Anchor Trust

Orchard Court

Inspection report

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Date of inspection visit: 12 August and 14 August 2014
Date of publication: 17/12/2014

Ratings

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

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection that took place over two days. We last carried out an inspection at this service on 5 December 2013 and found nothing of concern.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Orchard Court is registered to provide accommodation and personal care for up to 63 people, some of whom may be living with dementia. At the time of our inspection there were 61 people living at the home.

Although people told us they felt safe at the service, the provider did not ensure there were sufficient numbers of staff on duty in order people were kept safe and free from

Summary of findings

harm. Staff told us, "Often at the weekend we only have three or four staff on duty at night." We looked at the accident and incident book for the service and saw between April and July 2014 there were 67 falls of which a high proportion had occurred during the night shift. We also found staff did not always monitor or respond to changes in people's health needs which meant they may be left at risk of harm.

The risks of abuse to people was minimised because there were clear policies and procedures in place to protect people and staff had a good understanding of the types of abuse that may take place. Staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and the registered manager was able to tell us when they would need to make an application.

People told us staff were kind and helpful. One person said, "Staff will do anything you need them to do." One relative told us, "Staff are professional but give care with love." Staff received regular training, appraisal and supervision, however staff told us they felt they did not always receive appropriate training for their role which meant they felt they may not be able to meet people's needs.

We heard how people enjoyed the food and observed staff giving people choice during their meals. We were told, "The food is pretty good" and, "The food is good – it's very nice." The service met any specific dietary requirements people had and we found that generally people enjoyed social interaction during mealtimes. However, we did not see any evidence that people participated in choosing what food was on the menu.

People had access to healthcare professionals, such as the doctor, dentist or chiropodist. On one day of our inspection we saw one person had an appointment with a physiotherapist. This meant people were supported by staff both within the service and from outside.

Most people and their relatives told us staff were caring. One person said, "The staff are nice and help you when you need it." A relative told us, "It's really very good here." We saw some good examples of kind care given to people, however we did not feel staff always spent time with people in a meaningful way and we observed some people sitting on their own for periods of time with limited social stimulation. Staff told us this was because, "We are so busy because we have jobs to do and there aren't enough staff, so we don't have time to sit and talk to people."

Although the service held residents meetings, not everyone was aware of them and therefore did not always attend. This may have been because some people living at Orchard Court were living with dementia. However, we were given the results of the most recent satisfaction survey which showed us people were happy living at Orchard Court

We heard from people that they were able to make choices in how they were supported and the care they received. For example, where they liked to eat their meal.

We found bedrooms had been personalised with individuals' belongings and staff respected people's privacy when they wished to stay in their room. The home was divided into units. Each unit had approximately eight bedrooms and its own kitchen/dining area and lounge. This meant people could sit quietly if they wished or spend time with their relatives and friends in comfortable surroundings.

The service enabled people to visit the home and spend time there before making a decision to move in as, in addition to permanent residential care, the home offered respite care. We heard how people felt staff responded to their needs. One person told us, "Anything you need, they will do" and, "Staff are good, they come when you call."

Each person had their own individual care plan which was personal to them. This contained information about their likes, dislikes as well as their care needs. We noted from records we looked at staff provided care in a way that was requested by an individual. For example, checking them at specific times throughout the night. However, we did read in two care plans that specific needs of a person were not completed in relation to guidance for staff.

The service employed two activities staff who provided daily activities in the main lounge/dining area of the home. Each individual unit also had its own activities 'box'. We saw people sitting doing a jigsaw together and others were reading a paper, doing a crossword or knitting. Although activities were not individualised, people could spend their time as they wished, either participating in the organised activities, or by maintaining

Summary of findings

relationships with friends and relatives. We saw several relatives visit on both days of our inspection and observed one person going out shopping with their family member.

Everyone told us they would be comfortable making a complaint, but had no reason to do so. We were told they felt they could speak to staff and their concern or complaint would be listened to. We found staff were aware of their role in dealing with a complaint.

The service had a registered manager as well as other senior staff. However, we heard from some staff they felt undervalued and not, "Supported in their role." Staff told us morale was low and they felt, "Stressed" because they felt management focussed on "Getting jobs done", rather than allowing them to spend time with residents. Two staff said they were, "Not proud to work for Anchor." However, three other staff told us, "Feel supported and well looked after. I can go to the team leader." And, "I can phone the deputy manager and likewise the business (registered) manager. They are both approachable." This indicated to us the registered manager did not consistently demonstrate good leadership.

We saw from the information provided to us prior to our inspection that the service had participated in the Investors in People framework and used Skills for Care to develop staff skills and knowledge. We also read staff carried out regular audits to review the safety and quality of the service, however we found two care plans which had not been updated to give appropriate guidance for staff.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of this report.

Summary of findings

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 safe as the provider had not ensured there were enough staff on duty to keep people free from harm.

Staff knew how to recognise and respond to abuse correctly. We saw staff had access to information on who to contact outside of the service if they felt they could not report their concerns to their manager.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had access to training for the Mental Capacity Act and DoLS.

Is the service effective?

Good

The service was effective because staff ensured people had access to external health care professionals when required.

Care plans held information on people's needs and risks to their care. We saw staff had been provided with guidance from external healthcare professionals when appropriate, which they followed.

People had a choice about the food they ate each day and had enough food and drink to meet their needs.

Is the service caring?

Requires Improvement

The service was caring, although we felt some improvement could be made.

We saw some good examples of kind and empathic care from staff, but did not feel staff communicated with people in a meaningful way when they had the opportunity to do so.

People and their relatives were positive about the care provided by staff at the service. We saw people were treated with respect and were allowed their privacy.

People were involved in the service as they were invited to attend residents' meetings where they could express their views, but not everyone told us they were aware of these meetings.

Is the service responsive?

Good

The service was responsive to people's needs as people told us they were able to make individual and everyday choices and we observed this.

People were made aware of the activities available to them, and also able to maintain relationships with friends and family.

People knew how to make a complaint.

Summary of findings

Is the service well-led?

We felt the service was not well-led. Staff told us they did not feel supported, they were stressed and morale was low. Although the registered manager told us they were involved in Investors in People (accreditation framework to increase staff efficiency and quality) this did not resonate with the comments we received from staff.

Some records we read did not provide guidance on how to care for people.

Requires Improvement

Orchard Court

Detailed findings

Background to this inspection

We inspected Orchard Court on 12 August and 14 August 2014. Both during and after our inspection we spoke with 17 people who used the service, 13 care staff, the registered manager, the district manager and four relatives. We observed care and support in communal areas and looked around the home, which included people's bedrooms, the different units within the building and the main lounge/ dining area.

We looked at six care plans and eight staff files. We also looked at the policies held by the service together with general information displayed for people who lived there.

The inspection team consisted of one inspector and an expert by experience (ex by ex). An ex by ex is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR has information given to us by the provider. This enables us to ensure we were addressing potential areas of concern. We also reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. In addition, we contacted two health care professionals to obtain their views about the care provided in the home.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Requires Improvement

Is the service safe?

Our findings

We looked at the accident and incident book for the home. Between April and July 2014 there were 67 falls of which 37 happened at night time. Several of these falls related to one person who had a reaction to their medicines. This had been acted on by staff and the falls had subsequently stopped. We raised the number of falls with the registered manager. They told us people were becoming more frail and as a consequence at risk of falling. They said they used sensor mats if people were susceptible to falls and referred people to the falls team (support team who give advice to help prevent further falls), "If they have more than one fall." A health care professional involved with the service said they were aware there had been an increase in falls in recent months. They told us they were working with the registered manager and staff to develop ways to predict deterioration in a person's health, rather than waiting until the situation was at crisis level. For example, by ensuring the service held a stock of sensor mats and staff monitored people susceptible to falls more closely.

We spoke with people about staffing levels and the responses we received were mixed. We were told, "As far as I can tell, seem to be enough (staff)", "Varies, sometimes staff don't turn up", "No, not really, sometimes very busy" and, "I can't say I've ever waited." One relative told us, "From 7.30pm onwards there are not enough staff around."

We asked how the service managed its staffing arrangements to make sure people were kept safe. The registered manager explained they completed dependency assessments which demonstrated people's needs. These were assessed as high, medium or low. This information was fed into an organisational tool which predicted staffing provision. The registered manager told us that currently ten care staff were on duty over the course of a day together with one or two team leaders. However, the staffing rotas we looked at during a one-month period showed the service was short of one staff member for 17 of the 68 shifts during which time a team leader acted as float between the units. We asked for and were provided with a copy of the dependency assessments the registered manager had completed. We noted that these had been done subsequent to our inspection.

The registered manager told us during the night there would be two team leaders and three care staff on duty. When we spoke with staff however, they told us staffing levels, particularly at night and during the weekend were often short of what they should be. For example, one member of staff told us, "Often at the weekend we only have three or four staff on duty at night."

In total we spoke with 11 staff about staffing levels, of which nine told us they did not feel there were enough staff on duty. One staff member explained, "If someone has a fall and two carers are attending to them because they need hoisting back into bed, it means the medication round can be late because there is no one to do it." Another staff member said, "If someone falls, it can involve most of the staff because someone may need to call an ambulance and the person may need hoisting. This could mean two or three people are helping one person, leaving no staff out on the floor." A further staff member said, "There are not enough staff, more are needed on the dementia units but also throughout (the home) as well. It causes bad feeling between staff and staff feel stressed." We found the geographical layout of the building could also be relevant to the high number of falls as where the units were located it meant it may take staff several minutes to walk from one unit to another. During the two days of our inspection we noted at times people waited to be attended to by staff. For example, we saw one person looking for a carer in order to be accompanied to the toilet and another waiting to be assisted with finding their shoes. We assisted both people to find staff.

During the second day of our inspection the district manager of Anchor Trust visited. We raised with them the high number of falls recorded during the night. They instructed the registered manager to ensure staffing levels were increased with immediate effect and to carry out an audit of falls to identify why these were happening. Following our inspection we spoke with four night staff who all told us they had not, so far, seen an increase in staffing levels, although the provider has told us there were five staff on the night of the second day of our inspection. This indicated to us the service was not ensuring there were sufficient numbers of staff on duty in order to respond to people in a timely manner and therefore keep them safe. This is a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the report.

Each person's care file we reviewed had a number of risk assessments completed. The assessments detailed

Requires Improvement

Is the service safe?

identified risks. For example, risks relating to mobility, accessing the community, risk of choking and specific health needs. However, staff did not always monitor or respond to changes in people's health needs. For example, we looked at a person's waterlow assessment (a guide for recording and improving care and prevention of pressure ulcers/bed sores). Staff had recorded the person's skin was like "tissue paper" and between June 2014 and July 2014 their risk of pressure sores had "increased". However, there was no care plan or guidance to staff about this new need. We asked staff the reason for recording this information if they did not produce guidance and we were told it was to monitor, "How often a person's waterlow assessment should be reviewed." This told us that although staff were aware of the reason for recording this information, a member of staff who did not know this person may not be able to provide appropriate care as they would not have up to date guidance to follow.

Staff had a good understanding of the types of abuse that may take place and who they would report to should they have any suspicions or concerns. There was a safeguarding adult policy in place for staff which gave guidance on what abuse was, and how to report it. One staff member said, "I would report it immediately." Another staff member told us, "I would speak to my team leader or the manager." Staff were aware Surrey County Council were the lead agency for safeguarding in the area. This showed us the risks of abuse to people were minimised because there were clear policies and procedures in place to protect people.

We looked at staff files to check if the provider had taken steps to ensure they employed suitable staff. The files contained application forms, photographic identification, references and an employment history. Each member of staff had undergone a criminal records check prior to commencing at the service, this included any volunteers who visited the service. This showed us the provider took steps to ensure they only employed staff who were suitable to work with vulnerable adults.

We asked the registered manager about their understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). This is legislation which protects people who may not have the mental capacity to make decisions for themselves. Although the registered manager told us they did not currently have anyone living in the home who was restricted and people could come and go as a they pleased we noted the front door had a keypad entry and exit system. They (the registered manager) told us they were in contact with social services regarding one person as they felt they may need to be restricted in order to keep them safe. We read that 'best interest' meetings had been held when relevant. For example, in respect of one person who was refusing medication and whose fluid and food intake required monitoring.

We asked people if they felt safe living at Orchard Court and we were told they did. One person said, "I feel safe." Another told us, "Oh yes, I do" and a further person said, "I don't feel in any danger at all." Relatives told us, "I feel (my relative) is safe here" and, "I am confident that (my relative) is safe."

Good

Is the service effective?

Our findings

We spoke with staff about training, supervision and appraisal. One member of staff told us, "I have only had one appraisal in four years". However, all other staff said they received regular training, appraisal and supervision. The registered manager told us staff undertook a three-month probation period which included training in fire safety, data protection, health and safety and safeguarding. Staff were encouraged to go on to undertake a diploma in health and social care. Further training in areas specific to the needs of the people who used the service was provided, such as dementia training. Staff told us they were able to request additional training if they felt they would benefit from it. For example, one person had asked for training in end of life care, which they had attended. From the training records we looked at we could see all staff had received recent falls awareness training, and most staff were up to date with their manual handling training.

When we spoke with staff about training and supervision, we received a mixed response. Five staff member's said, "We are encouraged to use our initiative and we have supervisions and appraisals"; "I receive appropriate training and have asked to attend other courses" and, "I am always asked if there is anything I'd like to do training wise." However, the comments we received from three other staff included, "We don't get enough training and what we do get is not relevant. It's all e-learning, so it's just a tick box exercise and you don't learn anything", "The training is right, but it's how it's done that's wrong. We have to grab half an hour in the office to do our e-learning, it's just a tick box" and, " We have nursing home people. Staff are not trained in an appropriate way to care for these people." This indicated to us that some staff did not feel they were provided with the relevant training to help ensure they were confident to meet people's needs or give appropriate care. We spoke with the registered manager about this who told us they were in the process of a training drive initiative to ensure staff were up to date with their training. They (the registered manager) showed us the training records in which we saw staff were receiving this training both as e-learning and face to face training.

We asked people what they thought of the meals. They told us, "The food is pretty good", "The food is good – it's very nice", "We get choices (about what we eat)" and, "Yes, not bad at all, very lucky." A relative said, "They choose my mum's food based on their knowledge of them as they are unable to make a decision themself."

Each unit had their own kitchen and dining area together with a microwave, kettle and toaster to allow staff to make snacks for people should they not wish to eat during main meal times. Meals were prepared in the central kitchen and served directly from trollies which were taken to each unit. This meant people were able to make choices about portion size or vegetables. We observed two meal times. People were offered a choice of two meals in a way that was appropriate for them. We saw one member of staff ask someone if they would like a cup of tea and show the person two different sized cups to help them decide whether to have a large or small drink. We heard two people tell staff during tea time they did not want what was on offer and we heard staff suggest they make a snack for them instead. Where people required support from staff with their meals, this was provided in an unhurried manner. One person had arranged to eat lunch with their relative and we saw this was served in the main lounge/ dining area. This showed us people were involved in making their own decisions about the food they ate and where they ate it.

The registered manager told us they were sent a four-week rolling menu from Anchor Trust which was developed with the involvement of a dietician and included vegetarian choices. These were displayed in each of the unit's kitchen area. The registered manager told us people were given the opportunity to make decisions on foods they liked based on their favourites or culture at residents meetings.

We read that one person often refused their meals and staff had concerns about their food intake. Staff monitored their food intake and weight to ensure they remained healthy and this was recorded in their care plan. Another person had a fish allergy and we saw this had been recorded in the kitchen to ensure staff avoided providing fish for this person. A further person required regular drinks throughout the day. Staff completed a fluid chart to ensure this was done. This meant the service provided people with appropriate food and drink and took into account any specific dietary requirements.

We looked at the care records for six people. All showed people had access to healthcare professionals. For example, we saw one person had a visit from the

Good

Is the service effective?

physiotherapist whilst we were there. We read another person had been seen by the GP, nurse, dentist and chiropodist. The registered manager told us the doctors surgery was next door to the home which meant staff could accompany people to their appointments. One person told us, “It is possible to get a doctor in.” Another said, “They make it very easy for you to see a doctor.” One relative told us, “My relative can see health care professionals when they need to.” Another said, “(My relative) has fallen once or twice recently, they had been given sleeping tablets but is not taking them now.” This showed us people had access to other health care professionals and staff ensured referrals to other services. We did not feel confident however this always happened in the case of people who had regular falls, as the falls team had told us they did not often receive a referral from the home.

Requires Improvement

Is the service caring?

Our findings

We asked people if they felt the staff were caring. One person told us, "It's very nice. The staff are nice and help you when you need it – even at night." Another said, "I love it here. Staff are very nice and kind to me." A further person told us, "Yes, really and truly it is wonderful the way they look after us." Others comments included, "It is like a family really" and, "I love it here, I don't want to go home." Relatives told us, "The staff are approachable. It's really very good here", "I commend the care staff provide" and, "The atmosphere is so nice and staff care."

One relative told us, "Staff encourage people. They know people well." Two people who lived in the home said, "Staff will do anything you need them to do" and, "Staff are good – they come when you call."

However, other people said, "There are one or two (staff) who I could open the window and push them out", "Some of the staff are a bit…you know", There are some (staff) that are very nice and some that are terrible, the two in the lounge can shout." And a gentleman told us he would, "Like a shave (as staff hadn't given him one)." We notified the registered manager of these comments after our inspection who told us they would bring these comments to the attention of staff at the next team meeting.

Whilst people told us they felt staff were caring and we saw some examples of this, we did not always feel staff communicated with people in a meaningful way. Some people spent periods of time sitting on their own with limited social stimulation. We saw several times when staff did not engage with people. For example, we watched one member of staff assist a person with their meal without making any effort to make conversation. Another member of staff stood for a period of time whilst people were eating and they did not talk to any one. On a further occasion a care staff walked into the unit we were sitting in. They said "hello" to one person but completely ignored the person sitting next to them. During the inspection we heard staff in the office discuss a situation regarding a person in an uncaring way. One member of staff was heard to say, "They (relatives) won't be happy, but that's the way it is and they can always put (their relative) in another home if they wish. That's their choice."

We spoke with staff about what we had observed. They told us, "We are so busy because we have jobs to do and there aren't enough staff, so we don't have time to sit and talk to people", "Staff are so rushed" and, "It's stressful, I don't get enough time to spend with the residents to do any activities or have a chat. People sometimes don't get a choice of a bath or shower because of the workload." This person added, "Some ladies can't walk around the home, it makes us look bad because they sit around all day." A further member of staff said, "We don't spend time with residents. We would get 'told off' if we didn't get our jobs done first." This showed us some staff gave care to people in a task orientated way, even when we observed they had the time or opportunity to interact with people. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the report.

We did see some good examples of kind, caring staff. For example, during lunch in two units when we saw staff chatting with people, getting down to their level whilst they were having a conversation. In one unit there were two tables with four people sitting at each table. One care staff was serving lunch and we heard them address people by their first names. The carer was attentive and was joking with people. They asked people if they enjoyed the food and whether they would like more to eat. People were talking amongst themselves, not being hurried to eat and appeared to be enjoying the meal.

The registered manager told us they held residents meetings where people could express their views on the service. For example, what activities they would like to do. We saw from the last meeting in June 2014 people had been introduced to new staff, activities were discussed and people were reminded that if they did not like what was available on the menu they could ask for an alternative. We asked people if they were aware of the residents meetings. One person said, "I think they do have a resident meeting, but I have not looked into it." Another person told us staff asked opinions, "On the odd occasion." This showed us although the provider held a residents meeting not everyone was aware it existed. This may have been because some people who lived at Orchard Court were living with dementia.

When people were asked if they were involved in discussions about the care they received one person said, "No discussion about care." However, we heard from staff how one person liked to stay in their room most of the day

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Is the service caring?

and another preferred to get up later in the morning. We read in one person's care plan they did not like to get dressed until the afternoon. We talked to staff about people going to bed and getting up in the morning. We were told people were not, "Put to bed against their wishes." One person told us, "I can get up when I want to and go to bed when I want." However, other people told us, "It is suggested when everyone goes to bed", "We are told, everyone is to go to bed now" and, "They suggest you get up." One person told us, "I get up when they (staff) call me." We spoke with the registered manager about the mixed responses were received and were told people were always allowed a choice of when they got up or went to bed.

People's privacy was respected. All rooms at the home were for single occupancy. This meant people were able to spend time in private if they wished to. Bedrooms had been personalised with people's belongings, such as photographs and ornaments, to assist people to feel at home. We saw bedroom doors were always kept closed when people were being supported with personal care. We also saw people were able to go into their rooms at their will and close their door if they wished without being disturbed. However, one member of staff we spoke with after the inspection said they were concerned the curtain in the lounge which faced onto the road had been taken down following a recent fire inspection. They felt this left people feeling unsettled. We passed this comment back to the district manager following the inspection. We were told that the curtain had covered the fire exit and the fire exit sign which was why it had been removed. The district manager said they would investigate an alternative screening for this door to ensure people felt secure and we received further confirmation this had been done. In addition to the bedrooms there were spaces where people could meet with visitors if they wished to. There was a small lounge area in each unit where some people chose to sit with their visitors.

Good

Is the service responsive?

Our findings

People told us staff responded to their needs. They told us, "Anything you need, they will do", "Staff are good, they come when you call" and, "Staff very kind, help you when you need it, even at night." This was reiterated by relatives who said, "Staff try to get involved and the communication is good" and, "Staff encourage (my relative) to get more involved which is good for them."

People were able to visit the home and spend time there before making a decision to move in. We spoke with one person who was there for respite care and they told us they had made a decision to move in permanently.

Everyone had a care plan which was personal to them. The care plans contained information about people's likes and dislikes as well as their needs. We asked people about their care plans and were told, "I might have seen one, but I have forgotten" and, "I think so - I was asked questions." We looked at six care plans and saw they had all been tailored to the individual, although we did note one did not have the 'living story' information about the person completed. The 'living story' information is a useful way of recording a persons likes, dislikes, past history, pastimes and any relevant information they would like staff to know. The registered manager told us this was an action from a recent audit of care plans and a team leader had been tasked with reviewing the life history and daily records in each persons folder. This would ensure staff had a good background knowledge of people and their life before moving into Orchard Court.

One person preferred to spend most of the time in their room and they wished staff to check on them every two hours during the night. We noted from the daily records and care plan this was provided. Another person had deteriorated in health. Records showed that staff had worked with the occupational therapist to identify and provide suitable equipment for them. A further person had suffered a fracture and had reduced mobility. Staff had updated their mobility assessment with appropriate guidance for staff. This meant the service provided care and treatment responsive to peoples needs.

We asked people about the activities that took place in the home. Comments we received included, "Staff tell you about the activities, but it is your choice whether or not you join in", "Staff generally tell you about activities. It's a good break in the day", "Some girls come in and show you how to dance" and, "I am never bored, we are always doing something." One relative said, "There are things for them to do, but they (people) don't always do it. Staff do encourage people to participate but perhaps they (staff) could do more reminiscent type games or discussions." Another relative told us, "Staff have taken (my relative) to a church service." Staff in the units told us the activities staff came to tell them what the activities were for the day and they would encourage people to participate.

Generally the activities took place in the main lounge, but each unit had it's own selection of games and activities. However one person had commented, "Activities are all downstairs (not in the individual units)." Although we did not see staff encourage people to participate in the activities on the first day of our inspection, we noted on the second day people were more involved. Some people were doing a jigsaw puzzle together and the activities staff member was including each person in the task with encouragement and guidance. A person had come into the home with their dog to meet people and we saw a cat lying on the chair next to one person. This person told us they loved animals and they were allowed to keep the cat in their room. The registered manager told us the service had recently purchased a mini bus through fund raising. They said they were going to ask people for suggestions of outing and trips and they had eight members of staff who were trained drivers.

Whilst we did not find people had individual activity plans, we saw people moved around the home and 'visited' their friends in other units to spend time with them. For example, we saw two people who spent time together doing a crossword and other people sharing newspapers between them. Another person was seen in one unit reading a newspaper out loud and being helped by care staff and another person. We saw one person go out shopping with their relative and other people had relative's come to visit them. We also saw a display in the entrance to the home on 'holidays'. This included memorabilia related to holidays and people's favourite destinations. This meant people could spend their time as they wished, either participating in the organised activities, or by maintaining relationships with friends and relatives.

The registered manager told us staff all brought, "Something to the service." For example, one member of staff used to be a dog breeder and they had recently held a

Good

Is the service responsive?

dog show for residents, friends and family. They (the registered manager) drew on these skills and interests to develop activities or 'match' staff with people to help build a strong relationship with them.

The service had a complaints procedure and people and visitors said they would be comfortable to make a complaint if they were unhappy about any aspect of their care. One person told us, "I think I did (make a formal complaint), my things were being touched, they now leave them alone." Other people said, "I have no complaints" and, "Never had to complain to the manager about anything. I think they would listen." Relative's told us, "The staff are very approachable" and, "I would raise any concerns if I had any." Staff told us in the first instance they would try to resolve a complaint but if they could not help they would advise a person to speak to the registered manager. The complaints folder we looked at had some complaints recorded and we saw each of them had been investigated and responded to. This showed us people knew who to talk to if they wished to make a complaint and they felt their complaint would be listened to.

Requires Improvement

Is the service well-led?

Our findings

As well as the registered manager there was also a deputy care manager, team leaders and care staff. This meant there were clear lines of accountability and responsibility within the service. The home was visited by the district manager on a regular basis and each week heads of departments met, which included representatives from the kitchen, administration, care and maintenance.

People told us they did not recall being asked for their views of the service, however the registered manager provided us with the results of the 2013 residents survey. The results we read showed us 96% of the 27 people who responded were happy living at Orchard Court, and overall their rating for care and support, respect, the food, access to healthcare professionals and kindness shown by staff was higher than average across the Anchor Trust homes which was positive. Not all of the relatives told us they remembered completing a survey, although one said they had completed one recently. This showed the service sought the views of people.

Relatives described the management of the home as "Approachable." One health care professional we spoke with said they found the registered manager and care manager very approachable. They worked closely with the service in relation to training and guidance for staff and found staff to be responsive to learning. For example, they were currently working with the home to identify people who may have deteriorating health to predict future care needs.

Five staff told us they did not always feel they could approach senior care staff or the registered manager and they did not feel (in their opinion) it was a well-led service. They (staff) said they, "Do not feel supported in my role" or, "Not valued as a member of staff." We heard how staff felt, "Scared" by registered manager and, "Would not go to them if they needed advice." One member of staff said, "Carers don't get enough praise by upper management, it's not good." Another told us, "The manager doesn't listen. I don't feel listened to and the only reason I don't leave is because of the residents." Someone else said, "The registered manager didn't even know my name for half a year." They added, "If beds weren't made because we were speaking to residents, we'd get told off – our heads would be on the block."

We heard similar comments from other staff which included, "It's appearance before the residents. We would get told off if jobs weren't done because we were spending time with the residents", "The registered manager isn't really approachable and I try not to have anything to do with them" and, "If I needed support I wouldn't go to my deputy or registered manager, I'd just get on with it, but the team leaders are very good." Three staff told us however, "I am supported by the management", "It is well led. I feel supported and well looked after. I could go to the team leader or the manager." And, "I can phone the deputy manager or the manager. They are approachable." We heard that since Anchor Trust had changed how they paid staff for weekend work the service had struggled to get a full compliment of staff to work these shifts.

We spoke with the district manager and registered manager about these comments at the end of the inspection. Although the registered manager had not included this information in the PIR they had completed and returned to us they told us similar comments had been received in the last staff survey. They (management) thought they had made changes to improve things by holding staff meetings, having an 'open door' policy to the managers office and encouraging staff to speak to the manager if they had any concerns. The registered manager denied staff were required to complete tasks before caring for the people who lived at Orchard Court. We were told however as a result of the comments made by staff they would address this again immediately to ensure an on-going system of improvement.

We found some of the records we viewed were not always complete. For example, we saw in one care plan a person had been prescribed medicine to help them sleep, but the care plan had not been reviewed in line with this. Another person's care plan contained no guidance to staff about a person's increased risk of pressure sores. This indicated to us that a member of staff who did not know these people, may not be able to provide appropriate care.

The registered manager told us Anchor Trust values and behaviours were discussed with staff during interview, their probation period and during supervisions. Anchor Trust's website states, 'Our trustworthy staff are proud to work for Anchor and are dedicated to putting your needs and aspirations first'. When we asked staff if they felt this we were told by one person, "I don't feel proud at times to work for Anchor. I'm not valued – that's how it feels."

Requires Improvement

Is the service well-led?

Another member of staff said when they had raised the issue of workload during their supervision, they were told it was down to their (staff), “Time management.” This indicated Anchor Trust’s values were not felt by staff on the ground.

The registered manager said they had been successfully through the Investors in People (accreditation framework to increase staff efficiency and quality) framework and used Skills for Care to develop the skills and knowledge of their care staff. We also noted from the PIR the service was a member of the National Association for Providers of Activities for Older People.

Staff had access to a whistleblowing policy and we saw the service held safeguarding, accidents and incidents logs. Regular audits were carried out by staff and the registered manager explained to us that individual members of staff were responsible for particular elements of the service. For example, one staff member carried out medication audits, catering staff undertook catering audits and another member of staff audited care plans. We read actions had been set following the audits, one of which was to review all care plans to ensure information in relation to people’s ‘living history’ was completed and up to date.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing The health, safety and welfare of service users was not safeguarded because there were not sufficient numbers of staff employed for the purposes of carrying out the regulated activity.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services Regulation 17(2)(a): The respecting and involvement of people was not met as staff did not always treat service users with consideration and respect.