interest to improve outcomes for people who used the service. One clinical specialist had been supported and trained to provide on-site treatment normally only available in hospital. The provider had funded equipment to allow 'gold-standard' treatment to be given to people across the service. Such was the improvement in one person's condition the therapist had been asked to give presentations to other specialists working to support people with restricted mobility.
- The registered manager recognised the importance of continuous learning and development. Staff received specialist training from external providers and staff shared expertise and knowledge with each other. For example, the speech and language therapy team observed and assisted care staff during meal times to ensure people received the correct support.
- Without exception, staff told us they felt supported by the management team and each other. Managers ensured staff received regular supervision sessions and staff told us they found these useful.
- The use of agency staff was kept to a minimum. This reduced the amount people were supported by staff who were unfamiliar to them. Agency staff were given a thorough induction and received sufficient support from permanent staff to ensure they were able to carry out their role effectively.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported and encouraged to use regular physical activity to maintain their health and wellbeing. We saw people very much enjoyed using specialist exercise equipment as part of their daily routine.
- Staff were innovative in empowering people with physical disabilities to keep active. A number of 'inclusive cycling' days had been arranged, during which people used specially adapted bicycles to independently cycle around a local forest.
- Staff supported people to attend health appointments and referred people promptly to their GP or other medical services when they showed signs of illness. The management team had implemented a monthly 'hot topics' initiative. This encouraged people to focus on one area of their health such as oral care and cardiac health, which was discussed both together and privately with healthcare professionals. This had resulted in health issues being identified that people previously hadn't shared with staff.
- Relatives told us staff were very vigilant and understood their relative's needs. Referring to a recent health issue, one relative told us, "The doctor [at Orchard House] was brilliant, like a dog with a bone, she called us every day, trying her best to push for [specific procedure] because the hospital just dismissed it. It fills me with confidence that they have [person's] best interests at heart."

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

- People's needs were assessed before they commenced using the service to ensure staff understood their needs and preferences. Relatives told us they were impressed by how much staff wanted to know. One said, "The social worker from [provider] came out to do an assessment, my [relative] was fully involved as was [person]. They wanted to know everything from birth - exam results, jobs, likes and dislikes - everything. It took three and a half hours, they fed it back to all the staff at their Monday morning meeting."
- Assessment documentation showed all aspects of a person's needs were considered including characteristics identified under the Equality Act and people's religious and cultural needs. Staff maintained good relationships with churches locally and further afield, to ensure people's spiritual needs were met.
- Staff used evidence-based tools to assess people's risks and needs, for example falls risk tools or nutrition tools. People's care was tailored in line with these assessments and regular reviews were completed to ensure they were accurate.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff assessed people's nutritional needs and any risks related to their eating and drinking. They monitored people's weight and when they were at risk of losing weight they monitored the amount they ate. Staff followed the advice of specialist professionals, for example the speech and language therapy (SALT) team.
- A number of staff were designated 'Food Champions'. Their role was to support people to complete food satisfaction surveys and discuss their likes and dislikes. This information was shared with kitchen staff to ensure continual improvement. Senior staff carried out spot checks during meal times to ensure people were receiving good quality food they enjoyed.
- A popular weekly event was 'breakfast club' during which people prepared and served a cooked breakfast to each other and staff. This encouraged people to be involved in meal preparation to help build a sense of community and aid people's rehabilitation.

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

- The service was set within extensive grounds which people were supported to enjoy in ways which suited their abilities. For example, staff were in the process of developing a wheelchair accessible sensory garden.
- The premises and environment were designed and adapted to meet people's needs. The layout of the home was straightforward to facilitate people finding their own way around.
- Community areas were pleasantly decorated. Furniture was homely. People's bedrooms were personalised with items they had brought with them and pictures that were important to them.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff demonstrated a good understanding of the principles of the MCA and people were supported wherever possible to make their own decisions.
- Staff assumed people had the capacity to make decisions, unless they assessed otherwise. Some people using the service lacked capacity to consent to care and treatment.
- There was evidence of regular and detailed mental capacity assessments, to establish people's insight and understanding of their care needs. This enabled people to make informed decisions about their care, or health and social care professionals make best interest decisions about people's future care.
- DoLS applications had been submitted appropriately. Clear records showed when and why the application had been submitted, date authorised, any conditions and duration of the authorisation.

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 has improved to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People were involved in the planning of their care and encouraged to think about and achieve their goals. One person told us, "I've never wanted to work with services before. When I first came here, they said 'what do you want out of this place?'. I said, 'to walk through my own front door'. And [unit manager] remembered that - last week, [they] took me to my new flat – [they] said, 'here, [name], here is your new front door'."
- People, and their families when appropriate, were involved in regular reviews. Describing a recent review, one relative told us, "They clearly knew him, I was really impressed. [Person] came into the meeting, [deputy director] said really lovely and positive things to keep him going. [Deputy director] said the staff were 'buzzing' from the improvement [person] has made and how much they were looking forward to continuing to work with him."
- People were treated as partners in their care. They took part in induction days for new staff and managers were exploring ways to further involve people in staff recruitment.
- The provider had information to refer people to an advocacy service where people needed additional support to make decisions. Advocates are independent of the service and who support people to decide what they want and communicate their wishes.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff took great pride in people's progress and spoke fondly about the people they cared for. Speaking about one person, the deputy director said, "What we need to do is create moments in time. We need to create moments where [person] can achieve, he can feel good, see an end result, have a positive experience and move on to the next thing. And if, at the end of the day, he remembers none of those, at the time they were fantastic."
- People received care from staff who knew them well. They had formed good relationships which people and relatives told us were invaluable. A relative told us, "[Unit manager] is absolutely amazing with [person], and with us, all the staff make eye contact and say hello, they're very caring." A professional who regularly visits the service told us, "[Staff do] an absolutely magnificent job, the whole multi-disciplinary team supporting [person], they are really instrumental in his rehab."
- People and their relatives spoke positively about the care and support they received. One person told us, "Staff are very professional, they go above and beyond – [unit manager] and [occupational therapist], they work well together, they're amazing." Relatives told us, "Every member of staff, they can't do enough to help" and "I find the staff brilliant, everyone is so approachable."
- People's progress was celebrated. Every week, one of the occupational therapists compiled a list of people's achievements, for example developing their communication skills or improving their mobility. This

was shared with all staff and contributed to the atmosphere of positivity and encouragement.

- Staff showed genuine care for people using the service and wanted to enhance their wellbeing. Posters were on display explaining a number of staff had volunteered to attend the service on their days off to provide additional activities and simply spend time with people.
- Staff understood the importance of promoting equality and diversity. Care plans contained information about people's religious beliefs and their personal relationships with their circle of support. People were supported to attend religious services outside the home.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. Staff ensured people were encouraged to do as much as they could for themselves. One person told us, "[Staff] push me to push myself." A relative said, "We are blown away. [Staff] looked into all these ways to help him, they want him to progress." One professional who regularly visits the service told us, "They're very responsive at keeping [person] motivated."
- Staff constantly sought opportunities for people to learn and achieve. Some people were supported to mow lawns, maintain fencing and grow plants and vegetables in the garden. Others attended work settings to learn new skills, or build on experiences that had been important to them in their earlier life.
- Staff showed people they were valued and special. For example, one member of staff recently got married. People attended the church and took part in the celebrations.
- Staff supported people to maintain their dignity and privacy. A relative told us, "[Staff] are very respectful of him, his privacy and dignity."
- People's information was stored securely, and we saw that staff and managers discussed the importance of keeping people's personal information secure.

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 remained the same. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People enjoyed a variety of activities and experiences which significantly improved their quality of life and well-being. For example, people took part in fundraising activities, attended sporting events and were supported to access vocational work placements.
- Staff at Orchard House recognised the importance of family, and the impact that maintaining positive relationships had on people's rehabilitation. We were told of many occasions when staff had 'gone the extra mile' to support people and their families. For example, arranging counselling for relatives to ensure a smoother transition when people moved back home, taking one person some distance to visit family on Christmas Day and taking telephone calls when off duty.
- Staff had an excellent understanding of people's social and cultural diversity, values and beliefs and were innovative in suggesting additional ideas to accommodate this. For example, one group of people were supported to visit local cafes and create a book of reviews to be used by visitors to Orchard House to choose where to take loved ones for coffee.
- Health and social care professionals involved in people's care recognised the quality of support given to help people achieve. One professional who regularly visited the service told us, "Staff know [person] really well, they are really proactive and anticipate his responses – I think if they take this much time to get to know everyone then this is why they're such a great service."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and where appropriate, their relatives, had been involved in creating and updating their care plans. One relative said, "We are involved, [person] is too – he is listened to."
- People's care plans reflected their preferences and cultural needs. Staff used this information to ensure people received their care in the way they preferred.
- People's care was planned and delivered in a person-centred way. Staff treated each person as an individual and considered people's personalities and life history. One member of staff told us, "It's very person centred here - I know everyone says that but we really are, we work out what makes people tick, and that reflects in their outcome."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider complied with the Accessible Information Standard, they ensured people with a disability or sensory loss had access to and understood information they were given.
- Care plans detailed information on people's communication needs, including what they found difficult and alternatives forms of communication staff could use.
- We saw that staff had worked tirelessly in seeking electronic assistive technology for one person to assist in expressive communication.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and we saw the registered manager had dealt appropriately with complaints and put measures in place to reduce the risk of similar issues recurring.
- People told us they were provided with information about how to raise complaints and they knew who to speak to if they had any concerns. They were confident these would be dealt with properly. One relative told us, "I've only ever raised minor snags but they've always been dealt with."

End of life care and support

- People and their families were given the opportunity to record what was important to them at end of life. This was clearly recorded in their care plans.
- Staff formed close relationships with people and provided highly personalised palliative care, often working well beyond their shifts to ensure people's wishes were met.
- Staff worked together to ensure people were assessed for their symptoms and kept comfortable.

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

- We found an open and transparent culture, where new ideas were encouraged. The values and ethos of Orchard House ensured people using the service achieved their goals and led as independent a life as possible. Describing the management team, one staff member told us, "They're not out to impress, they're out to improve."
- People's achievements were celebrated. For example, one person had been supported to submit a short film to the UK Acquired Brain Injury Foundation film awards to highlight the progress they had made since their admission to Orchard House.
- The registered manager promoted person centred care in all aspects of the service. Relatives told us the positive can-do attitude of the manager had helped people to receive high quality professional care. One relative said, "The progress he's made has been massive. That's because of the care he gets here." One person told us, "I've been looked after by a team who saved my life and beared with me when they could have turned away."
- There was a strong emphasis on staff being innovative in supporting people to achieve good outcomes. One staff member said, "I am completely autonomous. I have support to do things that are extra - I'm interested in neurological music therapy, [provider] is supportive of innovative things." Another told us, "[Provider] will back and support me with whatever I want to promote. They've supported me to do my acupuncture course to look at alternative pain management."
- Staff were happy working at the service and told us they were well-supported by each other and the entire management team. All staff were enthusiastic and committed to further improving the service for the benefit of people using it.

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

- The registered manager ensured people were given the opportunity to have their say in all aspects of their care. Issues and suggestions were acted upon. For example, in response to feedback obtained during a resident and family survey, a staff photo board had been set up and opportunities explored for additional activities at weekends.
- The registered manager valued staff and ensured they felt appreciated. We saw emails praising staff for their professionalism when dealing with a difficult situation and offering to take them out for cake and coffee to say thank you.
- Staff performance and the quality of care they provided was recognised. Staff were finalists at The Great

British Care Awards and also the Caretech National Awards under the categories of Care Worker of the Year, Most Inspiring Manager and Most Inspiring Educator.

- People were involved in commending the achievements of staff. The provider held monthly staff awards, with nominations made by people, families, visitors and staff. The whole staff team recently received an amount of money after winning an award. People using the service were then asked to purchase prizes and a raffle was held.
- The unit manager was proactive in identifying opportunities for staff development. A trial of enrolling nursing staff on the Lead to Succeed programme achieved such positive feedback it is now being rolled out across all the provider's services.
- The service developed and maintained good links with the local community. We saw that people, relatives and staff had taken part in charity fundraisers and local schools had been visited to give talks on brain injury awareness.

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

- Governance was well embedded in the running of the service and was recognised as a key responsibility. The management team regularly reviewed the progress of the service and communicated their findings to staff.
- The management team carried out an extensive range of regular audits and checks to ensure people continued to receive high quality care. Where issues were identified, the managers acted to improve the service.
- When new schemes or processes were introduced, they were piloted with a small group of staff and people first and thoroughly reviewed before changes were made across the service. For example, we saw new processes to record assessment information on admission had been trialled by one team and feedback sought.
- Effective performance management processes were in place and there was evidence that managers provided clear feedback to staff which led to improvement. Staff attended meetings to discuss updates in policies and refresh knowledge.
- The registered manager understood their regulatory requirements to report incidents and events to CQC, our records showed these had been submitted as required

Working in partnership with others. Continuous learning and improving care

- Staff built and maintained good working relationships with other health and social care professionals. A professional who worked with the service told us, "We meet up – [staff] come across regularly, we discuss ways they could change, outside of a clinical setting, it's more of a management discussion. They are very responsive. It is far better run than similar services - a lot more focussed than other nursing homes." Another told us, "They are good at keeping me involved, I do attend regular review meetings and there is lots of email contact."
- The registered manager had developed a close relationship with the local GP surgery. We were told about the implementation of a new medicines management system at the surgery, suggested by staff at Orchard House to support the people using the service. This had been so successful that the GP surgery now used this for their other patients.
- The management team were passionate about learning and supporting others to learn. For example, the service was part of the Teaching Care Homes programme, set up to develop and share innovative ways of improving practice and champion person-centred care. Staff at the service were working with two universities to support the learning of consultant radiologists and social care students. Students studying specialist degrees were supported to complete placements at Orchard House.
- Staff demonstrated an enthusiastic attitude to continuous improvement. A number of projects were

underway to improve the service including the implementation of electronic care plans and additional training for staff to support people living with dementia.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The registered manager was aware of their responsibility to keep people informed of actions taken following incidents in line with duty of candour.
- The management team supported staff to learn from incidents and actions taken.