

Fordent Properties Limited

Orchard Manor Care Home

Inspection report

Greenacres Court
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Chester
Cheshire
CH2 1LY

Tel: 01244376568

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13 June 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected this service on 12 and 13 June 2017 and the visit was unannounced on the first day.

Orchard Manor is a care home for older people, set in large grounds off Acres Lane. It is on a bus route from Chester City Centre. There are 93 bedrooms in total divided into two units: One unit provides general nursing and personal care and the other unit provides nursing and personal care for older people with memory impairment. All the rooms are single and most have en-suite facilities. There are also several lounges and dining rooms.

At the time of this inspection visit there were 77 people living at Orchard Manor Care Home. They were supported by a staff team of 125.

There was a registered manager employed to work at the service and they have been registered with the Commission for three months. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 8, 21 and 23 November 2016 we found that a number of improvements were needed in relation to people not being protected from the risk of unsafe, restrictive care and treatment. Medicines management was not robust and people were not protected from the risk of inadequate nutrition and hydration. People were not always supported or treated in a dignified way and consent to care and treatment was not always sought. People were not protected from the risk of receiving inadequate care as the quality assurance systems were not effective. Staff did not always receive appropriate support, supervision, induction or training. We asked the registered provider to take action to address these areas.

After the inspection the registered provider wrote to us to say what they would do to meet the legal requirements in relation to the breaches identified. This inspection found that sufficient improvements had been made.

Staff were able to describe the care and support they provided to people as they knew them well. Care plans and risk assessments had improved. Care plans were person centred, reviewed regularly and were up to date. Risk assessments had been reviewed and reflected people's current needs. Daily notes were completed in detail and reflected what care and support people received. Notes relating to the night time were highlighted as needing improvement at the last inspection. Although this had improved further requirement was needed and a recommendation was made regarding this. Information relating to nutrition and hydration in supplementary records was not always accurate and analysed. A recommendation was made regarding this.

People were provided with a choice of meals. On the whole people were satisfied with the meals provided.

People made positive comments about new 'dementia café'. However, the mealtime experience required further improvements to be made.

Support for the staff team had improved. Staff received supervision and induction and staff told us the management team were more engaged with them and the people who used the service. Staff recruitment was robust. Staff had access to a range of training and refresher training was up to date. Concerns were raised during this inspection that some people required restraint to assist with personal care and that staff had not received breakaway training to ensure this was completed appropriately. This was discussed with the registered manager who said staff would receive appropriate training.

People spoke highly of staff and said that they were caring and hard working. People and their family members said they were happy with the service and had seen improvements since last year. People told us that staff treated them with kindness and respect. They told us staff were mindful of their privacy and dignity and encouraged them to maintain their independence.

The registered provider had established a number of quality assurance audits since our last inspection. These monitored the health, safety and welfare of the people who lived at Orchard Manor. Where action was needed this was overseen by the registered manager to ensure it was completed in a timely manner.

Staff handover sessions were detailed and informative. Each person was reviewed and information included if they had a settled or unsettled night, medication administered and other general concerns and information.

Improvements had been made relating to medicines management and medication administration and this was now safe.

People were safe. Staff understood what was meant by abuse and the different forms this could take. Staff knew and felt confident in being able to report to the relevant people any concerns they may have. Staff confirmed that they had received training in safeguarding people from abuse.

The cleanliness of the service was satisfactory and there was evidence of continual cleaning throughout the inspection visit. Improvements had been made to the environment, however some of the environment would benefit from further improvement such as areas used by people living with dementia and to the refurbishment of some bathrooms. The general atmosphere throughout the inspection days was calm, relaxed and welcoming.

Staff had improved their understanding of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and associated legislation. Care records had improved and showed how people could be supported in decision making processes. Mental capacity assessments had been completed and best interest meetings had taken place.

People and family members told us that they had no concerns or complaints about the service. They were aware of and had access to the registered provider's complaints policy and would speak to staff if they had any concerns.

CQC were notified as required about incidents and events which occurred at the service.

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.

A longer term of consistent good practice is required to achieve a rating of good for this key question.

People felt safe and secure. Robust recruitment processes were in place.

Staff needed training in 'break away' techniques to ensure people's safety during personal care support. Some bathrooms would benefit from refurbishment.

Risk assessments had been reviewed and were up to date.

The management of medicines was safe.

Is the service effective?

Requires Improvement ●

The service was not always effective.

A longer term of consistent good practice is required to achieve a rating of good for this key question.

People were provided with a choice of meals. On the whole people were satisfied with the meals provided. However, the mealtime experience could be improved.

Staff understood the importance of seeking consent when providing care to people. The registered manager followed the requirements of the Mental Capacity Act 2005 to ensure a person's capacity was appropriately assessed.

People were supported to access appropriate health care professionals and services.

Is the service caring?

Good ●

The service was caring.

People appeared relaxed and comfortable and a good rapport had developed with the staff team.

People's privacy and dignity was respected and people were encouraged to maintain their independence.

Is the service responsive?

The service was not consistently responsive.

Information in people's supplementary records was not accurate or analysed to protect people from dehydration and malnutrition.

Care plans were personalised and reflected people's current needs and wishes.

People were aware of the complaints process and how to raise any concerns they may have.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

A longer term of consistent good practice is required to achieve a rating of good for this key question.

The registered provider had sought feedback from people and their family members through surveys which enabled them to identify areas for improvement. However further improvement could be made to fully include people who may not be able to complete written surveys.

Quality monitoring systems had improved and a wide range of audits had been completed to ensure that people's health, safety and welfare were assessed and monitored.

Staff were confident that improvements were being made by the registered provider following the previous CQC inspection.

Requires Improvement ●

Orchard Manor Care Home

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 was 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 was carried out on 12 and 13 June 2017 and was unannounced on the first day. The inspection team consisted of two adult social care inspectors, a specialist advisor (SPA) and an expert by experience (Ex by Ex). The specialist advisor was a registered nurse and the expert by experience had knowledge and expertise of older people who used regulated services.

Before the inspection the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help inform our planning of the inspection. We reviewed all the information we held about the service. This included looking at any safeguarding referrals received, whether any complaints had been made and any other information from members of the public. We looked at notifications we had received. A notification is information about important events which the registered provider is required to tell us about by law. □

We contacted the local authority safeguarding and contract monitoring teams for their views on the service. They raised no concerns about this service.

On the days of our inspection we spoke with 10 people who used the service, four family members, the registered manager and deputy manager, the owner and responsible individual and seven staff members.

Observations were carried out throughout the days of the inspection. We also undertook a Short Observational Framework for Inspection (SOFI). A SOFI is used to gather information and understand the quality of the experiences of people who use services who are unable to provide verbal feedback due to cognitive or communication difficulties.

We looked at a selection of records. This included eight people's care and support records, five staff

recruitment files, staff duty rotas, medication administration and storage, quality assurance audits, complaints and compliments information, policies and procedures and other records relating to the management of the service.

Is the service safe?

Our findings

People told us that they felt safe at the service. People said "I am safe here" and "I am safe and happy at Orchard Manor". A relative commented "My mother is in a safe place and is supported by staff".

At our previous inspection we identified breaches in Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider did not have effective systems in place to identify and assess the risks to the health and safety of people who used the service. We told the registered provider to take action to address these areas of concern. On this inspection we found that the registered provider had made the required improvements.

Improvements had been made, however a longer term of consistent good practice is required to achieve a rating of good for this key question. We will review the rating for this domain at our next inspection.

Improvements had been made to the management of medication and staff supported people to manage their medication safely. People told us they received their medication when needed and family members commented "The staff always stays with [Name] whilst they take their medication" and "We are confident that she gets her medication on time". When giving out medication we saw that the nurse explained what medication was for, when asked and offered people a drink to help people take their tablets. When they were administering ear drops the nurse advised the person to leave their hearing aid out for 30 minutes. On one occasions the nurse offered pain relief to a person and spent time offering reassurance as this person was feeling quite unwell. We saw that the nurse knew people's preferences on taking medication well. The nurse asked one person if they would prefer their medication on a spoon, to which they answered yes. Medicines were ordered, administered and disposed of in accordance with the registered provider's policies and procedures. The medicine rooms and trollies were clean, tidy and well organised. Where medication needed to be kept cool this was stored in the designated medicines fridge to prevent them losing their efficiency. Fridge temperatures were checked regularly to ensure they were correct. The controlled drugs (CD's) were stored appropriately and the CD book was up to date and consistently demonstrated two staff signatures throughout.

Risks to people's health and safety had improved. A wide range of risk assessments had been completed and people had been assessed for any potential risks to their safety. For example moving and handling, prevention of falls, pressure area care, nutrition and use of bedrails. These assessments provided instructions for staff when delivering support to people. Where potential risks had been identified then action taken by the service had been recorded. Risk assessments were specific to individual people's needs and were up to date. However, we found that there was a 'no restraint' policy within the service, yet more than one person required more than one carer to assist with personal care with one of the care staff ensuring that the person did not become aggressive towards the staff. Some staff had started to have breakaway training, however, not all staff were trained. This was brought to the attention of the registered manager who said they would review this policy and ensure staff were suitably trained.

Personal Emergency Evacuation Plans (PEEPs) had improved. These were now kept up to date and had

been completed for all the people who used the service. This helped to ensure that people were appropriately supported in the event of an evacuation or emergency. We reviewed the current file and found that people's risk and support needs had been clearly identified.

We found that fire safety management had improved. A fire risk assessment had been completed in May 2017 and an action plan completed. Where action had been required, we saw that this had been completed and signed off by the registered manager. The previous fire safety notice dated November 2016 had been complied with. All staff had received refresher training in fire safety.

People told us that the home was clean. They said "Yes the home is clean and the handyman is always around", "The gardens are well kept", "They always have people around to do things" and "My room is cleaned regularly". We found that cleanliness was satisfactory throughout the service and there was evidence of continual cleaning throughout the days of inspection. Staff had access to personal protective equipment such as aprons and gloves and they used these as needed.

Some of the environment would benefit from updating, particularly a number of the bathrooms. Within the unit for people living with dementia we found the area to be well lit and signage was good. Efforts had been made to make the environment more attractive and interesting. People's bedrooms were personalised with homely effects and personal possessions. Memory boxes were outside people's bedroom doors to enable them to find their bedroom more easily. However, there was a marked absence of tactile objects to offer stimulation, occupation or comfort to people. We discussed this with the registered manager and she said this is an area for improvement. She stated that now the deputy manager was in place who is a registered mental health nurse further work would be undertaken in this area.

Equipment had been serviced and maintained as required. For example records confirmed that gas safety and electrical hard wiring had been serviced and was safe to use.

Staff told us how they keep people safe from harm. They explained that they had received training in safeguarding and demonstrated a good basic understanding of this. Records confirmed training was up to date. Staff understood safeguarding and gave examples that included "Bedrails not being put in place when they are meant to be", "I treat all the people here like my parents, I need to know they were fully looked after and protected" and "Its noticing things that should be there or be happening and reporting if they are not." Staff told us they would inform the registered manager or local authority if they had any concerns. They said they were confident that any concerns raised would be dealt with appropriately. We saw that the registered provider had copies of the local authority's policy and procedure on safeguarding adults from abuse. The registered provider also had their own adults safeguarding policies and procedures. Staff said they were aware of the policies and understood the term 'whistle blowing'. The registered manager confirmed that referrals that did not meet the safeguarding threshold were reported as 'low-level' care concerns on a monthly basis to the safeguarding team. This meant that all issues that the registered manager considered a concern were shared with the safeguarding team to help ensure people were protected from harm.

Staff recruitment files were well presented and showed that appropriate checks had been undertaken prior to staff working at the service. Two references had been undertaken, one of which was from the staff members' previous employer. A Disclosure and Barring Service check (DBS) had been undertaken to ensure that prospective staff member's are suitable to work with people who used this service.

Staff stated that the amount of agency staff used had reduced and felt this was positive for people who lived at the service. Staff told us there would need to be an increase in staffing when new people moved in to the service in the future. The registered provider regularly assessed and monitored staffing levels to ensure

sufficient staff were available to provide the support people required. We looked at the staff rotas for a three week period and found these demonstrated adequate staffing levels for the number of people living at the service. During the inspection we found there was enough staff available to meet the needs of people who used the service.

Is the service effective?

Our findings

People and family members told us that the care and support provided by the staff team was effective. People said that they were able to make choices about the way they were supported and what they did each day. People said "The care is very good", "It's improved from last year following the horrible review of the place" and "The staff are very good".

Previously we raised concerns as the registered provider had failed to act in accordance with the Mental Capacity Act 2005 and observations showed that people's movements were restricted and that staff did not receive appropriate support, supervision, training and induction. This was a breach of Regulations 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we asked the registered provider to take action to address these areas of concern. The registered provider had made the required improvements.

Improvements had been made, however a longer term of consistent good practice is required to achieve a rating of good for this key question. We will review the rating for this domain at our next inspection.

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 2005. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA 2005, and whether any conditions or authorisations to deprive a person of their liberty were being met. We found that improvements had been made. The registered manager was aware of the principles of the Act and how to determine people's capacity. The registered provider had up to date policies and procedures in regard to the MCA 2005, DoLS and Best Interests. The registered manager explained that where people were being deprived of their liberty applications had been made and 15 authorisations had been granted. Staff said that they had received training on MCA 2005 and DoLS and demonstrated a good basic understanding. They were able to demonstrate an understanding of the necessity to use capacity assessments, best interest decisions and reasons for DoLS to be applied for.

Staff stressed the importance of seeking consent even though a person may lack capacity. They stated the importance to retain communication and explain what they were doing. They also said people were encouraged to make decisions regarding preferences, for example, clothing or food choices. One staff member said it was really important to find ways to understand people's difficulties and always try to obtain consent.

Staff told us that they received the training and support they needed to carry out their role and this had

improved. They said that the training was good. Records showed that staff undertook a range of training which was up to date. Staff said that they had undertaken the registered providers' refresher training as needed. A range of other training was available to meet the specific needs of people such as end of life care, dementia awareness and pressure area care. This meant that staff had access to a range of training to support the needs of people who used the service, however, staff had not received appropriate training to support them working with people that needed to be restrained.

The induction process had improved. Agency staff received induction at the beginning of their first shift within the service and records confirmed this. We spoke with agency staff who told us this had improved and that they had access to people's care plans and other essential documentation. Permanent staff attended an induction programme at the start of their employment. Staff told us that the induction gave them enough information to undertake their role and that they also shadowed an experienced staff member as well. Staff had a copy of the staff handbook and staff signed to say they have read and understood the information. Records confirmed this. The induction process included information about the management structure; contractual information and day to day information about the service.

Regular supervision sessions were undertaken with each staff member. Annual appraisals were undertaken each year. Staff told us that the support had improved and that they found the sessions useful and informative. Records showed that these sessions were up to date. Staff were also invited and encouraged to attend staff meetings. Full staff meetings and meetings for specific job roles were held regularly and information was shared with the team through attendance and the minutes being circulated to the staff team. Staff told us that they usually attended the meetings and they could contribute if they wanted to. This meant that staff had access to a range of support to assist them in their role.

We observed some mealtimes during our inspection and found these had improved and the atmosphere was calm and pleasant throughout. People told us they enjoyed the food and one person said they didn't like the food. Family members commented "[Name] has put on weight and always has an empty plate when I see her" and "The food is good." Some people went down to the 'dementia café' which is a new initiative that has been opened at the service. The idea is people think they are going out to a café for lunch and people told us that they enjoyed the experience. However, we found that the café was rather crowded and many people remained in their wheelchairs which made it difficult for them to get close to the table and eat their meal. The registered manager said she was looking at developing a further area for the 'dementia café'. Staff commented positively on the introduction of the dementia café and said that people were calmer and that it had a positive impact upon them.

People told us that they could take their meals in their own bedroom or the communal areas. We saw that people who had meals in their rooms were not taken on trays, and condiments were not offered or used. We also saw that on several occasions people were not offered a drink with their meal. This was brought to the attention of the registered manager who said she would look into this. They said that meals should be taken on a tray with a cover over the food. On one floor we saw this occurring but not in other areas of the service. The service used a four week rotational menu and limited choices were available if someone didn't like the meals on offer. A weekly pictorial menu was seen on the dining room tables. Staff knew people's preferences and staff engaged well with people, chatting to them and explaining what the meal was in front of them. Protective clothing was offered to people and agreement was sought before this was used. All staff had up to date training in food safety.

People told us about their healthcare needs. They said "I've not needed a doctor so far" and "I was very ill at one point and the nice night staff called the ambulance and I went to hospital. I had pneumonia and emphysema". Family members commented "[Name] is quite confused today and the staff picked up on that

straight away." People's medical conditions and medication requirements were included in the care plans and records indicated these were up to date and reviewed regularly to reflect people's changing needs.

Is the service caring?

Our findings

Throughout our inspection we observed staff to be kind and caring towards people who used the service. People told us "The staff are kind", "The staff are wonderful" and "The staff are kind and caring and treat me very well". A family member commented "I think there is a homely and caring atmosphere within the home." We observed that the attitude of staff toward people had changed since the last inspection. Staff were kind and patient with people and showed them dignity and respect. We found the atmosphere had improved and there was a calm and relaxed atmosphere throughout the service.

Staff explained to us about the importance of treating people with dignity and respect. They said that it was important to shut people's doors, closing the curtains, and telling other staff where they were to ensure staff didn't walk into the room. Whilst undertaking personal care, covering up people with a towel was important and staff working together was paramount. Staff also described the importance of people's personal preferences and wishes being followed. During our observations we saw staff knocking on people's doors prior to entering, and offering choice to people in a calm and caring manner.

Six staff members were dignity champions and the service followed the 10 dignity challenges. There was a poster in the reception area which named the staff that had completed the dignity champion training and information was available that promoted this concept. Staff who had been trained as dignity champions helped to ensure that the service had a zero tolerance to all forms of abuse. They treat each person as an individual and helped people to maintain the maximum level of independence, choice and control over their lives. They respect people's rights to privacy and helped people to express their needs and wishes. By these staff working to the "10 dignity challenges" they hoped to influence and guide other staff to follow these as well.

People told us that staff treated them with kindness and patience and that they listened to them. They said "Most of the staff are very good", "I think they are pretty caring" and "They are very nice, kind, caring, attentive and switched on".

People moved around the home freely as they wished to do so. They said "I can propel myself in my wheelchair, so I get about" and "I can't use the lift on my own but staff take me down to the garden when it is nice and sunny."

Staff were available to help people and people didn't have to wait long for call bells to be answered. Comments included "The staff are lovely", "Varies, very good at night time", "I never use the bell", "There are always staff about" and "There are times when staff are busy, but that's reasonable." A relative said "I have not noticed staff to be rushed and everyone had time to pass the time of day with me when I visit". The response to call bells was variable across the days of inspection, from less than a minute to up to three minutes.

Family members told us that they could visit the service at any time and that they were always made welcome and were also offered refreshments. Relatives said "I am always made to feel welcome" and "I am

always offered a drink." During the inspection we saw the staff welcome family members and offer refreshments to them.

A wide range of compliments had been received by letters, cards and emails. Comments included "Thank you for the care you have shown my parents", "[Name] has put on weight and was relaxed", "Staff treat [Name] with fondness and encouragement" and "I have noticed a great deal of improvement with [Name's] appearance and communication skills."

We looked at the end of life care processes. The registered manager explained about the good links the service had with the local hospice and GP service. She said that the GP would visit and review people every two weeks or more frequently if needed. The registered provider had produced a leaflet on how end of life would be achieved within the service. It included information on care plans, meals, medication and religious or spiritual input when required. When a person is approaching the end of their life a separate care plan is produced and separate medication sheets are used to record drugs that may be required. The service used the 'Six Steps End of Life' format to assess people's current need. This is a nationally recognised programme to support people to manage their symptoms, pain relief and needs during this time. Family members had commented on the end of life care and said "The last weeks of [Name] life were very settled and they were well cared for", "We were all treated with respect and consideration" and "At the end all the night staff came and paid their respects – it was so lovely."

People had access to a range of information about the service. This included the service user guide, statement of purpose and newsletter. The newsletter was produced each quarter and the Spring 2017 edition included information on the new registered manager, details of the spring menu, plans for the 'Orchard Café' and forthcoming activities. Records showed that copies were distributed to people lived at Orchard Manor and was also sent to family members. The service user's guide had been reviewed in May 2017 and included information about the services provided and the facilities available, values and objectives, information on how to raise a complaint and details of the organisational structure.

Is the service responsive?

Our findings

During the inspection we saw that staff engaged well with people and were responsive to their needs. The staff culture and approach with people who lived at Orchard Manor had improved since our last visit. People told us that staff listened to them and that they received the care they needed. Comments included "The staff know me well", "The staff are very kind and nice" and "The staff listen to me."

At our previous inspection we identified breaches in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider did not have effective systems in place to ensure that records relating to care and food and fluid monitoring were accurate and up to date. We told the registered provider to take action to address these areas of concern. On this inspection we found that the registered provider had improved in this area.

We saw that improvements had been made within the care plan documentation. People's care plans demonstrated that good records were available which promoted person-centred care. Person-centred care is a way of thinking and doing things that sees the person using the service as equal partners in planning, developing and monitoring care to make sure it meets their needs. The care plan covered all areas of personal care, nutrition, medical conditions and continence. We saw a wide range of risk assessments which were centred round the individual person's needs. For example moving and handling, risk of falls, nutrition, pressure area care and continence. We saw good daily notes were kept about each person that included any changes in people's health and wellbeing. However, we saw that night reports were being written around 4am and these reflected the whole night. This was brought to the attention of the registered manager who said she would address this.

We saw that although some improvements had been made with the food and fluid monitoring charts further action was needed to ensure that accurate records were kept. The completion of people's food and fluid charts was not consistent throughout the service. Records did not hold sufficient information for analysis. Portion sizes were not documented although options to state if a person had eaten a quarter, a half or three quarters of the meal was available. This meant that it was not clear how much a person had eaten of their meal so a clear analysis could not be undertaken. This was highlighted to the registered manager who agreed to action this.

We recommend that the registered provider has systems in place to ensure that documents are completed consistently across the service and that sufficient information is provided to ensure people's hydration and nutritional needs are met.

People and family members told us that they had met with staff from the home prior to being admitted. They confirmed that their needs, wishes and preferences were discussed at this time. The registered manager confirmed that prior to admission people would be visited by her or a member of the staff team either at their home, hospital or another preferred place. During this meeting the staff would explain to the person about the service they could provide. A pre-assessment document was completed to help assess the person's needs and to ensure that the service could meet these and records confirmed this. People would

be encouraged to visit the home prior to admission.

We observed the staff handover during the inspection and found that this was detailed and informative. The nurse in charge explained how each person had been overnight and if they had any concerns about anyone. Messages were passed onto the staff about a new person arriving that day and people they thought should be monitored closely as they were unwell. A detailed handover sheet had been compiled for new staff and agency staff members which included people's names and room numbers. Also information on the mobility, nutrition needs, skin integrity, personal care support required and other relevant information. This meant the staff had a detailed list of information about the people they were supporting.

People and family members told us about the activities available within the service. People told us that they could attend sessions if they wished to do so. Some people said they had little interest in activities, and others said they went out with family members or friends. We saw that forthcoming activities were on display in the main hallway. These included reminiscence sessions, quizzes, flower arranging, sing-a-longs, bingo, gardening sessions, exercises and one to one sessions. Also they had a tuck shop trolley that went to all areas of the home where people could purchase chocolates, sweets and toiletries. The hairdresser also visited each week. Regular visits were made by members of the local clergy from the local Roman Catholic and Church of England churches. Themed activities were also undertaken and recent ones had included high tea, doughnut day and biscuits day. They were in the process of preparing for National Beer Day that would involve a selection of beers and wine along with popular pub snacks including scampi, fries and pork scratching's. The activities coordinator worked with the people who lived at the service to prepare posters for forthcoming events and involved them as fully as possible in the occasion.

People and family members told us they knew how to raise a concern with the service and all the people we spoke with said they didn't have any concerns or complaints about the service. They told us they were aware of the problems that had been reported at the last inspection and the registered provider and registered manager had held meetings about the situation and how improvements would be made. People said that there had been a lot of changes in the last few months but that they had been kept informed of these. More new staff had been employed and less agency staff were being used. One person said "There have been a lot of changes since the end of last year. I know the staff and they are very nice. Some staff have retired."

We saw the registered provider had a comments, concerns and complaints policy in place which included details of the registered manager and registered provider to contact in the event of a concern and also details of the local government ombudsman. The registered manager kept a log of all complaints and this included details of each complaint and the outcome of this. The service had received six complaints since the last inspection and records showed these had been dealt with to the satisfaction of the complainant. CQC had not received any complaints since the last inspection.

Is the service well-led?

Our findings

People and family members told us that they were happy with the care and support provided at Orchard Manor. They said they had seen improvements made over the last few months and that the service had employed more permanent staff and less agency staff were being used. People said "We are happy now, more content now than last year. Before we weren't aware of who was in charge. Now the manager is here all the time and directs the staff, wanders about the home, not always in the office", "I think it's very nice", "It wouldn't get much better, you get what you pay for", "It's nice here, there is a change and I like this place because it's casual", and "I think it's pretty good." Staff reflected that there had been improvements at the service recently which included the implementation of improved recording systems; more shared information and a more purposeful sharing of information.

The new manager has been registered for three months. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our previous inspection we identified breaches in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider's quality assurance audits did not identify, assess, monitor or improve the quality and safety of the services provided to people who lived at Orchard Manor. We told the registered provider to take action to address these areas of concern. On this inspection we found that the registered provider had made the required improvements.

Improvements had been made, however a longer term of consistent good practice is required to achieve a rating of good for this key question. We will review the rating for this domain at our next inspection.

We found that improvements had been made in the auditing system within the service. Regular audits had been completed by the registered manager and senior staff team. These included audits on care plans, pressure ulcers, medication, the environment, health and safety, accidents and incidents, activities and infection control. A log was kept of accidents and incidents which included the time of the incident; the type of incident or accident; where it occurred and if it was witnessed. This information enabled the registered manager to look for patterns or trends within the service. An action plan was produced for any repeated or multiple events and these may involve intervention of other professionals such as the GP, falls team or the Parkinson's nurse. Good documentation showed the involvement of the person, significant family members and other professionals where required. Other audits included GP reviews; computer system; Deprivation of Liberty Safeguards (DoLS); night time reviews; and Personal Emergency Evacuation Plans (PEEPs). Action plans were produced and these were monitored by the registered manager.

People's views were sought in a variety of ways. These included the regular meetings with people who used the service and family members. During these sessions a wide range of topics were discussed including the introduction of the new registered manager, the environment, food and activities. We noted that information was shared by the registered provider about the previous CQC report and how they were

making changes and improvements to the service provided.

People's views were also sought on the food provided through a questionnaire. 17 people were asked to comment on this. Comments included "Tasty", "Too much gravy", "Lovely meal", "Good, I enjoyed it", "It wasn't perfect but I enjoyed it" and "Staff were pleasant." An action plan was produced with actions to be taken, who is responsible for this and the timeframe for completion. We discussed with the registered manager that this was a small representation of the people who lived at Orchard Manor, many of whom were people living with dementia and that they may be unable to complete a written questionnaire. The registered manager agreed to review this process.

We recommend that the registered provider review the way in which information is sought from people who may not be able to complete written questionnaires, such as the use of pictorial questionnaires or one to one sessions.

A relative satisfaction survey was completed in February 2017 and issues raised included the need for more service user interaction; more permanent staff; more entertainment for people living with dementia; more food choices; better staff training and upkeep of the gardens. An action plan was completed and records showed that the registered manager regularly reviewed its progress.

Staff meetings had taken place and minutes were made available. Issues discussed included the introduction of the new registered manager, staffing changes and issues, CQC inspection, uniforms and changes to the building. Staff confirmed that they felt more supported and there had been improvements made since our last inspection. Staff said the management team were more engaged with the staff team and people who lived at Orchard Manor. They said the management team is more integrated at the forefront of the service rather than in the background and they said that the registered manager was very approachable.

The registered provider had a set of policies and procedures for the service which were reviewed and updated as required. Policies were available in the main office which ensured that staff had access to relevant guidance when required.

From discussions with the registered manager we saw that the values and objectives of the service was open and transparent in their approach. The registered manager discussed the improvements that had been made with the staff culture and some environment issues being the primary focus. Staff vacancies had reduced to two vacancies and the use of agency staff had been reduced. The registered manager and registered provider had regularly kept CQC informed of their progress with work over the last six months and this included action plans and regular updates. This meant that the registered provider and registered manager had effectively communicated with CQC and kept them up to date of their progress.

The registered manager regularly notified CQC as required by law of significant incidents and events that affected people or the running of the service. Notifications were sent shortly after the incidents occurred which meant that we had been notified in a timely manner.

The registered provider had a business continuity plan in place which had been reviewed in February 2017. This included what to do if there was a loss of utilities; premises; staff; IT and included a list of organisations to contact and contact details of the registered provider and registered manager. This meant that the registered provider had systems in place to ensure the continuity of the business.

The registered provider had displayed their ratings from the previous inspection in line with the Health and

