

Mr & Mrs V MacDonald

Orcadia

Inspection report

86 Buxton Road
Disley
Stockport
Greater Manchester
SK12 2HE

Tel: 01663765056

Date of inspection visit:
09 August 2016
16 August 2016

Date of publication:
16 September 2016

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

The inspection was unannounced and took place on 09 August and 16 August 2016.

This service was last inspected on 15 January 2014 where it was found to be compliant in all the areas we looked at.

Orcadia is privately owned and is located within walking distance of Disley town centre. The home is registered to accommodate 10 people who require support with their personal care and day-to-day living. The accommodation consists of nine single bedrooms, set over two floors, all of which contain handwashing facilities. Access between the two floors is via a staircase. There are three bathrooms, two lounge areas and a large enclosed garden. On the day of our inspection there were 9 people living in the home.

Orcadia had a registered manager, however they were currently away from work, but visiting the home to keep an overview of the service on a frequent basis. The deputy manager was currently in charge of the day to day running of the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we identified breaches of the relevant regulations in respect of the need for good governance, safeguarding and notifications. You can see what action we told the provider to take at the back of the full version of the report.

We found that people were provided with care that was person centred, sensitive and compassionate. Staff supported people to maintain independence and there was an emphasis on everyone being involved in the daily running of the home and being involved in decision making in relation to what went on in the home. The home was managed and staffed by a consistent team of support workers who were well trained and well supported.

Although most people told us they felt safe and the provider had a safeguarding policy, we found that the policy was not in line with current guidelines and managers had not reported the safeguarding incident that had occurred in the last year to the relevant external authorities. Staff were also not clear on the correct procedures on reporting safeguarding incidents externally to protect vulnerable people from abuse and neglect.

We found a number of issues with medication as we found the booking in system was not effective and was not cross-referenced with the MARs sheet. The storage of medication needed improvement as there were a number of disused medications that had not been disposed of and the temperature was not being monitored. Improvements were observed on the second day of our inspection which need to be maintained.

We found management were conducting very few audits of the systems and processes which meant that they were not picking up any discrepancies in their records.

We asked staff members about training and they all confirmed that they received regular training throughout the year and that it was up to date.

The provider had a range of policies and procedures which included guidance on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and staff and management were clear on the processes to be followed when someone lacked mental capacity.

The provider was not submitting the required notifications to the Care Quality Commission (CQC) as required by the regulations.

We found that the staff team were very caring and knew the residents very well. We saw care being carried out in a dignified and respectful manner. We observed that everyone living at Orcadia was encouraged to take part in the running of the home and they were supported to be as independent as possible.

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.

Although most people told us they felt safe and the provider had a safeguarding policy, we found that the policy was not in line with current guidelines and managers had not reported the safeguarding incident that had occurred in the last year to the relevant external authorities. Staff were also not clear on the correct procedures on reporting safeguarding incidents externally to protect vulnerable people from abuse and neglect.

We found a number of issues with medication as we found the booking in system was not effective and was not cross-referenced with the MARs sheet. The storage of medication needed improvement and we saw that this had happened on the second day of our inspection. There was no system in place to check the administration of medication.

Recruitment records demonstrated there were systems in place to help ensure staff employed at the home, were suitable to work with vulnerable people.

Is the service effective?

Good ●

The service was effective.

People told us that they were well cared for and the staff team presented as caring and committed to the provision of person centred and compassionate care. Staff were kept up to date with regular training and supported via supervision both on an individual and group basis.

Managers and staff were acting in accordance with the Mental Capacity Act 2005 to ensure people received the right level of support with their decision making.

Is the service caring?

Good ●

The service was caring.

We asked the people living at Orcadia about the home and the staff members working there and received a number of positive

comments about their caring attitudes.

The staff members we spoke to could show that they had a good understanding of the people they were supporting and they were able to meet their various needs. We saw that they were interacting well with people and that they promoted independence and involvement for all the people living at Orcadia.

Is the service responsive?

Good ●

The service was responsive

We looked at care plans to see what support people needed and how this was recorded. We saw that each plan was personalised and were updated to reflect the current needs of the individual.

The service encouraged independence and responsibility through a variety of activities and people were actively supported to express their opinions and preferences in relation to daily living activities.

The provider had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

There was a registered manager at the home, however they were currently away on extended leave but continued to visit the home regularly.

There were very few internal audit systems to help to ensure compliance with the regulations and to promote the welfare of the people who lived at the home. Managers were not recording any audits of medication, incidents and care plans, so any discrepancies were not picked up. The service was not providing notifications to CQC of any incidents.

Orcadia

Detailed findings

Background to this inspection

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

This inspection took place on 09 August and was unannounced. The inspection was concluded on 16 August 2016 and the staff were aware of this subsequent visit. The inspection was carried out by one adult social care inspector.

Before the inspection, we checked information that we held about the service and the service provider. We looked at any notifications received and reviewed any other information held about the service prior to our visit. We invited the local authority to provide us with any information they held about Orcadia. They shared that they did not have any concerns about this home.

During the inspection, we used a number of different methods to help us understand the experiences of people living in the home.

We spoke with a total of six people living there, three visiting relatives and four staff members including the registered manager and the deputy manager. The people living in the home and family members were able to tell us what they thought about the home and the staff members working there.

Throughout the inspection, we observed how staff supported people with their care during the day. We undertook a tour of the building and with permission, looked at people's individual rooms.

We looked around the service as well as checking records. We looked at a total of two care plans. We looked at other documents including policies and procedures. Records reviewed included: staffing rotas; risk assessments; complaints; staff files covering recruitment and training; maintenance records; health and safety checks; minutes of meetings and medication records.

Is the service safe?

Our findings

We asked people if they felt safe. All the people we spoke with said that they felt Orcadia was a safe environment. They told us, "I feel safe".

Relatives of the people living in the service also felt that the service was safe. One person told us, "She's settled well and she is safe. I'm very, very happy. It was a big worry for me, but I know now that she's in a happy environment."

We saw that staff were aware of individual needs and people we spoke with felt that they were well cared for. Comments included, "The staff are lovely, I can go out when I want" and "They did a good job looking after me when I was ill."

We saw the provider had a policy for the administration of medicines, which included the storage and disposal of medicines and for PRN medicines (these are medicines which are administered as needed). The policy was contained in the provider's policy folder. Medicines were administered by members of staff on each shift who had received the appropriate training. For further clarity the person responsible for medication was highlighted on each staff rota in order to minimise any confusion as to who was responsible for this task.

Medicines were stored in a locked cupboard and each person had a basket containing their medication. The deputy manager advised that they did not take the temperature of the storage cupboard. This meant that they could not be confident that the medication was being stored at the correct temperature.

The home also had a fridge for the storage of medication, but no-one living at the home had any medication that required storage in the fridge at the time of our visit.

The home utilised a monitored dosage system (MDS) with medicines pre-packed by the dispensing pharmacy in blister packs according to the prescription for each person. This helped to minimise the potential for human error in the administration of medicines. We checked the Medication Administration Record (MAR) sheets for four people alongside the blister packs and other medication that was stored for each person. We noted that the system currently in place meant that blister packs were changed at different times for different people, which was confusing as it did not always match against the MAR sheet. All the staff we spoke to were aware of when these changed due to the consistency of staff and the small number of people living in the service. The deputy manager advised that they were switching to a new system within the next five days that would mean that the MAR sheet and blister packs were changed at the same time for everyone to minimise the potential for errors.

We saw that people were receiving their medications at the correct time, however there were three missing signatures on one record and one on another. We spoke to the deputy manager about how these omissions were picked up and they stated that staff on the next shift were expected to pick up on this. However there was no record of this and there were no other audits conducted of medication, therefore any omissions or

areas for learning were not being identified and addressed by the management team.

We looked at a booking in record, which recorded all the medication that was received into the home, however this was not cross referenced with the MAR sheets. We found in one person's medication basket that there was one box of medication that had not been booked in. We also found on a MAR sheet that 280 of one tablet had been received, however when we checked the booking in record, we could see that this should have been recorded as 28. Since this had not been checked against the MAR sheet, it appeared as if a large amount of medication was missing.

We found creams for people that had not been marked with the date when they had been opened. We noted in the provider policy manual that their medication policy clearly stated that all creams should be dated once they had been opened. Topical creams that have been opened for too long may lose their effectiveness.

The provider did complete a count of any medication not delivered in blister packs. This was supposed to be done every four to six weeks, however we could see that this was not always done consistently at these times. This made it difficult to see what medication was being stored for each person and how much we should expect to find as this was not linked to the MAR sheet. We also found a number of medications that were no longer being administered to people that had not been returned to the pharmacy. Again the provider's medication policy stated that 'any discontinued medication must be returned to the pharmacy as per the policy'.

On the second day of our inspection, the thermometer was in place and temperatures had been taken of the cupboard each day. The old medication had been returned to the pharmacy. They had now got a consistent system of everyone starting their blister pack and MAR sheet on the same day and two people had booked in the medication against the MAR sheet so any discrepancies could be raised immediately with the pharmacy. They had also introduced a daily stock count of any loose medication so they were clear what medication was in stock and when they needed to reorder this. We were able to observe the administration of medication and saw that this was safe. These improvements need to be sustained.

We saw that the provider had a safeguarding policy in place. This was designed to ensure that any possible concerns that arose were dealt with openly and people were protected from possible harm. We noted that the policy was not in line with current guidance in terms of the requirement to report any concerns to the local authority and the CQC. Staff we spoke to understood the need to report to the manager any concerns. However, they were unsure of reporting safeguarding incidents outside of the organisation. We spoke with the registered manager and deputy manager and they were not aware of current guidelines in terms of reporting to the local authority and they were not aware that they needed to notify safeguarding concerns to the CQC. Providers such as Orcadia are required to notify the CQC and the local authority of any safeguarding incidents that arise. We found one incident of safeguarding in the last twelve months and whilst this had been dealt with appropriately internally, this had not been reported to either the local authority or CQC.

Staff members confirmed that they had received training in protecting vulnerable adults and that this was updated on a regular basis. The staff members we spoke with told us that they would speak with a member of the management team if a safeguarding incident occurred and were able to give examples of what constituted a safeguarding incident. We saw that the provider had a whistleblowing policy in place and this was displayed in the hallway of the home as well as in the policy folder. Staff were familiar with the term whistleblowing and each said they would report any concerns regarding poor practice they had to senior staff. All staff confirmed that they were aware of the need to escalate concerns internally but was not always

clear on when concerns needed to be reported externally.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not have effective systems and processes in place to prevent abuse of service users.

Risk assessments were carried out and kept under review so the people living in the home were safeguarded from unnecessary hazards. We could see that the home's staff were working closely with people and, where appropriate, their representatives and other health professionals to keep people safe. For instance we saw where risks had been identified in relation to falls, referrals had been made promptly to a number of health professionals to seek advice on the reasons for the falls. Relevant risk assessments, regarding for instance personal care, management of health conditions, mobility and behaviour were kept within the care plan folder.

There was an incident and accident book where events were recorded. We could see that these were also recorded in people's care plans. Due to the small number of people living in the home, the manager did not carry out any audit or analysis of any incidents and accidents. Since the staff team were familiar with residents, patterns were picked up on immediately and advice sought from the relevant professionals. We could see that there was a pattern of incidents with one person living in the home and staff were liaising with all the relevant professionals to seek further advice. We spoke to the deputy manager about recording this information so it was clear to see the work that they were doing in this area.

We looked at the files for three members of staff that were present on the day of inspection. All the files were neat and tidy and contained the relevant information regarding the employment process. Each file contained the application form, references, offer and contract of employment, details of inductions and introduction to the workplace. We found that the appropriate checks had been made to help ensure that staff were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw that the provider also required staff to sign an annual disclaimer that there had been no incidents in the previous year that would have been reported to the DBS.

Our observations throughout the day were that there were enough staff on duty as they were not rushed and were attending to their duties in a calm and timely manner. One staff member told us, "There are always enough staff."

On the day of our visit, there was a deputy manager and one senior carer. There was also another member of staff present for part of the shift to assist with activities and people attending the service on a day care basis. We looked at the duty rota and could see that this was the usual amount of staff deployed each day. There was one member of staff on duty during the night. We asked the deputy manager how dependent people were on staff to carry out their day to day activities. She advised that the dependency levels were consistent in the home as a large number of people living there had been there for a number of years, therefore they based their staffing on activities and how many members of staff were required to accompany people to activities or outings. For instance, she advised that everyone in the home undertook an outing to a local disco and more staff were deployed at this time.

The manager advised that, in order to provide consistency to the people living in the home, they did not use agency staff. She said they had sufficient bank staff to cover any sickness or leave of other staff members. They had a consistent staff team and most had worked in the home for significant periods of time.

From our observations we found that the staff members knew the people they were supporting well. They could speak knowledgeably about the people living in the home, about their likes and dislikes as well as the care that they needed. There was a supportive on call system in place in case of emergencies outside of office hours and at weekends, where a member of staff would attend the service if the staff working there needed assistance.

We conducted a tour of the home and our observations were of a clean, fresh smelling environment which was safe without restricting people's ability to move around freely. The atmosphere in the home was calm and staff members were going about their duties in a professional manner. Gloves and aprons were available for staff when delivering personal care.

We checked some of the equipment in the home, including wheelchairs, and saw that it had been subject to recent safety checks.

We found that the people living in the home had an individual Personal Emergency Evacuation Plan (PEEPS) in place. PEEPS are good practice and would be used if the home had to be evacuated in an emergency such as a fire. They provide details of any special circumstances affecting the person, for example if they are a wheelchair user. PEEPS were stored in people's care plans and a brief traffic light system was displayed in the hallway of the home for easy reference.

Is the service effective?

Our findings

All the people living at the home that we spoke to and their family members felt that needs were well met by the staff who were caring and knew what they were doing. Comments included, "I like living here" and "I can get what I want to eat when I want". One family member told us, "The staff do a marvellous job and they keep me informed." Another said, "They communicate well with us. They support her to do what she likes and she can come and go when she likes."

The provider had their own induction programme and introduction to the workplace. This was designed to ensure that any new members of staff had the skills they needed to do their job effectively and competently. The deputy manager told us that this usually took place over three days and then they were supernumerary and shadowed for a minimum of three shifts. We looked at the induction programme for the newest member of staff and this included introduction to the workplace, fire safety, confidentiality, care planning and going through the provider's policies and procedures including safeguarding and whistleblowing. Staff were then given 12 weeks in which to complete the core training. This included, first aid, safeguarding, medication, moving and handling and Mental Capacity Act training. The deputy manager advised that no-one would be signed off or asked to undertake any tasks until they had completed the full training. They further advised that if someone needed to undertake more shadowing, they were flexible to accommodate this. All staff members confirmed that they had completed shadowing prior to starting work.

We asked staff members about training and they all confirmed that they received regular training throughout the year, they also said that their training was up to date. We checked the training records for staff and saw that staff had undertaken a range of training relevant to their role and that this was up to date. This included safeguarding, infection control and moving and handling training. There was a training matrix that was updated regularly so the deputy manager and registered manager could see when training was due to be out of date.

Staff members we spoke with told us that they received on-going support, supervision and appraisals approximately about four times a year. We checked records which confirmed that supervision sessions for each member of staff had been held regularly. The registered manager and staff also told us about group supervision sessions that focused on a particular issue. We saw that the last group supervision had contained a training DVD on epilepsy and a staff discussion following. This allowed staff to talk about a particular issue together and learn from one another.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the provider had recently submitted an application to the supervising authority for someone to be deprived of their liberty. We were able to view the paperwork in relation to this application and saw that this was all in order.

The provider had guidance for staff on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DOLs) and staff confirmed that they had completed training in this area. All staff were able to speak with us about the principles of the MCA and advised that if they had any concerns about changes in someone's presentation they would speak with the manager.

The provider had a restraint policy that clearly documented what staff needed to do if employing this method. Staff we spoke to advised that they had never had to use restraint as they did not have anyone within the home that presented with challenging behaviour and any incidents to date they had been able to de-escalate.

During the inspection we saw that staff took their time to ensure that they were fully engaged with each person and they were patient, explaining options clearly to ensure that people were able to make decisions themselves where appropriate. We observed two staff members assisting someone who was unwell during lunchtime. They assisted the person promptly, reassured them throughout and tried to calm them following the incident. They removed the person from the situation in order to protect their dignity and then continued to check with the person that they were ok using hand gestures that the person was familiar with in order to communicate how they were now feeling. This was carried out in a dignified and respectful way.

The information we looked at in the care plans in relation to people's preferences was detailed and contained lots of information about people's history, which helped staff to know and understand the people that they were working with. Staff members were able to respect people's wishes regarding their chosen lifestyle. People had signed themselves to consent to the care and when we spoke to relatives they confirmed that they had also been involved in the care plan and felt that they could speak to staff at any time if there were concerns or changes. The people living in the home were able to talk to us about their care plan and they knew what information was contained in there.

Staff members were kept up to date with any changes during handovers that took place during every staff change. This helped to ensure that they were made aware of any issues and could provide safe care. We saw the handover sheets and could see that these provided details for each person as to how they had been during the shift and whether there were any areas of concern. Staff members also told us that they recorded any daily appointments in the 'communication book' and we were able to view this and could see that information was recorded about visits to the home and appointments.

Visits from other health care professionals such as GPs, opticians and any hospital visits were recorded so staff members would know when these visits had taken place and why. These records were kept within the care plans. We spoke to people living in the service about whether they had access to health services. One person told us, "They help me with the GP but I can go on my own."

People living in the home were encouraged to be involved in the planning and preparation of the food in the home. We saw minutes from one meeting where everyone had chance to talk about what food they would like. The provider advised that these were done on a regular basis, but they had not recorded all of them. The people we spoke to confirmed that they got to choose the food that they liked and they talked about this on a regular basis. The provider produced a menu on a four weekly basis for the evening meal. At lunchtime, due to people's differing needs in terms of their activities, people were encouraged to make their

own lunch at a time that suited them and a variety of food was available for them to do this. Although people had taken part in choosing the menu, if they did not like what was on offer, they could have an alternative. We saw that the menu offered a variety of food and people were encouraged to make healthy choices. We observed that fruit was readily available and people were encouraged to eat this after meals. We saw that people were able to help themselves to drinks throughout the day or, where necessary, staff would make these according to people's preferences.

On the second day of our visit, we observed a picnic taking place in the garden of the home and people living there had been involved in making the picnic. One person told us proudly that they had made cakes for the picnic and that they liked baking. We had been able to see in their care plan that this was one of their preferred activities.

We saw that staff used the Malnutrition Universal Screening Tool [MUST] where necessary to identify whether people were at nutritional risk. This was done to ensure that people weren't losing or gaining weight inappropriately. On the care files that we looked at, this was being reviewed on a regular basis.

A tour of the premises was undertaken, this included all communal areas and, with people's consent, a number of bedrooms as well. The home was clean and well maintained and provided an environment that met the needs of the people living there.

The laundry within the service was well equipped and it was neat, tidy and well organised.

Is the service caring?

Our findings

We asked people living in Orcadia about the home and the staff who worked there. Everyone told us that the staff were kind and caring. Comments included, "Staff are nice", "I like living here". We spoke with relatives and they were extremely pleased with the care and support their family member received. They said that staff were always welcoming and their family members were treated with kindness, respect and dignity. One person told us, "The staff are very friendly as if they are talking to their own daughter. She lives in a five star environment and I can't fault it."

It was evident that family members were encouraged to visit the home when they wished and people living in the service were supported and encouraged to visit and stay with their families. One relative told us, "You can come and visit whenever you want, you can just drop in and everyone is pleased to see you. They are very friendly."

The staff members we spoke to showed that they had a good understanding of the people they were supporting and they were able to meet their various needs. They told us that they enjoyed working at Orcadia and had very positive relationships with the people living there. Comments included, "I love it. You look forward to coming in. Every day is different", "It's like a home, we know each other well" and "I love it, I left and came back. It's wonderful as what you put in, you get back. The residents are lovely and staff are lovely".

People's body language showed that they were relaxed and comfortable with staff. Many of the people living in the service and the staff members had been there for a significant amount of time and this was evident in the relationships that we observed. We saw lots of appropriate fun and banter between staff and the people who used the service. We saw that the relationships between the people living in the home and the staff supporting them were respectful, warm, dignified and where appropriate had physical contact such as hugs or holding hands. During our inspection, we observed someone living in the home who appeared nervous when the inspector was present and they sought out the hand of a member of staff. The member of staff held their hand and reassured them about someone different being in their home.

When we visited we found a vibrant, happy community. People were actively engaged with external organisations and involved in the local community on a regular basis. A number of people living in Orcadia had jobs, both paid and voluntary. Some of these were arranged prior to people moving into the home and others since they had been living in Orcadia. People were encouraged to sustain this employment. Risk assessments had been completed and, where appropriate, people travelled independently to these jobs. From the discussions we had, it was evident that people took great pride in their jobs and liked having the independence and responsibility of being employed. Staff supported them in this, for instance ensuring that meal times were flexible around people's employment commitments. People also attended the local church and were involved in activities associated to this.

We observed that the people living in the home looked clean and well cared for and we saw staff remind people of the importance of washing hands and keeping clean in a respectful manner.

The quality of décor, furnishing and fittings provided people with a comfortable, homely environment in which to live. The bedrooms we saw during the inspection were all personalised and well-furnished. There was one lounge with a TV, another seating area next to the kitchen and a small seating area in the hallway. The kitchen and lounge had craft materials as well as a well-stocked craft cupboard on the first floor. The hallway contained games and books and people living in the home had access to a large enclosed rear garden which housed pet guinea pigs as well as the home's vegetable patch.

The provider had a welcome booklet which was written in easy read format as well as a complaints procedure in the same format so people were clear of what the service should be providing. There was a folder of comments from residents and relatives. It was not clear in the folder what had happened about the comments, however the registered manager advised that they always acted upon any suggestions and due to the size of the service fed this back verbally or met with the person to discuss the improvements they had suggested.

We saw that personal information in terms of care records was stored securely in a locked cupboard in the office area.

Is the service responsive?

Our findings

The people who commented confirmed that they had choices in terms of daily living activities and that they could choose what to do and where to spend their time. One person said, "I like shopping in Hazel Grove and we go there", "We all look after Tigger [the cat]."

We looked at the care plans to see what support people needed and how this was recorded. We saw that each plan was personalised and captured the needs of the individual and was written in a style that would enable any member of staff reading it to have a good idea of what assistance someone needed at a particular time. All the plans we looked at were well maintained and were, in the main, being reviewed monthly so staff would know what changes if any had been made. We spoke to the deputy manager about the files where we found sections that needed updating and she was in the process of completing a thorough update of all the care plans. We were able to see her action plan and timetable for completing this and that she was part way through this process.

The two care files that we looked at contained relevant information regarding background history to ensure the staff had the information they needed to respect the person's preferred wishes, likes and dislikes. For example the files contained detailed information about important dates, which people were important to them, the food they liked and preferred social activities. We spoke with staff about people's individual likes and dislikes and the staff we spoke with were very knowledgeable about the people they were caring for. They had worked with them over a period of time and due to the size of the home had been able to build up significant knowledge of each person.

We saw a pre-admission assessment on one of the files which clearly showed the needs of the person, their family's details, their current medical needs as well as their medical history. We noted on another file that this was not present. We spoke to the deputy manager and she advised that as most people had been living in the home for a considerable length of time, the majority of the pre-admission assessments had now been archived.

They had an activities co-ordinator who worked eight hours a week, but was currently away from work on holiday. The whole staff team were involved in planning and organising social and other events for people and the activities co-ordinator provided additional support particularly during the day when they had a small number of people attend the service for day care. The people using the service were asked what kind of things they liked to do on a regular basis and then the activities were planned out a few weeks in advance. The activities were a mixture of social and occupational activities that encouraged people to be responsible for the running of the home. Activities varied from coffee mornings, going out swimming and to the cinema as well as food shopping for the home and caring for the pets in the home. We could see that there was lots of flexibility built into this in order that spontaneous visits and outings could also take place if people decided that's what they wanted to do. Everyone we spoke to spoke with pride of the pets they had in the home (a cat, three guinea pigs and a hamster). Again people were encouraged to take part in caring for the animals and they told us enthusiastically that they looked after the animals.

On the second day of our visit, people were having a picnic in the garden to take advantage of the good weather and a number of them talked about how they had helped in the preparation of the food and baking for the picnic. We also observed someone being supported to take part in painting, which was seen in their care plan as one of their preferred activities, and on the first day of our visit many of the people living in the home had gone for a walk locally. It was evident that people were happy with the activities and one person showed us the visual timetable of activities for the week and spoke about how the people who lived in the home discussed what they wanted to do and all decided.

We observed that even small decisions, for instance which music to play whilst they had the picnic, were discussed and everyone encouraged to express their opinion and their preference.

The provider had a complaints policy and processes were in place to record any complaints received. The provider had one complaint in the last twelve months and this had been fully resolved and the complainant was happy with the outcome. The complaints policy was within the welcome booklet and there was an easy read version available for the people living in the home.

We asked a number of people whether or not they had ever made a complaint and if so how this was acted upon. No-one we spoke to had ever made a complaint, but when asked if they felt that they needed to make a complaint they knew who they would speak to. Relatives were also aware how to make a complaint. Comments included, "I've not had to make a complaint, but would speak to the manager" and "I have no complaints at all, but I'd complain to the manager".

Is the service well-led?

Our findings

There was a registered manager who had been in post since October 2010, however she was currently away from work on extended leave. She continued to visit the home on a frequent basis to maintain an overview of the service, but the day-to-day running of the home was being carried out by the deputy manager. The registered manager was present on both days of our inspection and engaged positively with the inspection process. There was also a senior support worker to support the deputy manager in the running of the home. The deputy manager told us that feedback about quality of the service provided was gathered on a continuous and on-going basis from the people who used the service and their representatives, including their relatives and friends and visiting professionals, where appropriate. The deputy manager acknowledged that there were very few quality assurance systems in place as they were a small service and had a consistent staff team.

As part of the inspection, all the folders and documentation that were requested were produced quickly but did not always contain all the information that we expected. The managers were open and honest throughout the inspection process and were available to respond to our queries.

We spoke to people living in the home about the registered manager. Everyone knew who she was and spoke about her positively. We observed that everyone living in the home was pleased to see the manager during her visit to the home and people wanted to speak with her and tell her their news and hear what she had been doing whilst away from the home.

Orcadia did not have a comprehensive quality assurance system in place. As the manager provided care to all the people living in the home, she observed and monitored standards as part of her daily work in an informal manner. There was no auditing process in place for checking the MAR sheets and general medication on a continuous basis. The manager told us that staff were expected to check when completing MAR sheets whether there were any missing signatures, however this was not being recorded, therefore we could not confirm that this was taking place. We did find a small number of missing signatures, but this had not been picked up as there was no system in place for checking this. A stock count was taken of medication, but this was not done on a regular and consistent basis. There was no system in place for auditing accidents, incidents or care plans. The deputy manager informed us that they did check care files each month, but this was not recorded therefore we could not verify that this was taking place and what corrective action was being taken where any errors or inconsistencies were found.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider did not have systems and processes in place such as regular audits to assess, monitor and improve the quality and safety of the service.

There were a number of maintenance checks being carried out weekly and monthly. These included the water temperature, safety checks on the fire alarm system and emergency lighting. We saw that there were up to date certificates covering the gas and electrical installations, portable electrical appliances and any lifting equipment such as hoists. We did note that the water temperatures had not been monitored for the

last two months. We raised this with the deputy manager to look into.

Providers are required to notify CQC of events or changes that affect the service or the people using it, for instance serious injuries or where the provider has made an application to deprive someone of their liberty. We found two instances where there had been registration changes and the provider had not notified CQC. We also found one safeguarding incident that the provider had not notified CQC of.

This is a breach of Regulations 12 and 18 of the Care Quality Commission (Registration) Regulations 2009. Notifications of other incidents and statement of purpose as the provider was not submitting the relevant notifications. We have written to the provider separately about this matter.

The provider held residents' meetings on a regular basis. We were able to view the minutes of the last meeting which had taken place, however many of the meetings were not recorded as the deputy manager explained that the emphasis was on being informal and like a home for everyone whilst remaining professional. We could see from the minutes that people living in the home had the chance to discuss the menu and activities that they wanted to take part in.

The manager sought the feedback from people living in the home, their relatives, staff and visiting professionals through an annual survey. We were able to view the comments from the survey where people were asked about if they were happy with the service, the overall abilities of the staff, whether they were happy with the activities within and outside the home, whether they were given choices and whether they were aware of the complaints policy and would feel comfortable complaining. All the comments we viewed were positive. Comments included, "Orcadia staff are super, the staff are continually trying to improve the service provided for the residents. Thank you and all the staff for making [name]'s life so full and happy and also for helping me" and "[Name] has become more independent due to the staff's hard work. The facilities have improved. [Name] is happy there and always eager to return. I can't think of a way to improve on how content he is now".

All staff completing the survey and visiting professionals also commented that they were satisfied with the service. The service also provided leaflets from carehome.co.uk in the hallway of the home encouraging people to provide feedback via the independent website. All the comments posted on this website were also positive.

Staff members we spoke to were positive about how the home was managed and the quality of care that was being provided and throughout the inspection we observed them interacting with one another in a professional manner. We asked staff members how they would report any issues that they were concerned about and they stated that they would have no hesitation in reporting anything concerning. Comments from staff members that we spoke with included, "The manager is really nice and dead fair with everyone" and "The manager is very approachable and very supportive. If you raise something it always gets sorted. The manager is the loveliest person I know."

The deputy manager told us that they had staff meetings four times a year, two of which were group supervision. We could see from the records that these were being held regularly and we were able to view the minutes of the last meeting that was held on 16 March 2016. We could see that a variety of topics were discussed, including activities, and the staff team had watched and discussed training materials on epilepsy.

Periodic monitoring of the standard of care provided to people funded via the local authority was also undertaken by Cheshire East's Council contract monitoring team. This is an external monitoring process to

ensure the service meets its contractual obligations to the council. We contacted the contract monitoring team prior to our inspection and they stated that they had no concerns in relation to this service.

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	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider did not have effective systems and processes in place to prevent abuse of service users as the safeguarding policy was not in line with current guidance and staff and management were not clear of their responsibilities to report safeguarding concerns externally.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have systems and processes in place such as regular audits to assess, monitor and improve the quality and safety of the service.</p>