Achieve Together Limited

Little Orchard

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service
Little Orchard is a residential care home providing accommodation and personal care to up to six people. The service provides support to younger people who have learning and / or physical disabilities or autism. At the time of our inspection there were four people using the service. Little Orchard accommodates four people on the ground floor of the premises and there are two vacant rooms on the first floor. The premises are in a converted house in a village location and has a large garden and ample communal areas where people could gather should they want to. Plans are in place to refurbish areas of the service that need updating.

People's experience of using this service and what we found
People were not consistently protected from risks of harm due to care plans not always being followed, care records not being reviewed or audited and equipment settings not being checked for accuracy.
People were supported by staff trained in safeguarding who would report concerns should they have any.
Risks were assessed, and actions taken to minimise residual risks of harm. The management of medicines was mostly effective however we have made a recommendation to improve safety.
We had a concern about use of personal protective equipment that was addressed immediately by the registered manager. We have also made a recommendation about infection prevention and control. The premises were clean, and the provider was following current guidance on visiting care homes.
We were concerned at some staff members communication skills as they were not fluent in English which was the main language of people using the service. We have made a recommendation about this.
Staff were safely recruited and completed an induction before commencing in post.
People's needs were assessed and developed into clear and informative care plans covering all aspects of peoples care and well-being. Staff participated in regular supervision one-to one meetings and staff meetings. There was a wide range of training some face to face and some online.
People were supported to eat and drink meals prepared according to their taste and needs. Appropriate referrals to SaLTs and the dietician were made and concerns about people's weight and appetite raised with the GP.
The premises were accessible and met people's needs however there were refurbishments planned to enhance peoples experience of living there.
The registered manager had an understanding of the MCA and ensured decisions were made in line with this. Staff also understood people's communication well and could interpret body language and gestures.
People were at ease with staff and staff were clearly fond of people using the service. There were mostly kind and caring interactions throughout the inspection. Staff respected people's privacy.

People had communication plans in place and details of these were included in their hospital passports. A recent development was an individual newsletter mainly featuring photos of people being produced for people to share with friends and relatives.
There were some activities taking place and people had activities planners. These were not clear and needed additional details to inform peoples and staff what would be happening.
The registered manager had worked hard to improve relationships with relatives. There had been no recent complaints raised.
There were some end of life care plans in place which were detailed and person centred considering not just the person but their relatives as well.
The registered manager had been in post for around eight months and had made significant improvements to aspects of the service. There were some concerns about the oversight of records, and audits were not always effective.

The service demonstrated how it was meeting the principles of Right support, right care, right culture.

Right Support
When possible, people were supported to make choices in their daily lives and to participate in activities that were fulfilling. People had personalised rooms and the provider was working to incorporate more sensory aspects into the service. People accessed the community taking local walks, using the local pool for swimming, and accessing a local day service provider. People were referred to appropriate health and social care professionals to enhance their well-being.

Right Care
We saw kind interactions between staff and people, and staff were familiar with people's communication needs. People's wishes were considered as well as needs, and sessions such as swimming and bowling arranged so people could join in their chosen activities.

Right culture
Relatives were involved in developing peoples care plans and advise was also sought from health and social care professionals to inform planning. There were long service staff working at Little Orchard who knew people well and who provided consistent care.

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

Why we inspected
We carried out this scheduled, unannounced inspection as the service had been newly registered under a different provider and to assess that the service was applying the principles of Right support right care right culture. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement
We have identified a breach in relation to how the provider set up and maintained equipment, and a lack of oversight of records at Little Orchard. Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards

of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

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Details are in our effective findings below.

Is the service caring?

Good

The service was 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?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Little Orchard

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.
As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
Two Inspectors, a member of the CQC medicines team and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Little Orchard is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Little Orchard is a care home without nursing care. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about Little Orchard since their last inspection including notifications of significant events in the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information

about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with one person who used the service about their experience of the care provided. People who used the service used different ways of communicating including body language and gestures and equipment. People using the service lacked capacity to provide us with feedback, so we contacted relatives on their behalf. We spoke with five members of staff including support workers, the maintenance person, the registered manager and an area director.
We spent time observing people and staff to understand how they interacted and provided support.
We reviewed a range of records. This included two people's care records and four medicines records. We looked at two 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 looked at training data and quality assurance records. We spoke with five relatives by telephone to seek feedback on the service.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.
This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management
• Thorough environmental risk assessments had been carried out and had mitigated potential risks from the premises and gardens at Little Orchard. Additional assessments had been carried out by external contractors including a fire and water risk assessments. Corrective actions required by these assessments had been carried out.
• Risks associated with people's health and disabilities had been assessed and as far as possible mitigated.
• Regular servicing and checks took place of fixtures and equipment at Little Orchard. Water hygiene flushing, the fire system and fridge temperatures were among the areas regularly checked and recorded. We have made further reference to these areas in the Well-led section of this report.
• Some areas of the premises were in need of refurbishment although maintenance of items that were a safety concern were completed in a timely way.
• One person who lived with epilepsy had rescue medicines that should be administered after a tonic clonic seizure had lasted for five minutes. We saw records that showed seizures over five minutes in duration where no rescue medicines had been administered and no emergency support called for.
• We spoke with the registered manager about the above seizures and they were not aware of the concerns. They have investigated the seizure records and believe the records to be inaccurate, the person was not having a tonic clonic seizure for five minutes but a series of absences lasting over five minutes. The seizure recordings had not been clearly completed.
• One person needed an air mattress; however its settings were not monitored to ensure they had not accidently been changed and had not been adjusted to the individual settings required by the person due to recent weight loss. The registered manager has taken action to seek advice on how the mattress should be set up and had set up a new monitoring system.

The failure to follow epilepsy care plans and review records of care delivery and to ensure the accurate setting of equipment was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely
• Staff supported people with their medicines. However, during the inspection we identified areas of the systems and processes to prescribe, administer, record and store medicines that could be improved.
• Guidance for medicines to support behaviour were not cross referenced to the persons' behaviour management plan. The guidance did not reflect the detailed level of understanding staff had for the people they supported. Staff were able to explain in detail how, when and why they would support people by administering these medicines. Staff also described how they would monitor the person following administration of the medicine.

• There was no impact on people due to the lack of cross referencing due to staff member's knowledge of people. When we raised this with the manager, they reviewed and updated the medicines guidance and the behaviour management plans.
• Where medicines were administered along with food, staff took care to ensure that the person knew they were also being offered medicines. However, the service was unable to provide assurance that the medicines remained effective when administered with food. This is an area where improvements could be made.
• People received support from staff to make their own decisions about medicines wherever possible. Staff assessed whether it was safe for people to administer their own medicines. However, where this was not safe, people were not encouraged or supported to take part in other medicines tasks that might have been suitable to promote their independence, and this is an area where the approach of staff could be developed further.
• The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
• Staff ensured each person's medicines were regularly reviewed and monitored the effects on their health and wellbeing.
• People could take their medicines in private when appropriate and safe.
• Staff made sure people received information about medicines in a way they could understand.
• Monthly audits were undertaken by the registered manager.

We recommend a review of medicine records and procedures to ensure plans and practice are fully aligned.

Preventing and controlling infection
• On arrival the registered manager requested evidence of a negative lateral flow device test, (LFD) taken that day and to see evidence of our vaccinations for COVID-19. We also completed a brief medical questionnaire and used hand sanitiser.
• We were concerned that one staff member, on more than one occasion, exited a person's room wearing gloves and aprons and immediately went into another room without changing their personal protective equipment, (PPE). We spoke with the registered manager about this who immediately spoke with the staff member.
• A visiting maintenance person accessed the premises without wearing a face mask, again the registered manager immediately addressed this with them. We saw a staff member remove their mask when they were in the kitchen, they immediately replaced their mask when we entered the room.
• All other visitors to the service either provided evidence of an LFD test or completed one on arrival and wore facemasks when visiting their family member.

• We were assured that the provider was preventing visitors from catching and spreading infections.
• We were assured that the provider was meeting shielding and social distancing rules.
• We were assured that the provider was admitting people safely to the service.
• We were not assured that the provider was using PPE effectively and safely.
• We were assured that the provider was accessing testing for people using the service and staff.
• We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
• We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
• We were assured that the provider's infection prevention and control policy was up to date.

We recommend the provider retrains staff in use of PPE.

Staffing and recruitment
• Staff were safely recruited and all pre-employment checks required by Schedule three of the Health and Social Care Act 2008 (Regulated activities) had been obtained before staff commenced in role. These included obtaining a full employment history, employment references and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
• There appeared to be sufficient staff deployed to meet the needs of people living at Little Orchard. When we inspected there were occasions when there were fewer staff than usual working due to staff attending appointments however the teams managed the situation well and people received the support they needed. When short of support workers the registered manager supported the team to meet people's needs.
• There was no use of agency staff at Little Orchard and the registered manager told us that the staff team usually covered absence and some had regular extra shifts they worked to ensure sufficient staff cover was available. Due to the complex needs of people this was preferable as staff knew people well and provided consistent care.
• All staff supported everyone in the service so they knew people well and could cover where needed. They had completed the services mandatory training and were trained in both first aid and administering medicines.
Systems and processes to safeguard people from the risk of abuse
• Staff received training in safeguarding and a staff member told us they would report concerns to the registered manager who would deal with them.
• We had received appropriate notifications from the service to tell us about safeguarding concerns, there had been three safeguarding concerns in the past year, all of which had been dealt with effectively and quickly.
• Relatives told us, "Safety is very good", "Yes, he's safe, he would be able to indicate to me if he wasn't happy or safe", and "If I thought she wasn't safe, I would always speak up. I would never hesitate as she doesn't have a voice".

Visiting in care homes
• Visiting arrangements at Little Orchard were in line with government guidelines when we inspected and when guidelines changes part way through our inspection the registered manager adjusted their approach accordingly. People using Little Orchard were considered clinically vulnerable so staff had been particularly cautious when opening the service to visiting again.
• The service was compliant in following government guidance on visiting in care homes.

Learning lessons when things go wrong
• Accidents, incidents and near misses were recorded and the registered manager reviewed these to ensure that all appropriate actions had been taken to prevent a similar incident from happening again.
• The registered manager had a system in place where documents that staff needed to read were added to a communication book and staff had to sign to say they had read and understood them. This ensured that information such as learning from accidents and incidents was shared with staff members within seven days.
• The registered manager addressed concerns we raised immediately and ensured staff members were made aware of any learning.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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 assessed and care plans developed to meet these. The care plans at Little Orchard were extensive, detailed and informative. After reviewing them peoples care needs were clear.
• Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
Staff support: induction, training, skills and experience
• Staff completed an induction on commencing in post at Little Orchard. This covered training and supervision to ensure they were competent and confident to work with people. Reviews of their performance were carried out through probation until they became permanent staff.
• The registered manager supervised staff, mostly on a one-to-one basis approximately every six weeks, more frequently than the providers policy stated. Staff told us their supervision sessions were useful as they could discuss issues they wanted to speak about as well as the agenda prepared by the registered manager.
• One staff member had their one-to-one sessions with a second staff member who spoke a similar language to them and could translate content should it not be understood. A second staff member had their one-to-one records emailed to them so they could have them translated into their first language to facilitate full understanding.
• Staff training was mainly online though some sessions remained on a face to face basis such as person centred training for percutaneous endoscopic gastrostomy, (PEG) feeding.
• A staff member told us they enjoyed the training and they would like to complete further qualifications. The provider supported and funded staff to achieve social care diploma training if they remained with the company for two years following their training.
• People using the service all had English as their first language so we were concerned that some staff were not able to demonstrate that they could communicate clearly in English.
• In a service supporting people who already have needs around communication it is important that staff can speak the language well and are able to understand written English to ensure they can deliver appropriate care and medicines.

We recommend the provider sources appropriate language courses for staff who need additional training in spoken and written English.

Supporting people to eat and drink enough to maintain a balanced diet
• Meals were cooked by support staff and there was a menu chosen by people using the service. People chose meals in different ways, they could for example, respond positively about choices, tell staff what they wanted or staff awareness of their likes and dislikes would be used.

• One person was unable to take food orally. Staff supported them by ensuring they received suitable nutrition via their PEG.
• People needed varied levels of support with meals, from having their food chopped up to having full support from staff to eat. We saw good and poor examples of staff supporting people with meals. One person ate better if they were in their bedroom as they did not like to be watched when eating. They received full support either sat in their bed or their wheelchair. There was some confusion as to the position they should be seated at to eat, as their speech and language therapy (SaLT) plan only mentioned the angle their wheelchair should be set at and not the bed. The registered manager agreed to follow up with the SaLT about the plan.
• The provider referred to a SaLT and dieticians through the GP. One person had recently begun to take a long time to eat and had lost some weight which was a change to their usual behaviours. They had been assessed for safe swallowing by a SaLT and had been prescribed supplements. The staff team had worked with them to find out how many supplements suited them so as to achieve the best outcome.
• People were also encouraged to maintain their independence where able. One person would access the kitchen each time they wanted a cup of tea and would be supported to make their own drink. They also tidied away any clean crockery while they waited for the kettle.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

• We saw a variety of decision specific MCA assessments and best interest decisions in people's care records. The content of assessments and decisions was good and we found the registered manager to be knowledgeable about the MCA 2005.
• There was a single overarching capacity assessment included in the care records which was not necessary as there were also specific assessments for decisions relating to the need for continuous supervision, finances, care and treatment and COVID-19 vaccines.
• Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented. For example, one person turning their head to the right showed consent.

Adapting service, design, decoration to meet people's needs
• During the inspection the maintenance manager attended with contractors to plan and cost a replacement bathroom and kitchen for the ground floor of the premises. The existing rooms needed refurbishment and redesign to make them more accessible and safer for people to access.
• The downstairs of the premises were fully accessible, and four of the six bedrooms were on this level. There was a large, mostly unused area at the rear of the premises where there was a kitchenette. This area was being changed to an office for staff and a new sleep in room as the existing one upstairs was not fit for purpose being too small.
• We were concerned about the bathroom on the first floor as it was in poor repair and in need of replacing.

Currently only staff members used the room and the registered manager assured us it would be repaired or replaced before anyone moved to the upper floor of the service.
• The living room was bright and airy and was clearly a popular place for people to gather. They had invested in a large, cinema screen so people could gather and enjoy movies as a group. The room opened into a large garden which backed onto fields which people enjoyed looking out into.
• The premises looked like the other homes on the street and there was nothing outside to indicate the house was a care home.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
• People had health records as part of their overall care record. A 'grab sheet' held essential information including allergies, name of GP, next of kin and their 'do not attempt cardiopulmonary resuscitation, (DNACPR) status if there was one in place
• The health record had useful information on people's conditions and specific information on any interventions and equipment they needed. For example, some records detailed how people were supported with a sleep system, hoisting and being correctly positioned in a wheelchair.
• Hospital passports were in place should they be needed and were well completed and had additional information about people's COVID-19 vaccine status.
• A dental passport had lots of relevant information that would be useful to an attending healthcare professional. It also highlighted a need for a mental capacity assessment and best interest decision should treatment be needed as this would likely involve a general anaesthetic.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
• People seemed at ease with staff and there were periods of time during our inspection when people were relaxed, happy and stimulated. There were also periods when staff were engaged in making meals or supporting other people when there were people in the communal areas without support however this was for short periods.
• We saw kind and caring interactions by staff who were clearly fond of people they supported however, there were some less thoughtful interactions that could be improved upon. For example, a staff member supported a visually impaired person in their wheelchair with a meal standing slightly behind them as they spoon fed them. At one point the staff member left the person for a few moments then returned and spoke loudly to them. We saw the person jump when spoken to.
• There were also frequent incidents when staff rubbed the same persons arm in a friendly way however, we were told when we asked for a 'pen picture' of people using the service that this person strongly disliked being touched.

Supporting people to express their views and be involved in making decisions about their care
• People living at Little Orchard had profound learning disabilities and lacked capacity to make decisions about many aspects of their lives. However, where possible, staff supported people to be involved, where able in making decisions. For example, one person was supported to choose which online day service session to join. Staff would tell them which sessions were available and they would indicate with a move of the head which they wanted to join.
• Additional support had been sought for a person whose needs had changed. They could take more than an hour to eat a bowl of cereal so additional staffing had been agreed by their funding authority to enable them to eat in the way they wanted. The person was also supported in their room as it was believed they did not like to eat in front of anyone.

Respecting and promoting people's privacy, dignity and independence
• Personal care was delivered in private, mainly by one support worker who used a nurse call system to request additional support for hoisting the person.
• Relatives were happy with the standard of care telling us, "Personal care is very good", and "I just drop in sometimes and she's always clean and her hair nicely done".
• People had goals set in partnership with them and their relatives following their reviews. One person, for example had expressed a wish to swim again. They had previously enjoyed swimming and a session now took place each week which the person enjoyed immensely.

• A second person had enjoyed swimming however needed to access a hydrotherapy pool which the registered manager was trying to source.
• The registered manager was working with the provider to change the shared vehicle. It was a large minibus that not all staff members could drive. They were looking to replace it with a smaller vehicle that would accommodate one wheelchair user so they could access the community more easily and frequently. This would also mean that most outings would take place on a one-to-one basis as previously everyone would go out together in the large bus. This was more person-centred and maintained privacy and dignity as the smaller vehicle would attract less attention than the large one.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

• People were supported to participate in activities of daily living in a way that was relevant to them. One person enjoyed drinking cups of tea so was supported with making their own drinks. A person who was physically not able to participate in cooking but who enjoyed food was supported in a more sensory experience being able to smell, feel and taste ingredients when meals were cooked.

•. One person had recently had their room redecorated in a more sensory way to appeal to their particular needs and wishes. The registered manager also told us about sensory activities they had planned to include an at home, sensory beach experience. They found accessing the beach difficult due to three of the four people using the service using a wheelchair and locally beaches were not accessible.

• There had been consideration for other aspects of peoples care needs. For example, one person became very distressed when being washed as they did not like physical contact. If the person became very distressed, a low dose of PRN medicine to calm them had been prescribed to reduce the level of distress caused.

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.

• People had communication plans within their care records and the registered manager had a good understanding of people's communication needs.

• Information was shared with people verbally and photographs were used as visual prompts. There were individual newsletters created including lots of photographs of people enjoying their activities with a few words so relatives knew more about the images.

• There were some photos of people on the walls of the premises and the registered manager was adding to these as he wanted to make the service more relevant to people with images they could relate to on display.

• Hospital passports also contained information about how best to communicate with people.

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

• Recently a person had moved from Little Orchard to a supported living service. They had been good friends with another person using the service and the registered manager and made arrangements for them to stay

in contact and maintain their friendship. They had met up to go bowling since the move which they had both enjoyed.
• People maintained contact with relatives during the lockdowns. Calls had been arranged and there had been opportunities to have garden visits until visiting care homes was permitted. We saw several visits taking place when we inspected the service.
• A relative told us, "In COVID-19 [lockdown] I got to see her by Facetime… it was good to see her and let her know we were there".
• Activities took place in the service, mainly on a one-to-one basis. When people got together it would usually be for a movie watched on the cinema screen.
• Activities people participated in were colouring and drawing, sensory cooking, music, watching videos, 'community access' and household tasks, such as cleaning and laundry. Activity planners were quite basic and needed to be more specific. 'Community access could mean many things however in this case it meant going for a walk or going to a pub or café for lunch.
• We were concerned that not all activity planners were personalised as in one example, we saw an activity listed that the person would not have been able to participate in.
• One person was supported to maintain contact with their day service. A spell of poor health had prevented them accessing the service, so they were supported by staff to access online sessions. Staff also accompanied them to the service when they attended, and this afforded them flexible attendance as there was always staff to support their needs.

Improving care quality in response to complaints or concerns
• The provider had a complaints policy and procedure however there had been no complaints raised with the provider.
• The registered manager had made extensive efforts to forge positive relationships with relatives of people using the service. They had engaged with the 'Friends of Little Orchard' group and were working with them to make improvements to the garden. Meetings had also taken place with relatives to ensure they remained informed when not able to visit the service.

End of life care and support
• People living at Orchard Lodge were younger adults, all under the age of 65. End of life care plans are not an essential record however we saw very clear examples of end of life plans in two care records.
• One person's end of life plan had considered where they wanted to be buried, their preferences for a funeral service, what they wanted on their headstone and a message to share with family members after the person had died. This had been put together with a friend and the registered manager and was a valuable resource for people supporting the person.
• The registered manager told us they considered the service to be people's homes and would only consider them moving to a different service should they become unable to support them safely and respectfully there.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.
Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The registered manager had been in post for approximately eight months and had made a number of improvements to the service.
• Care plans had been completely rewritten in a clearer and more informative way, involvement of relatives had increased and staff were receiving regular one to one meetings.
• We received positive feedback from relatives about the registered manager. They told us, "the manager is very keen, he's really encouraging, he's the first one who's helped to try and be enthusiastic", and "[The] new manager seems good, very keen getting things done".
• Staff also gave positive feedback about the registered manager. They said, "During the recent months, the atmosphere and the working environment in Little Orchard had changed thanks to our new manager. We are hoping he will stay with us for a long time!" Another staff member said, "Our manager is a big help with the improvements of our home. He listens to and motivates staff. He praised staff and helped if staff struggle".
• However, despite this positive feedback, we were concerned about a lack of oversight of some aspects of the service due to some discrepancies we saw in records. For example, staff took fridge temperatures twice each day to ensure it was operating at safe levels. We saw records showing that the fridge was frequently registering a temperature of 10° Celsius and above. These records had not been audited and no actions had been taken to ensure that the fridge was operating at a safe temperature.
• Food temperatures had, on occasion, been recorded as under 75° Celsius. These had also not been audited so staff had not been reminded of safe cooking temperatures or given an opportunity to retrain.
• The inspection identified a number of concerns that had not be identified through the provider's or managers own checks and audits. A person had received an updated SaLT safe swallowing plan. This had been filed in their care record however the information had not been added to relevant care plans which still told staff to provide level two fluids and not level one as was now recommended. There had been no impact on the person in this instance as staff had read the information before it was added to the care record. There is potential for harm however, had the change had been from, bite sized foods to pureed for example, or if a staff member had been on leave and had not viewed the update.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• There was an open culture focussed on supporting people to lead fulfilling lives. People were supported to access their local community and participate in a range of activities.
• Relatives regularly visited the service and health and social care professionals also accessed the premises.

• Relatives and staff had supported people in identifying goals at their reviews based on known interests to encourage people to achieve positive outcomes.
• The registered manager had very high standards for both themselves and the staff team. They were approachable to staff who confirmed to us they would be happy to raise concerns with the registered manager should they need to.
• One staff member told us the registered manager had supported them when they had been unhappy with aspects of their role. They had made some changes which had improved the situation for the staff member who reported improvements.

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 understood their responsibilities under the duty of candour. They were aware they needed to inform relevant parties if something went wrong.
• Throughout the inspection, the registered manager was open with the inspection team and accepted praise and criticism as given.
• The provider made relevant notifications of significant events within the service and would contact CQC for advice should they need it.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• The registered manager was involved with the 'Friends of Little Orchard' group and had arranged for meetings and work to take place in the grounds.
• Quality assurance questionnaires were shared with relatives at intervals. We saw a December 2021 questionnaire had just two responses and almost every question had a positive answer. There were two comments, one relative felt their family member was cared for well and their physical health and mental well-being was paramount.
• A second relative was concerned at the way the provider had dealt with the COVID-19 pandemic and the pressure it had put on the support workers at Little Orchard.
• Questionnaires were also issued to staff members. The December responses were very positive about the registered manager and the improvements they had made to the service, the working environment and staff morale.

Continuous learning and improving care
• The registered manager and provider had an ongoing improvement plan they reviewed, updated and added to on a regular basis.
• The provider was improving the premises with replacement kitchens and bathrooms and the registered manager was improving sensory resources within the service.
• Work was being done with relatives in the garden to make the area more interesting and accessible for people.
• The registered manager was extremely enthusiastic and committed to improving the service.

Working in partnership with others
• The provider worked with other agencies to support people to have the best possible outcomes. Work had been done with social care professionals to support a person into supported living when they wanted to move on from Little Orchard.
• There were positive working relationships with other health and social care professionals. There was a particularly positive working relationship with the GP surgery who was responsive to requests for help and advice.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured epilepsy care plans were followed, reviewed or audited care records and had not monitored and maintained equipment settings.