

Dolphin Homes Limited

Orchard Lodge

Inspection report

22 Orchard Road
Havant
Hampshire
PO9 1AU

Tel: 02392471913

Website: www.dolphinhomes.co.uk

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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

About the service

Orchard Lodge is a six-bedded residential care home that was providing personal care to six people who have a learning disability, physical disability and/or autism at the time of the inspection. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

A registered manager was not in post. However, there was a newly appointed manager in post who was in the process of submitting an application to the Care Quality Commission (CQC).

Health and safety checks and actions were not always completed. We found that there was a delay to the completion of required maintenance and there were outstanding actions from audits where maintenance requests had been submitted to the provider. Environmental risks were mostly assessed and monitored. However, we observed that the reviews for environmental risks lacked sufficient detail. People mostly received their medicines safely in line with their preferences and by staff who knew them well. However, the medicines systems in place were not always as effective as they could have been. We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed.

Accidents and incidents were documented and investigated with action taken to prevent a reoccurrence. There were appropriate policies and systems in place to protect people from abuse. There were sufficient staff to meet people's needs and keep them safe. Staff files contained the information required to aid safe recruitment decisions. Staff had regular support and supervision.

People were supported to have choice and control of their lives. Staff demonstrated an understanding and awareness of mental capacity and best interests' decisions and supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, records did not always fully reflect this and the manager had plans in place to address this.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

There was a strong emphasis on the importance of training and induction. Staff received training that enabled them to meet the needs of people living at the service. The manager was prioritising training compliance for the staff team to bring it in-line with the provider's policies and procedures. The provider ensured staff had access to best practice guidance to support good outcomes for people. People were supported with personalised menu planning and personalised bedrooms. The home worked with other organisations to ensure they delivered joined-up care.

People and their relatives were positive about the quality of care and support people received. We saw a warm and caring approach by staff with positive and kind interactions between staff and people. We observed staff responding proactively and sensitively to people and people were offered opportunities to be involved in reviews, but this was not always consistent. There was a strong focus on building and maintaining people's independence. We saw people being supported using their preferred communication methods and staff demonstrated an awareness and understanding of people's needs. We observed that some people were being supported to work towards achieving identified goals.

Care plans were detailed, person centred, and goal orientated with a focus on achieving outcomes. People's daily records of care were up to date and showed care was being provided in accordance with people's needs. People had access to a range of activities. People's communication needs were identified, recorded and highlighted in care plans. We saw people had personalised communication support plans. The manager was pro-active in ensuring they were visible within the home and operated an open-door policy.

The provider mostly had robust quality assurance procedures and systems to help drive ongoing improvements within the home. However, we observed a lack of consistency in their completion within the home. Staff were encouraged to regularly feedback about the service delivery and share ideas and suggestions on how the service could be improved. Extensive policies and procedures were in place to aid the smooth running of the service. People, their relatives and staff were positive about the new manager and felt listened to.

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

Rating at last inspection

The last rating for this service was Good (published 16 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to governance; systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 for 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Orchard Lodge

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission (CQC). This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. However, at the time of the inspection, there was in post a newly appointed manager who was in the process of applying to be registered with the CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the provider, registered manager, senior support worker and support workers.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted two relatives about their experience of the care provided, five professionals who regularly visit the service, and four members of staff for feedback.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Health and safety checks and actions were not always completed. For example, the descaling of shower heads had not been carried out consistently. Non-descaling of shower heads could result in a slime developing on the surface of the shower head which could protect legionella bacteria from temperatures that would otherwise kill it. Legionella disease is a type of pneumonia caused by bacteria that is inhaled and is a risk to people.
- Where checks had been undertaken in relation to the maintenance and safety of equipment and concerns identified, actions or outcomes had not been consistently recorded for those concerns. There was a risk that concerns may not always be resolved resulting in putting people at risk.
- We found that there was a delay to the completion of required maintenance and there were outstanding actions from audits where maintenance requests had been submitted to the provider. For example, the staff team had been regularly testing the emergency lighting and had been reporting that it was not working.
- Environmental risks were mostly assessed and monitored. However, we observed that the reviews for environmental risks lacked sufficient detail about the actions required to be taken and why. For example, we saw some audits identified there was a concern or action required by the entry of a cross in the appropriate column but no detail about why it failed to pass the audit and what was required to resolve the concern.
- Another example was an audit which identified the risk assessment for a specific room in the house was no longer satisfactory, but it lacked sufficient detail about why it was not satisfactory and what action was required to rectify the risk assessment.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They promptly ensured an appropriately qualified electrician attended the home during the inspection who confirmed that the emergency lights were working and had always been working. They identified that there was a lack of awareness and knowledge amongst the staff team about how to carry out the required test. The manager promptly made plans to address this with the staff team.

The provider also shared the meeting minutes from their registered manager's forum which had identified the maintenance reporting system was not as effective as they required it to be and had resolved this with the implementation of a new red, amber, green (RAG) rating system they were in the process of rolling out.

This would colour code required maintenance requests to highlight effectively their priority status and would ensure action was taken within appropriate timescales.

- Risks to people were recorded in their care plans.
- Business continuity plans were in place to ensure that individuals were prioritised in terms of risk during crisis situations.
- Staff held practice fire drills to check any risks to people from an emergency evacuation. People's comprehensive personalised plans (PEEP's) were in place to guide staff and emergency services about the support people required in these circumstances.

Using medicines safely; Learning lessons when things go wrong

- People mostly received their medicines safely in line with their preferences and by staff who knew them well. However, the medicines systems in place for auditing and managing storage were not as effective as they could have been due to the inconsistency in completion.
- Protocols were in place to guide and support staff on the use of medicines prescribed 'as required' (PRN medicine). This meant staff had access to information to assist them in their decision making about when such medicines could be used, for example if people were in pain. Staff demonstrated they had good knowledge of the protocols.
- Staff had been trained to administer medicines and had been assessed as competent to do so safely.
- A system was in place to record and monitor incidents and this was overseen by the manager and area manager to ensure the appropriate actions had been taken to support people safely.
- Accidents and incidents were documented and investigated with action taken to prevent a reoccurrence. For example, we observed, and the manager told us, about medicines audits at night and during the day in response to medicines errors. Whilst they had yet to be fully embedded by the staff team to ensure they were consistently completed; the manager demonstrated their awareness of this need and had plans to address it with the staff team.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us people felt safe. Comments included, "I suppose so, yes" and "They take care of [relative's name] quite well."
- There were appropriate policies and systems in place to protect people from abuse. Staff knew how to recognise abuse and protect people. One staff member told us, "I would report it straight away. As a senior I would phone my manager straight way and chat it through. I can call my area manager as well or report it to the authorities."
- Staff were confident any concerns they raised to the manager would be dealt with appropriately.
- Safeguarding information and signposting were displayed within the service.

Staffing and recruitment

- There were sufficient staff to meet people's needs and keep them safe. A staff member told us, "We always have minimum of three staff working on day shift, but it is normally four staff and two staff for night shift. I have worked both shifts and the shift can be comfortably worked with the staffing levels we currently have."
- We observed sufficient staffing levels during the inspection and saw how the support hours were reviewed weekly to alter the staffing levels in response to planned activities.
- For example, we observed how the staffing levels on one day had been increased to support a trip outing to London and the theatre for some of the people whilst ensuring sufficient staffing levels remained within the home to support other people. We spoke to staff who confirmed there were sufficient staffing levels. One staff member told us, "If extra activities then manager will get a few hours to cover that time."
- People, their relatives and staff members told us how there was a period of time where there had been an

inconsistency in staff due to staff shortages and the use of unfamiliar relief staff. However, there was a general consensus that this had recently improved and there was more consistency within the staffing team and that there was an emphasis on consistent relief staff being utilised. One relative told us, "The staff they have got now do but staff before that didn't really know how to support [person's name]."

- Staff files contained the information required to aid safe recruitment decisions and protect people from the employment of unsuitable staff.

Preventing and controlling infection

- Staff completed training in infection control. Staff told us they have access to personal protective equipment (PPE) and waste was disposed of correctly. One person told us, "They wear gloves and wash their hands."

- We observed staff wearing PPE appropriately. One staff member told us, "We always have enough and don't ever run out of any of the PPE and other equipment that we need."

- The home was clean, tidy and odour free.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's consent had been sought for their care needs. Where people lacked capacity to consent to care, the principles of MCA were followed, and best interest decisions made. We observed additional decision specific MCA assessments and best interests' decisions for people.
- The manager and staff demonstrated their knowledge and understanding regarding the principles of the MCA. Staff members could describe principles underpinning the legislation. They spoke with us about people's rights to make choices and decisions for themselves. We observed people being supported to make some choices and decisions for themselves using their preferred communication methods. For example, we observed one person being supported to choose an activity of their choice.
- The provider had made appropriate DoLS applications and had systems in place to renew and meet any recommendations of authorised applications.

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

- People's needs were assessed, regularly reviewed and included their physical, mental health and social needs.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their needs assessment. Staff were able to tell us about people's individual characteristics.
- The provider ensured staff had access to best practice guidance to support good outcomes for

people. The provider had an established 'best practice group' which consisted of staff from different levels of the organisation who came together regularly to ensure best practice was identified, reviewed and implemented across the organisation.

Staff support: induction, training, skills and experience

- Staff new to the home undertook a period of induction, which included the provider's mandatory training, before they were assessed as competent to work on their own. A staff member told us, "I had a two-week induction at head office and also completed shadow shifts. I was unable to lone work until after my two-week induction and two shadow shifts had been completed and then my lone working was monitored before I was signed off."
- There was a strong emphasis on the importance of training and induction. Staff new to care were required to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to. The Care Certificate is an identified set of standards that health and social care workers adhere to.
- The training matrix we viewed for the staff team compliance identified that there were four training courses showing team compliance below 67%. For example, fire safety and first aid. The manager told us how they had been prioritising training and had a training planner in place to bring training compliance in-line with the provider's policies and procedures.
- Staff received training that enabled them to meet the needs of people living at the service. For example, PROACT-SCIPr-UK and Epilepsy. PROACT-SCIPrUK is an approach to working with adults with learning disabilities involving strategies for crisis intervention and prevention. A staff member told us, "I have received more in-depth training with [the provider's name] than I have received in any other jobs I have worked in care before. I am able to support the people at Orchard (Lodge) with the best care possible with the knowledge I have learned."
- Staff had regular support and supervision which enabled the registered manager to monitor and support them in their role and to identify training opportunities. Staff were positive about the supervision provided.

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

- We saw people being offered drinks and food and were supported by staff who had received food hygiene training. One relative told us, "[Person's name] is cooked fresh food."
- People were supported with personalised menu planning. One relative told us, "[person's name] can choose his own food."
- Information on people's weight was not always kept up to date in their care records. We observed for one person they had appeared to have experienced a significant weight increase over the recordings that had been made. We raised this with the manager who explained that this was a positive outcome for the person as they had been working with the appropriate healthcare professionals to fortify the person's diet.
- The manager had plans to ensure this information would be consistently recorded on the system going forwards and the provider had implemented an electronic care planning system which would enable effective monitoring of people's weight when consistently completed.
- The manager told us how they would ensure people who were losing or gaining weight would be referred to the most appropriate healthcare professionals for appropriate support if required. This was supported by the information in people's care plans and staff awareness.

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

- We saw from the care plans and daily records that a range of professionals were involved in providing additional care and support to people. For example, the home supported a person with a PEG and was supported by appropriate healthcare professionals to meet this need for the person. PEG is percutaneous

endoscopic gastrostomy, a means of feeding through the stomach when oral intake is not adequate.

- The home worked with other organisations to ensure they delivered joined-up care and support and people had access to healthcare services when they needed it. For example, staff contacted GPs and accompanied people to medical appointments. A staff member told us, "He's had all the support he needs from the LD team, SaLT, GP they all know and get involved quickly with [person's name]."
- People had health care plans which contained essential information, including information about people's general health, current concerns, social information, abilities and level of assistance required. This could be shared should a person be admitted to hospital or another service and allowed person centred care to be provided consistently.

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

- People had personalised bedrooms which reflected their personal interests and preferences.
- Orchard Lodge had been adapted to meet the needs of the people living there and was accessible. For example, it was spacious with a large accessible garden.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were positive about the quality of care and support people received. Comments included, "Staff are nice", "You can tell by [person's name] face from when she looks at them that she is happy with them", "I think she considers it her home now, she's settled in" and "They are taking care of [person's name] quite well."
- People and their relatives told us that their families could visit when they wanted them to. We observed a relative being welcomed into the home and encouraged to stay as long as they wanted.
- We saw a warm and caring approach by staff with positive and kind interactions between staff and people. For example, we observed a staff member coming and sitting next to a person and initiating a conversation with them and an activity of their choice. A staff member told us, "I feel there is more than enough time to listen to both the people we support and their needs and what they want and what they want to do."
- Staff spoke about people with genuine interest and affection. One staff member told us, "We have to take a person-centred approach to our care. I feel as well as reading support plans and risk assessments for each person it is important that you listen to other staff that have known them for years and also get to know them yourself and learn what they like and how they want to be supported as it is important that the people we support have a voice and a choice in how they are taken care of. "
- People were supported to have detailed personal histories and likes and dislikes. Their personalised records detailed people's preferences, emotional wellbeing support needs and cultural and spiritual needs. We observed for one person how they had been supported to decorate their own personal Christmas tree in their bedroom.
- Staff understood that some people had difficulty communicating their needs and wishes and respected this. They explained how people communicated and the need to check to ensure they had understood their requests or responses. We observed staff responding proactively and sensitively to somebody's body language and supporting them to be more comfortable.
- People were offered opportunities to be involved in reviews of their care. However, we observed that these opportunities were not consistent. The manager had plans to make the reviews monthly. They told us, "It's difficult as they lack capacity to consent so if any updates or changes are needed I would plan to have them in here with me and would explain the best way I could the changes that need to be made. I would explain the reason why and if not happy to sit up here with me would sit with them somewhere they find more comfortable and less formal."
- People and their relatives told us how difficult it had been at times with the inconsistent staffing levels and changing management team. They told us how the staff team had tried to minimise the impact on people as

much as possible. One staff member told us, "I feel the remaining staff have always been able to pull together and work as a team to ensure that the people we support do not feel how unsettled the permanent staffing levels have been at times, to ensure the changeover in new staff always runs as smoothly as possible and that the people we support don't ever go without and are still able to go out and have as much fun as possible."

Respecting and promoting people's privacy, dignity and independence

- We observed staff were friendly and caring when supporting people. They allowed people time to express themselves, offered reassurance and actively promoted their independence. The promotion of independence in care plans was clear and detailed. A staff member told us, "A few people here are independent and so can do things themselves."
- In line with the principles of Registering the Right Support, there was a strong focus on building and maintaining people's independence. We observed that some people were being supported to work towards achieving identified goals. For example, for one person they had set goals for household tasks such as laundry and preparing a meal.
- We saw people being supported using their preferred communication methods and staff demonstrated an awareness and understanding of people's needs. Staff demonstrated their knowledge and skill to effectively communicate with people using both verbal and non-verbal communication.
- We observed staff promoting people's privacy and dignity. For example, we observed a person being supported discreetly to their bedroom for personal care and their door was fully closed behind them.
- Care records were held securely in the service and confidential information was respected.
- Staff told us they enjoyed working at the service and wanted to help the people to be involved in their lives. A staff member said, "The person we are supporting is at the centre of the focus of what we are providing, their emotional and physical needs as well as providing them with choice in the care and support that they are receiving from us, to ensure that they are being supported in the most appropriate and most comfortable way for them."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's likes, dislikes and what was important to the person were recorded in person centred care plans. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information. One relative told us, "There are staff he gets on well with. They watch horror films together."
- Care plans were detailed person centred, and goal orientated with a focus on achieving outcomes. One relative told us about a positive outcome for their relative, "One carer worked with him to change his food to a lot of fruit which really helped him." One person told us, "At the moment I am spending a lot of time in bed (due to health needs) and would like to spend more time up in my chair. Staff are supporting me with this."
- People's daily records of care were up to date and showed care was being provided in accordance with people's needs. Care staff were able to describe the care and support required by individual people. Through talking with staff and through observation, it was evident that staff were aware of people's care needs and they acted accordingly.
- People had access to a range of activities including, day services, arts and crafts, shopping, theatre trips, cinema trips, wellbeing therapies, local attractions and live entertainment. The home had a file people could access which had a range of activities for people to choose from and there was an emphasis on local disability accessible activities such as 'Activeability Solent' which aims to make sport and activity more accessible to people with disabilities.
- We observed people going out to various activities in the community during our visit. Some people chose activities within the home and we observed a range of activities accessible within the home for people to engage in. For example, puzzles, books, magazines and arts and crafts. Some people were limited due to their health needs as to which activities they could access.
- People were supported to access the local library when they wanted to.
- We observed how people had been involved in decorating the communal spaces with handmade decorations and paintings.

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's communication needs were identified, recorded and highlighted in care plans. We saw people had personalised communication support plans and evidence that the identified information and

communication needs were met for individuals. For example, easy read information leaflets were available to people including information in relation to person centred care, co-production in social care, Independent Mental Health Advocacy, preparing to visit a doctor, health and medication.

Improving care quality in response to complaints or concerns

- The manager was pro-active in ensuring they were visible within the home and operated an open-door policy.
- The provider had a complaints policy and procedure in place. This was accessible to people.
- Complaints were recorded, and action taken to address them in line with the providers policies and procedures.
- People and their relatives knew how to complain if they needed to and felt they would be listened to. Comments included, "No concerns", "None that I can think of", "I don't think we could do any better than here really", and "They always try to sort everything out that we have raised and happy with how they have responded."

End of life care and support

- At the time of the inspection no one living at the home was receiving end of life care.
- Care records demonstrated that discussions had taken place with some people and their relatives about their end of life wishes, and these were clearly recorded. Relatives told us they were confident that the home would respect people's wishes.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to 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.

Continuous learning and improving care

- The provider mostly had robust quality assurance procedures and systems to help drive ongoing improvements within the home. However, we observed a lack of consistency in their completion within the home.
- In addition, the provider also had an internal quality assurance team who carried out impartial audits on Orchard Lodge and provided regular updates on new protocols and policies.
- The manager had identified the inconsistency in the completion of audits and checks. They told us, "I think there are systems that need to be put into place. I've only just got to know the service and the individuals and the systems in place. I work well with action plans and am putting into place weekly checks I will be doing."
- Although the manager had only been in post for a short time they had already started to put together an action plan they planned to systematically work through. Whilst the manager and provider were clear on the action that needed to be taken, and the manager was confident they would be fully supported by the provider to complete the actions, the action plan was not in place at the time of inspection.
- The manager told us they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. They had been liaising with a registered manager of another service who was familiar with Orchard Lodge to facilitate their transition into the manager's post and would be participating in the local registered managers forum, to learn from others and share good practice.
- Quality assurance questionnaires were sent to people, their families, staff and professionals annually. Feedback gathered was analysed, which helped the provider to address where improvements were needed. The manager planned to send out the questionnaires earlier than scheduled to aid the development of their action plan for the home.
- In addition, feedback was gathered using informal chats and regular meetings. Staff were also encouraged to regularly feedback about the service delivery and share ideas and suggestions on how the service could be improved. One staff member told us, "We'll discuss it as a team if it would work and how we try it and then we'll review it."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff had access to policies and procedures which encouraged an open and transparent approach. Information on safeguarding and equality and diversity was easily available in the office.
- People and their relatives were positive about the new manager. Their comments included, "I like her", "She's alright yes", "She's very open, honest and chatty. Phones us up", "She's learning and trying really, hard. She is very responsive" and "We have confidence in the new manager."
- The manager and provider were aware of duty of candour and had clear processes in place to ensure this was met when required.
- The manager understood their responsibilities and were open and transparent when accidents/incidents occurred. The manager had started the process to register with the CQC.
- Extensive policies and procedures were in place to aid the smooth running of the service. For example, there were policies on safeguarding, equality and diversity, complaints and whistleblowing.

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

- The provider and manager understood and implemented Registering the Right Support guidance. The service model and ethos of Orchard Lodge reflected the underpinning principles of Registering the right support. For example, the design of the building at Orchard Lodge was such that it fitted into the environment as a residential home like other domestic homes in the area. The provider's ethos and strategy were about promoting independence.
- Staff told us that they felt involved in the service and that the management and provider were supportive. One said, "We are all able to make suggestions for improvements or suggest ideas that we think will benefit the people we support. They are always listened to and we receive feedback on whether these suggestions are possible", and, "Management are always in the office throughout the week or are available via phone call on weekends for any support we need." Another staff member told us, "Your ideas are listened to and supported."
- Staff were very positive about the support they received from the new manager. One staff member told us, "I feel very supported by our new home manager [manager's name]. [Manager's name] always has the office door unlocked while she is in the office and allows us to come up and speak to her about any concerns we have whenever we want, she makes it very clear that her door is always open and also comes down onto the floor to interact with the people we support and the staff to see how the home is run by the staff on the floor day to day."
- Other comments included, "Very comforting having a manager that cares for her staff on a personal level and isn't just interested in rushing you back to work" and "She seems really good. So far, any concerns or issues we've had she tries to sort it."
- Staff meetings were held regularly, and minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up quickly.

Working in partnership with others

- The home had links with other resources and organisations in the community to support people's preferences and meet their needs.
- The manager and staff team had positive links with local agencies and people were supported by a regular GP and dentist who knew them well. We saw evidence of effective partnership working with the district nurses to support one person with their skin integrity; we saw evidence of staff proactively contacting the district nurses to promote positive outcomes for the person.

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 17 HSCA RA Regulations 2014 Good governance Systems and processes were not in place and robustly operated to assess, monitor and improve the quality and safety of the service regulation 17 (1) (2)