

# Ranc Care Homes Limited

# Orchard House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 6 and 15 June 2018. It was unannounced.

Orchard House 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.

Orchard House accommodates up to 67 people in one purpose built property. People were accommodated and cared for over both floors of the building. One floor specialised in providing care to people living with dementia. There were 48 people living at the home at the time of our visit. There is a condition on the registration of this care home that there is a registered manager in post. There was no registered manager in post and there had been no registered manager for nine months. However, there was a manager who was in the process of applying to the Commission for registration.

At our previous inspection in May 2017 we identified two breaches of regulation in regard to keeping people safe from harm and assessing and managing risk. Following that inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question of Safe to at least Good. The home was rated as Requires Improvement, which was also the rating for the inspection before that in May 2016. At this inspection the service remains Requires Improvement. The risk to one person, however, had not been addressed and this resulted in an injury to the person. Although we could see that there was an overall improvement we found a continued breach of one regulation. We also had concerns in relation to the provider's overall monitoring and oversight of this care home, and this has resulted in a breach of another regulation. The provider's monitoring process looked at systems throughout the home, but was not overseen adequately to ensure it was completed accurately, properly assessed the quality of records or that all trends were identified.

Safeguarding referrals were made to the local authority safeguarding team when this was required. People felt safe and staff knew how to respond to possible harm. There had been an improvement in how risks to people were assessed, although this work had not been completed.

Lessons had been learnt about accidents and incidents and these were usually shared with staff quickly to ensure changes reduced risks to people. There were enough staff who had been recruited properly to make sure they were suitable to work with people. The deployment of staff however, meant that they were not always available when people needed assistance. Medicines were stored and administered safely, and records were completed correctly. Regular cleaning made sure that infection control was maintained and action was taken to address issues.

People were cared for by staff who had received the appropriate training and had the skills and support to carry out their roles. People received a choice of meals, which they liked, and staff supported them to eat and drink. People were referred to health care professionals as needed and staff followed the advice

professionals gave them. Adaptations were made to ensure people were safe and able to move around their home as independently as possible. Staff members understood and complied with the principles of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were caring, kind and treated people with respect. People were listened to and were involved in their care and what they did on a day to day basis. People's right to privacy was maintained by the actions and care given by staff members.

People's personal and health care needs were met. There was an improvement in the quality of information written in care plans, but work remained to ensure all of these provided staff with guidance in how to meet people's needs. There were activities for people to do and take part in but people were not able to go out of the home. A complaints system was in place and complaints were investigated and responded to appropriately. Staff gathered information about people's end of life wishes, so that they could support and care for them in the right way.

Staff worked well together and felt supported by the management team, which promoted a culture for staff to provide person centred care. People's views were sought and changes made if this was needed.

We found a breach of Regulation 12 and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Further information is in the detailed findings below.

## 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.

Incidents of possible harm were reported to external organisations.

Staff assessed and minimised most risks to people and knew what actions to take if they had concerns about people's safety. However, a risk to one person resulted in injury.

There were enough staff available to meet people's care needs but deployment of staff meant there were occasions when people had to wait for support. Checks for new staff members were undertaken before they started work to ensure they were safe to work within care.

Medicines were stored and administered safely.

Infection control practices were in place and staff followed these to maintain a clean, hygienic home.

Systems were in place to learn lessons from accidents/ incidents and reduce risks to people.

### Is the service effective?

**Good** 

The service was effective.

Systems were in place to make sure people's care and support was provided in line with good practice guidance.

Staff received enough training to provide people with the care they required.

People were supported to prepare meals and drinks as independently as possible.

Staff worked with health care professionals to ensure people's health care needs were met.

Adaptations to the building had been made so that people could be as independent as possible.

### Is the service caring?

Good ●

The service was caring.

Staff developed good relationships with people using the service and their relatives, which ensured people received the care they needed in the way they preferred.

Staff supported people to be as independent as possible.

Staff treated people with dignity and respect.

### Is the service responsive?

Good ●

The service was not always responsive.

People had most of their care needs planned for. Staff were knowledgeable about how to meet all aspects of people's needs. Some activities were available but people had little opportunity to go out of the home.

People had information if they wished to complain, although not everyone knew who to complain to.

People's end of life needs were supported by staff who had appropriate guidance and information.

### Is the service well-led?

Requires Improvement ●

The service was not always well led.

There was a continued breach of regulation as the action taken to address the previous breach did not include risks to one person.

Staff and the registered manager worked well with each other so that people received a good service.

The quality and safety of the care provided was regularly monitored, although the quality of care records and trends were not always identified.

Action was being taken to improve the way that views about the quality of the service provided was gathered from people and their relatives.

Other organisations were contacted to report issues and provide joined-up care to people.

# Orchard House

## **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 6 and 15 June and was unannounced.

The inspection was carried out by four inspectors on 6 June and two inspectors on 15 June 2018.

As part of the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the home, what the home does well and improvements they plan to make. Before this inspection we contacted health and social care professionals about their views of the home.

During our inspection, we visited the home and observed how staff supported and interacted with people. We spoke with three people and one visitor. We spoke with five members of care staff, two registered nurses, a member of the house keeping staff, the cook, the deputy manager, the manager and the quality manager. We checked six people's care records and medicines administration record (MAR) charts. We also checked records relating to how the home was run and monitored, such as audits, training and health and safety records.

# Is the service safe?

## Our findings

At our inspection in May 2017 the home was rated as Requires Improvement. At this inspection it remains Requires improvement. At our inspection in May 2017 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Risks had not been adequately identified or managed. The provider wrote and told us that they would provide staff with training and ensure a management plan was in place where risk had been identified. They told us this would be completed by 31 July 2017.

During this inspection we found that not all risk assessments had been reviewed when there were changes to people's needs. We also found that not all risk assessments contained enough information to guide staff on how to minimise identified risks. Two care records for one person showed that they had a tendency to sit in other people's rooms. There was no assessment in place to consider any actual or potential risk this posed to the person or to other people living at the home. Consequently, there was no guidance for staff on how to best manage this situation.

Another person had difficulty in holding a cup steady, due to their health condition, and was at risk of spilling drinks and scalding. There was no risk assessment in place and no risk management strategy for all staff to follow and mitigate the risk, for example by giving their drinks in an adapted cup which they could hold independently and safely. This person suffered a scald after spilling a hot drink.

This was a further breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that environmental checks in such areas as fire safety and equipment used by people had been completed. Staff carried out fire safety checks on a daily, weekly or monthly basis as required. A check of the fire alarm system occurred during our visit. They also completed fire drills regularly to make sure all staff knew what to do if a fire occurred.

At our inspection in May 2017 we found that there was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Information about possible harm was not reported promptly enough to keep the person safe. The provider wrote and told us that they would ensure all safeguarding notifications were submitted without delay. They would also review records to ensure other incidents had been reported. They told us this would be completed by 31 July 2017.

During this inspection we found safeguarding notifications and referrals to the local authority safeguarding team had been made in a timely way. People told us they felt safe living at the home. One person said, "I feel safe, staff are always on hand to help." Staff members told us that they had received training in keeping people safe from harm and that they would report any concerns to the manager or the senior person in charge. Training records showed that staff had received safeguarding training. In the Provider Information Return sent before our visit the provider told us there were processes in place to protect people from harm, and these contributed to ensuring people's safety. The manager was aware of their responsibility to report

issues relating to safeguarding to the local authority and the CQC.

At our inspection in May 2017 we found medicines were not always managed safely. Protocols to guide staff in administering 'as required' (PRN) medicines were not in place, which placed people at risk of receiving medicines inappropriately. The provider wrote and told us that they would ensure PRN protocols were written by a registered nurse and that these would include information, such as when to give the medicine, the expected outcome and specific instructions. They told us this would be completed by 10 July 2017.

At this inspection we found that action had been taken to ensure PRN protocols were in place. They contained personalised information to guide staff on the purpose, when, how much and how often the medicines, such as pain relief, should be given. This would reduce the risk of PRN medicines being given unnecessarily.

Information received prior to this inspection told us that there had been a number of medicine errors at the home. A staff member told us that some medicine rounds took longer than necessary due to the number of interruptions from other staff and the need to attend to other situations. A recent audit of medicines at the home, carried out by an external company, found that interruptions were a risk to the safe management of medicines. Whilst staff were working to improve this, we saw the deputy manager interrupt a staff member on three separate occasions while they were administering medicines to people. We raised this with the manager who advised they would speak with the deputy manager.

Records confirmed that people living in the care home received their medicines as prescribed. There were appropriate ordering processes in place and all medicines were available and suitable for use.

Administration of medicines was recorded on medicine administration record (MAR) charts and staff had recorded additions or changes appropriately. Medicines were stored securely.

We had varied responses from people, visitors and staff about staffing levels. One person said that although they felt safe because staff were always on hand to help, they were busy and the person often had to wait for staff to answer the call bell. Another person told us, "I don't know what's going on today, maybe they are short of carers. You have come on a bad morning, it's not normally like this." They went on to say that they did not usually have to wait for breakfast. A visitor told us that the home, "Could do with more staff, but they always come when I shout." Staff said that the impact of having a staff member in a communal area to help reduce the risk of people falling, had meant that some people got up later. They also said that they were not always able to spend time with people. Another staff member said they, "Sometimes feel as though you [staff] are neglecting people," as they were unable to give people a bath or shower.

There were systems in place to determine staffing numbers. This was based on people's assessed dependency level. This allowed for seven staff members in the morning and six in the evening, although staff rotas showed that staffing numbers were often higher than this. Staff members responded to call bells usually within 6 or 7 minutes. During our visit we saw that staff members were usually available for people when they were needed. They worked in a calm way, although we saw that one senior staff member was interrupted a number of times, which delayed them completing the task they were carrying out. People were able to eat lunch at a time that suited them and staff were able to spend time supporting people. We determined that there may not be enough staff as the deployment of staff meant that sometimes they could not leave areas, and this resulted in people sometimes having to wait longer.

The provider had a staff recruitment policy and procedure in place that provided guidance about the required checks to be completed before new staff were able to work. The provider's human resources team supplied us with information to show that these checks had been obtained for staff before they started

working for the organisation. For example, references and criminal record checks (DBS). New staff completed induction training and shadowed more experienced staff so that they had an understanding of how to keep people safe while providing care and support.

We received information before this inspection about concerns that there was a consistent offensive smell in one area of the home. We looked at the cleanliness of the home and how staff reduced the risk of cross infection. We noted that there was a faint malodour present in one part of the ground floor unit when we visited on the first day of our inspection. However, this smell dissipated over the course of the day. At the time of our visit we found the home to be clean and tidy.

Staff used personal protective equipment, such as aprons and gloves and we saw that these were changed appropriately. Staff also used hand-washing facilities when needed. Housekeeping staff told us about the cleaning equipment and schedules of required cleaning on a daily, weekly and monthly basis. These records showed when the work had been carried out and by which staff member. For example, when staff changed bed linen and when each room had received a deep clean. Training records showed that staff had received food hygiene and infection control training. This showed us that processes were in place to reduce the risk of infection and cross contamination.

We found that there was enough information in accident and incident records to show that staff had responded appropriately and taken the required action to reduce the risk of reoccurrence. These records were passed to the manager who monitored to see if lessons could be learnt. They had identified that there had been a high number of people falling in communal areas and introduced a staff member who was based in the area. This had reduced the number of people falling in this area and the organisation's Quality Manager was recommending the action to other homes run by the provider.

## Is the service effective?

### Our findings

At our previous inspection in May 2017 we found that the provider did not always ensure that people's rights were respected in line with the Mental Capacity Act 2005 (MCA). 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether staff were working within the principles of the MCA. Staff completed mental capacity assessments and could access guidance to show the help people needed to make sure they were able to continue making decisions. DoLS applications had been submitted to the local authority team, although no authorisations had been completed at the time of our visit.

Staff had a good understanding of the MCA and worked within its principles when providing people with care. They told us that people had the right to make their own decisions as much as possible and they presumed people were able to do this unless assessed as otherwise. Staff did this by showing choices, such as those for food and drinks. We saw that people were able to spend time where they wanted.

Needs assessments were carried out before people started to live at the home and we saw that additional information from health and social care agencies was also obtained. This allowed the registered manager and staff to consider whether additional guidance and learning was needed from professional bodies. People who were able to use communal areas were provided with pendant alarms so that they could call for assistance wherever they were in the home.

Staff received enough training to give them the skills to carry out their roles. One staff member commented, "I get plenty of training." New staff spent time shadowing other staff and getting to know people before starting in their permanent roles. They were able to sign up for additional training and one staff member told us their dementia training had helped understand the role that clothing played in people's lives. Staff training records show that most staff members had received training and when updates were next due. Staff assisted people appropriately and where required they used equipment in the correct way. We were therefore satisfied that staff members followed the training they had received.

Staff members confirmed that they received support, although this had not always been on a regular basis. Some explained that they had received individual meetings since the new manager had started working at the home; other staff could not remember their last meeting. Supervision records showed that further individual meetings were arranged every two months. Staff also told us that they received support in other ways, such as group meetings. This gave them the guidance and support to carry out their roles.

People had a choice of food and drinks and most people received enough to eat and drink. One person said, "[The] food is not too bad." We saw that people were properly supported if they needed help to eat and drink. Staff verbally encouraged people to eat their meals, and sat with people who required physical assistance. People were able to eat their meals where they wanted, whether that was in the dining room or where they were sitting elsewhere in the home. Most people were able to eat when they wanted, although we spoke with one person who had to wait until mid-morning for their breakfast.

There was a choice of meal each day and a variety of meal options from the hot trolley in the evening. Kitchen staff also prepared meals for people who required alternative diets, such as diabetic, soft or puree meals. We saw these being delivered to people at lunchtime. However, when we asked what the puree meal consisted of, staff members were unable to tell us.

Staff completed some records to monitor whether people received enough to eat and drink to maintain a healthy weight. Documents to record how much people had eaten or drunk were not always completed in enough detail to show what people had eaten. There were no guidelines for staff about how much people who needed support should ideally drink each day. However, nutritional assessment records identified when people were losing weight and showed that staff had taken action to reduce further weight loss. We concluded that although people had enough to eat and drink and action was taken if they lost weight, there was a risk that they may not be offered enough to drink to stay hydrated.

The manager told us that they worked with health and social care professionals that people had been referred to. For example, when people were admitted to hospital. A 'transfer to hospital' document (a document with details about the person) was completed to help staff in other health or care settings support the person in the way they wanted. This included information about the person, their personal care needs and their medicines. The manager had developed this further by arranging training for senior staff on the 'red box' scheme introduced by health and social care organisations. This is a scheme that provides information about people in a recognised location that health and social care workers can have access to if people's care transfers to another organisation.

People's care records showed that they had access to the advice and treatment of a range of health care professionals. Staff helped people to attend appointments outside of the home. They asked people's relatives to be with them initially, arranging transport if needed, or arranging for a staff member to go with the person if it was not safe for them to go to the appointment alone. We saw during our visit that when people became unwell staff took the action needed to obtain the advice and treatment of health professionals. The staff member explained the actions they thought were necessary and made sure the person was in agreement before continuing to seek medical advice.

A lift was in place for people who are unable to use the stairs to move between floors. Our observations and conversations with people, visitors and staff showed that people were able to access the garden when they wished. Adaptations had also taken place to provide hand rails in toilets and bathrooms, as well as signs to identify these rooms. Handrails had been placed along corridors to help people who mobilised without a walking aid. People were also able to personalise their rooms.

# Is the service caring?

## Our findings

At our last inspection in May 2017 we found that there were occasions when people's right to privacy and dignity, and to be cared for in a kind and compassionate way, were not always respected. At this visit we found there had been an improvement in the way staff members cared for people.

People told us that staff were respectful and that they knocked on doors before entering rooms. One person commented, "I really don't have much to complain about here." Another person said, "Nothing is too much trouble, they [staff] are marvellous." A visitor also told us that all the staff were "very good." This was evident in the way the staff spoke and interacted with people. During meal times we saw that staff took time to explain what meals they were serving. For example, one staff member asked a person how they wanted their meal prepared and that they also provided a drink in the person's own mug.

Staff were discreet when they checked people's clothing was straight. We saw that people wore clothing that was appropriate to the weather. People were encouraged to wear footwear and most people also wore socks or tights.

A visitor told us that they could visit throughout the day. We saw that visitors were welcomed throughout the duration of our visit to the home. Staff respected people's right to have their confidential information kept safe by storing care records either in people's rooms or in lockable cupboards.

We saw that staff were kind and thoughtful in the way they spoke with and approached people. This was designed to put people at ease and we saw that staff achieved this by considering their actions first. They faced people, spoke directly with them and when people were sitting at a different level, staff lowered themselves so they were not standing above the person. We saw that staff positioned themselves in a particular way so that they could use non-verbal communication with one person as the person had difficulty hearing. This meant that they didn't have to raise their voices to speak with the person.

We found that staff knew people well and that they were able to anticipate people's needs because of this. They knew what people would do, although they continued to make sure people were able to make their own decisions. A visitor told us how they were involved in their relative's life and how staff kept them updated with any changes in the person's life.

We saw that staff members told people what they were going to do before doing it. This meant that people were not suddenly surprised and they were able to indicate if they were not happy for staff to continue. Staff also knew people well and for those people who were less able to tell staff what they needed or wanted this meant they received additional support. Staff had identified ways to communicate with people whose first language was not English through the use of picture cards and words written in the person's first language. They used these when staff who were able to speak the person's language were not working.

Information about advocacy services was available in the main reception area for people to look at if they wished. (Advocates are people who are independent of the home and who support people to make and

communicate their wishes.)

## Is the service responsive?

### Our findings

At our last inspection in May 2017 we found needs assessments were not detailed enough and care plans had not been reviewed often enough. There was also not always enough information in records to be able to identify people's hobbies, pastimes and interests prior to living at the home. We found that there had been some improvement at this visit.

We found that the level of information and detail written in people's care records varied and this depended on whether the care plans had been rewritten recently or not. The manager told us they had introduced a new care plan format and were in the process of reviewing and rewriting all plans. Those plans that had been updated contained enough information to guide staff in caring for people. However, there were existing plans that did not contain clear guidance about the actions staff should take or describe what people could do for themselves.

People told us that staff provided them with the care that they needed. One person explained how staff got them up later in the day as they were only able to sit out of bed for a limited time. Staff had a good knowledge of people's needs and could clearly explain how they provided support that was individual to each person. A visitor explained his family member's care needs and how staff supported the person. We found that staff members described the person in the same way and most plans were available to guide them in caring for the person. Staff told us how they would support the person if they had entered someone else's room. However, this detail was not in the person's care records. This may have presented difficulties for staff who were less experienced or did not know the person well. Staff were able to explain people's preferences, such as those relating to health and social care needs, personal care preferences and leisure pastimes.

We saw that most care plans were reviewed and staff recorded when people's care had been given. This provided information to assess whether any changes to the support given by staff was needed. The manager told us that formal reviews were being arranged as people's care plans were rewritten; invitations were also sent to people's relatives if the person wanted them to be included in this process. Daily records provided evidence to show people had received care and support in line with their care plan.

Staff members felt that there was not enough for people to do each day and that they were not able to go out. There was an activities poster that described what was available for people to do each day, such as games and karaoke. Staff described other activities that took place, like cake making or completing jigsaw puzzles but said that people rarely used the memory garden. Trips out of the home were not possible as transport was not available. During our visit we saw that a staff member dedicated to arranging things for people to do was available. They had arranged for a singer to visit the home on one day of our inspection and most people in the home attended this event. Our conclusion was that people could enjoy some hobbies and pastimes and staff were exploring areas where they could help people with these.

People and a visitor told us that they knew who to go to if they were not happy about something. The visitor also told us that they would be able to make a complaint and said, "I'd soon see one of them in the office

here." The home's complaints policy and procedure contained enough information for people to make a complaint, including details for relevant external organisations. There had been two complaints since the beginning of the year. These had been dealt with and the appropriate action taken, including meeting with people's families.

People had their end of life care wishes recorded as part of their support plan, where this had been identified as a need, and where they had agreed to discuss the subject with staff. Information was recorded about preferences for such things as whether people wanted to go to hospital or stay in the care home for any treatment or care. Staff received training in end of life care, which provided them with guidance about how to continue meeting people's care needs at this time.

## Is the service well-led?

### Our findings

At our inspection in May 2017 we rated the service as 'Requires Improvement' for the second time with two breaches of Regulation. Improvements from the previous inspection had not been addressed. We informed the provider in writing of the seriousness of our concerns. We continued to monitor the service closely in conjunction with Commissioning bodies.

At this inspection we found some improvement since our last visit but these were not enough and progress was slow.

The manager used various ways to monitor the quality of the service and senior staff members were responsible for completing some of these. These included audits of the different systems around the home, such as care records and infection control. Most audits identified issues and the action required to address them, such as whether care plans were up to date or if people's photographs needed to be updated. However, audits checked whether records were available and did not review and assess the quality of information within them to ensure they were current and relevant.

There was no oversight to check and ensure audits were carried out properly, and were reliable. The outcome of a recent care plan audit said the care plans and risk assessments reflected people's current needs. We found this to be incorrect because the care plan and risk assessment for a person who had sustained a serious scald injury had not been reviewed and revised since the incident. This meant staff did not always have access to current and relevant information and therefore there was a risk that people may receive inappropriate or unsafe care.

The manager monitored accidents and incidents and we could see that staff took appropriate actions to reduce most reoccurrences. Trends and themes were identified and actions had been taken to reduce falls in one area of the home. The analysis of these records looked at a number of areas that may have contributed to the accident. However, in regard to people falling there was no recorded analysis to identify whether a particular location or time of day was more prevalent than another. This showed that the auditing and analysis systems in place were not yet sufficient to identify areas of risk and ensured the appropriate action was taken to resolve them.

The home had been without a registered manager since July 2017. Although the provider organisation had recruited managers none had remained employed long enough to complete their registration with CQC. The providers failure to retain a registered manager has led to inconsistent governance and leadership of the service. The varied managerial input has failed to effect, drive and sustain improvement within reasonable timescales and the provider was unable to demonstrate effective oversight and governance.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service did not have a registered manager although there was a manager in post, who was available for

our visits to Orchard House. They were in the process of applying to become the registered manager.

The new manager was supported by a deputy manager and the provider organisation's quality manager. We saw that people and staff knew who the manager was due to the visible presence they had around the home.

An improvement plan was in place and this gave action to address shortfalls, timescales, the responsible person and reviews to monitor whether actions had been completed. This showed that some of the actions had been addressed and that some actions needed further work. For the actions that had not been completed, comments in the improvement plan indicated what further action was required or what had been completed. One staff member commented on changes that had taken place, "I think the home is going in the right direction, it is just going to take time."

Staff told us that the manager was approachable and they were able to discuss any issues with her. One staff member told us that the manager had encouraged staff to speak with her if they had any problems. Another staff member said that the manager's door was always open and that they would try to sort out any problems staff told them about. We found that there was a positive feeling about the manager and recent changes at the home. Two staff members however, said they still felt unable to speak up in meetings. The manager told us that they had developed a schedule of regular supervision meetings with staff to help provide opportunities for them to discuss issues.

Staff members told us that they had a good relationship with each other. Two staff members explained how one of the nurses worked with care staff members and one described this as "excellent." Another staff member described their colleagues as, "Good team, all get on, one big happy family."

The manager told us that although a satisfaction survey had been sent to people, only two had been returned. Both surveys made positive comments about the home, care and the service people received. People's relatives were invited to meetings every few months to hear about changes at the home. Because of the low level of engagement with people and their relatives before the manager was in post, they told us they intended to resend questionnaires to obtain people's views.

A whistle blowing policy was available and staff told us they were confident that they could tell the registered manager something and it would be dealt with. This meant that the organisation was open in their expectation that staff should use this system if they felt this was necessary.

We found from records we held that notifications involving people's safety were reported to the Care Quality Commission as required by law.

The manager told us that they worked with other organisations, such as the local authority safeguarding team and the Clinical Commissioning Group (CCG), to improve the quality of the service provided. We saw that action had been taken to address concerns identified by these organisations when they had carried out monitoring visits. For example, an external medicines consultancy company was asked to carry out a review of the medicines systems in the home, which resulted in changes being made.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People who used the service were not always protected against the risks associated with inadequate risk assessment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  People who used the service were not protected against the risks associated with unsafe care because of inadequate assessment and monitoring of the risks relating to health and welfare.