

Amica Care Trust

# The Orchards

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

The Orchards is a care home providing personal and nursing care. It is registered to provide care and accommodation to up to 45 people. The home specialises in the care of older people, people with complex healthcare needs and people living with dementia. At the time of our inspection there were 39 people living at the home and one person receiving respite care.

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

People lived in a home where the provider and registered manager led by example to create a homely, welcoming and fun environment which valued each person as an individual.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People felt safe at the home and with the staff who supported them. Staff knew how to raise concerns and were confident they would be listened to.

People received their medicines safely from staff who had received specific training and had their competency assessed to make sure their practice remained safe.

An inclusive ethos was promoted which meant people were able to share their views, raise concerns and follow their own routines. This all helped people to remain in control of the support they received and their day to day lives.

Staff had an excellent knowledge of the people they cared for which enabled them to provide person centred care. People and visitors told us they were very happy with the care they received. Individual care was monitored and reviewed to make sure the care people received evolved as their needs and wishes changed.

People could be confident that at the end of their lives they would receive kind and compassionate care. Staff had the skills and experience to make sure people were comfortable and received dignified care at the end of their lives.

People told us they thought staff went the extra mile to support them. This was demonstrated in the support provided which included numerous examples of special events staff arranged for people.

People had access to a wide range of activities and social stimulation in accordance with their wishes and abilities. The home hosted social events which enabled people to continue to be valued members of their families and local community.

People were cared for by staff who felt well supported and proud to work at the home. The staff team were welcoming and friendly which created a happy atmosphere for people to live in.

People lived in a home where quality monitoring, learning and continuous improvement were embedded into the day to day running of the home. People's views and wellbeing were central to all quality monitoring processes.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 7 April 2018.)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We received information which raised concerns about how risk was managed at the home. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has not changed from Good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Orchards on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our safe findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# The Orchards

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

The Orchards is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Orchards is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at the information we held about the service.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used the information gathered as part of monitoring activity that took place on 12 April 2022 to help plan the inspection and inform our judgements.

We used all this information to plan our inspection.

During the inspection

We spoke with seven people who lived at the home and four visiting relatives. We also spoke with ten members of staff.

The registered manager and a representative of the provider were available throughout the inspection.

During the inspection we were able to observe interactions between people and staff and care and support provided in communal areas. We also saw people taking part in a variety of activities.

We looked at a sample of records which related to people's individual care and the running of the home. Records seen included five care and support plans, two staff recruitment files, quality assurance audits and survey results, health and safety records and minutes of meetings.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the home and with the staff who supported them. People looked comfortable and relaxed with staff. One person told us they, "Most definitely" felt safe. Another person said, "It's wonderful, I am totally safe and sound. All my worries have gone."
- Risks of abuse to people were minimised because staff knew how to recognise and report any suspicions of abuse. Staff spoken with were confident that any concerns raised would be taken seriously and action would be taken to make sure people were protected.
- The provider ensured staff had ways to raise concerns with senior managers if they felt unable to speak up within the home. This included regular visits from senior managers and representatives from the human resources department.

Assessing risk, safety monitoring and management

- Risks to people were assessed and plans of care were put in place to minimise identified risks. For example, where people were assessed as being at high risk of pressure damage to their skin, appropriate equipment and care was in place. Records showed measures in place, such as regular repositioning to minimise risk, were being carried out.
- The registered manager monitored the number of falls which occurred in the home and action was taken to reduce individual risks for people. We saw that falls prevention was discussed in staff meetings to make sure all staff were working consistently to minimise risks to people.
- The staff involved other professionals to support risk assessments. Some people had been assessed as being at high risk of choking and speech and language therapists had been involved in creating plans of care to meet their needs. Where it was recommended that people had their food and fluid served at a specific consistency, we saw this was provided.
- People lived in a care home which was well maintained. Appropriate checks were carried out to ensure the safety of the building. These included regular checks regarding fire safety, lifting equipment and water quality and temperatures.

Staffing and recruitment

- People were cared for by staff who had been safely recruited. New staff said they had not been able to start work at the home until the necessary references and checks had been carried out. Staff recruitment records confirmed this.
- There were adequate numbers of staff to meet people's needs and keep them safe. The provider used agency staff where necessary to make sure there were always enough staff on duty.
- People had access to call bells to enable them to summon assistance when they needed it. Call bell

response times were regularly audited, and action was taken to make improvements when needed. Call bell audits seen showed that in the vast majority of cases, bells were answered within the five-minute target. This meant people received support promptly when they requested it.

#### Using medicines safely

- People received their medicines safely from trained nurses and senior staff. All staff who administered medicines received specific training and had their competency assessed.
- People told us they received the right medicines at the right time. One person commented, "Very strict with the meds. They come regularly to give. Not just willy-nilly."
- The staff used an electronic system for administering medicines which staff said they felt minimised the number of errors.
- A small number of people required their medicines to be administered covertly (without their knowledge.) Where this was being done there were clear records to show the person's capacity had been assessed. People close to them, and relevant professionals, had been part of the decision-making process. This helped to protect people's rights.
- There were suitable storage facilities for medicines. Medicines with additional controls due to their potential for misuse were stored in accordance with current regulations. We made some random checks of records against stock and found them to be correct.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

People were able to have personal and professional visitors at any time. Throughout the COVID-19 pandemic the provider had followed Government guidelines to make sure people were able to keep in touch with friends and family.

#### Learning lessons when things go wrong

- People lived in a home where the provider and registered manager were committed to learning lessons when things went wrong to make sure improvements were made. Following one incident additional training and changes to communication channels had been put in place. We heard that handover meetings were used to pass on any changes to practice so that all staff were aware. The incident was also discussed at a staff meeting. The minutes stated, staff wanted to express how they, 'felt they had learned and grown from the experience.' The incident was also used as a learning experience across other homes in the provider group.
- All incidents and accidents which occurred at the home were recorded and analysed to identify triggers and trends. Records showed that action was taken to minimise the risk of re-occurrence. This included monitoring staffing and seeking support from other professionals.

- Lessons learnt were put into practice to make sure improvements were made to people's care and support where necessary. Staff held a short reflective practice session following each shift. This enabled staff to discuss and learn from incidents and also to celebrate good practice and outcomes for people.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The registered manager led by example to make sure people received care that was personalised to their needs and wishes. The registered manager and staff had an excellent knowledge of the people who lived at the home. They were able to tell us about people's preferences and how they facilitated choices. People told us they felt staff knew them well.
- People had their needs assessed before they moved to the home to make sure the home was able to meet their needs and expectations. Staff said that the initial assessments took account of people's interests and hobbies as well as their physical and emotional needs. We heard about one person who was due to move to the home. They had a long-standing hobby and staff were looking at ways this could be carried on at the home. This demonstrated how staff supported people to continue to follow their individual interests.
- From the initial assessment, a plan of care was created. Staff told us these were live documents and were added to as staff got to know more about the person and their preferences. This meant people's care evolved in accordance with their changing needs and wishes.
- Staff were pro-active in supporting people who were living with dementia and could display signs of frustration. For example, the registered manager had a musical playlist of one person's favourite songs. If the person became upset or disorientated, they found the music had a soothing and comforting effect which helped to reduce the person's anxiety.
- Care plans contained information about routines that were important to the person. This helped to make sure people could continue to follow their own lifestyle choices. For example, one person liked to have a shower every morning and staff supported them with this. One member of staff said, "There are no rules here. We want people to live their life not fit into a home routine. We want people to feel at home." A person said, "Staff just seem to fit in around you. There is no pressure to do anything you don't want to."
- People living at the home had a variety of abilities and needs. It was very apparent that individual needs were discussed with people and solutions were found which gave people control over their day to day lives. For example, one person was reluctant to take a prescribed supplement. Staff helped the person to research alternatives and assisted them to shop for ingredients and make smoothie drinks to have instead. The person had commented at a meeting how much they had enjoyed their 'health education session.'
- Staff respected people's choices which put them in charge of their care and support. One person had decided not to follow a recommended diet. Staff had explained to them the possible consequences of not following this and were assured they understood these. They therefore respected the person's right to choose.

## End of life care and support

- People could be confident that at the end of their lives they would receive kind and compassionate care. The provider was putting the Gold Standards Framework in place. This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their lives. A relative of a person who had died at the home described the care they received as "Outstanding."
- Staff had the skills required to ensure people received professional and responsive care at the end of their lives. Staff had received specific training in this area of care and were continuing to receive ongoing training in partnership with the local hospice. Reflective practice sessions were carried out with staff after a person died. This enabled staff to reflect on their experience and seek support when needed.
- People's wishes regarding their end of life care were discussed with them when they felt able to talk about this sensitive subject. Where people had specific wishes, these were recorded in their care plans. One person told us, "I will happily stay here till the end. They would be kind and look after me."
- The staff supported family members and went out of their way to show their respect and affection for the person who was receiving end of life care and their family. A family member told us that on one difficult occasion, off duty staff had stayed behind after their shift to offer support.
- Activity staff had started to create photographic memory books to be given to family members when someone died. This helped families to remember happy times. We saw that close family also received flowers, cards and hugs from staff as a sign of respect and affection.
- There were always registered nurses on duty who ensured people had the appropriate care and medicines to help them to be comfortable and pain free at the end of their lives. Medicines were ordered and administered as required when people were receiving palliative care.
- People were able to have family, friends and religious representatives with them at the end of their lives. The home welcomed family members and friends into the home to provide comfort and support to people if they wished for this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The staff supported people to keep in touch with friends, family and the wider community. Visitors were always made welcome at the home to make sure people were able to stay connected to their loved ones.
- Where appropriate, relatives were given remote access to their loved one's care plans. This enabled them to keep up to date with people's care and well-being. One relative told us how useful this was when they had not been able to visit. They said, "I could see the care they had and how they were. Gave me total peace of mind knowing they were safe and well looked after."
- Staff helped people to be part of family events even if they were unable to attend in person. For example, one person had been unable to attend a family celebration for health reasons. To make sure the person did not miss out the registered manager attended, and live streamed the event to the person through their phone.
- Families were involved in events and activities at the home so people could enjoy these with their relatives. This had included an outdoor circus, quizzes and birthday celebrations. One visitor said, "I feel like part of The Orchards family."
- Staff encouraged people to form friendships with other people at the home who shared their interests and values. One person told us, "[People's name's] have become friends. We do the quizzes together."
- People had access to a range of activities and social stimulation. There was a team of activity workers who supported people with group and individual activities. Staff had a good knowledge of people and their interests and hobbies. This helped to provide social stimulation which was person centred and helped people to continue with hobbies and interests. A visitor commented, "The activity staff are lovely. They always come to see them in their room. They make sure they're involved."

- Staff went the extra mile to create 'Golden moments' for people. After a visit to the home by various animals one person, who was cared for in bed, said what they really wanted was to see an elephant. The registered manager dressed up an elephant and went to visit the person. The photos of this showed how overjoyed the person was. Another person was a fan of a particular music star and the staff managed to find an impersonator to perform for them.
- People appreciated the efforts that staff went to, to provide stimulation and a sense of fun. One person commented, "They will go that extra mile if they can do it. It's not very often you see five penguins walking down the corridor, and I have had everything in my room including a dog and a donkey, quizzes are good too."
- The home was part of the wider community and events were arranged which brought the community to the home. This included visits from school children, a dog groomer and a talk by the local museum. Following on from the talk about the museum, a trip was arranged for those who wanted to visit it.
- Staff were inventive in providing entertainment which could be enjoyed by all. When a seaside trip had to be called off, the staff brought the seaside to the home. This included sand for people to put their feet into and an ice cream van. Photographs showed this brought a lot of pleasure to people.
- People were asked for their views following activities. They were asked what they enjoyed, what would have made it better, and if they would be interested in repeating the activity. This helped staff to plan future activities in accordance with people's wishes.

#### Improving care quality in response to complaints or concerns

- People lived in a home where all complaints were taken seriously and fully investigated. A concern was raised with us on the first day of inspection about a practice that was felt to be undignified. A full investigation was carried out and although this was found to be historical apologies were given to the people affected. Measures were put in place to make sure the practice was not repeated in the future.
- People, visitors and staff felt listened to and valued when they raised concerns. People said they could talk to a member of staff if they had any worries. One person told us, "If you are upset for any reason. They listen, they understand." A visitor said, "You just have to ask, and it gets done. I have never needed to complain." Another person commented, "If you mention anything to staff it is sorted. They want you to be happy."
- There was a complaints policy which enabled people to make a formal complaint and have it responded to within a specified timescale. Records showed that where complaints had been made the policy had been followed. The registered manager and provider used all concerns and complaints as an opportunity to learn and improve.

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and met. Staff knew people well and were able to communicate effectively. This included showing people options to enable them to easily make choices.
- The provider informed us that where people needed to have information in a different format or language this could be provided promptly.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question Good. At our last inspection we rated this key question Good. At this inspection the rating has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider and registered manager promoted a person centred and inclusive culture. People were supported to follow their routines and staff respected people's decisions and right to make unwise choices if they had the capacity to do so.
- People were extremely happy with the care they received and were complimentary about the staff. One person said, "It's all so good. I would say it's perfect." A visitor told us, "The standard of care is brilliant. Everyone is so friendly."
- The registered manager told us their ethos was that The Orchards was a home which provided nursing care. This ethos helped to create a very homely atmosphere where people felt a sense of belonging. One person told us, "It's like a little community." A visitor said they really felt their relative thought of The Orchards as their home.
- People who lived at the home felt part of an extended family and there was a feeling of equality between people and staff. One member of staff was getting married and people had asked to hold a hen party. This happened on the first day of the inspection with the usual hen party type games. Some staff came into the home on their day off and everyone seemed to share a good time. One member of staff said, "The residents here are fantastic. It's just like a family, everyone mucks in."
- The provider wanted people to be involved in decisions about the home. People had taken part in interviewing new staff. However, due to the pandemic this had not been possible, so managers had been creative in ensuring people still had some involvement. People had been asked to produce a list of questions for potential staff so their views were still represented. Questions included; why prospective staff wanted to work at the home and what they would do if they rang their call bell.
- There was a sense of fun at the home. Throughout the inspection there was positive engagement between staff and people. Staff never walked by a person without speaking to them in a personal way. Some people enjoyed good humoured banter with staff and others talked about family members. One person told us, "It can be a little bit mad at times. We definitely have a laugh."
- People lived in a home where staff took pride in their work and were committed to providing a high standard of care and a good quality of life for people. Everyone we asked said they would recommend the care home to other people. One visitor told us, "I would definitely recommend, and I have."
- All staff asked said they would be happy for a member of their family to be cared for at the home. Some staff said that family members had stayed at the home and they had been totally happy with the care they received.
- New staff were welcomed to the home. One member of staff who had just been recruited said how well

they had been welcomed to the team and said they were really excited about beginning work. A member of staff who had joined the team from overseas said the staff and registered manager could not have done more to make them feel at home.

- Staff morale was high which led to a happy and inclusive environment for people to live in. Staff said they were proud to work at the home. One member of staff said, "I have never felt so supported in a job. It's a privilege to work here." One visitor commented, "The staff are so friendly. It must be a happy place to work."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager were open and approachable. People and staff said they could talk with the registered manager about anything and felt listened to.

- The provider used audits, complaints and concerns to constantly monitor standards. Where these monitoring activities identified shortfalls then explanations and apologies were given.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a staffing structure which gave clear lines of accountability and responsibility. There were always trained nurses and senior staff on duty. This meant people always had access to professional support and staff had access to ongoing advice and guidance.

- Quality monitoring systems were fully embedded into the day to day running of the home. The provider oversaw all audits to ensure any shortfalls identified were addressed in a timely manner. Outcomes of audits were shared with staff at meetings to make sure that changes were owned and responded to by the whole staff team. For example, we saw that the outcome of a call bell audit was shared at a staff meeting and discussed.

- The provider used individual supervision and performance management to monitor and address standards of practice within the home. One member of staff told us, "The expected standards here are very high. I have worked in other homes, but this certainly delivers the highest quality care."

- The views of people who lived at the home were at the heart of quality monitoring. The registered manager and deputy were very visible in the home which enabled them to constantly monitor quality and seek people's views. Everyone we asked knew who the registered manager was. One person told us, "You can't fault the management."

- People were kept informed about how their views had been used to drive improvements. There was a satisfaction survey for people. Results of these were collated in an easily readable document which used pictures and quotes to make it accessible to all. It was supported by a 'You said, we did' section. Feedback from the last survey had led to an increase in activity staff, feedback forms for agency staff and more varied meal choices.

- Systems not only monitored the quality of care provided but looked at ways that improvements could be made to care and individual wellbeing. For example, each month the registered manager analysed incidents of anxious or disturbed behaviour. The analysis included what staff could do differently to improve people's quality of life and comfort. This was followed up each month to identify if changes made had improved things for people. Records showed that ongoing action was taken which had included discussions with other professionals and changes in staff approach to reduce people's anxiety. One member of staff said, "We discuss things in handover about what has helped a person be calm. We try to all follow the same thing if it seems to help them."

- The use of reflective practice was encouraged to enable all staff to reflect, seek support and learn from experiences. There was a short reflective session carried out after each shift and more detailed sessions following incidents. This promoted a culture of ongoing learning and supported staff well-being. It demonstrated how staff and people were valued by the provider. Staff told us changes had been made

following a reflective practice in response to an incident at the home. Records seen showed that changes had been put into practice.

- Concerns raised, accidents and incidents were all used to drive improvements. Where an untoward event occurred, a full investigation was carried out and an action plan for learning was put into place. The action plans were overseen by the provider to ensure changes to practice were made. Any learning highlighted was shared across the provider group to make sure other care homes in the group benefitted.
- The provider was aware that things may not always run smoothly and had strengthened their processes for enabling staff to raise issues. They had appointed a member of the care staff team to champion staff views at meetings. This meant that care staff could approach the member of staff who would raise the issue on their behalf if they did not feel confident to do so themselves in a meeting attended by a large number of people. There were regular visits from senior managers and representatives from the human resources department. There was also a whistle blowing QR (quick response) code where staff could raise issues and a grumbles box which could be used anonymously.
- The provider was constantly exploring ways to improve the service offered. They kept up to date with best practice and technological advances. At the time of the inspection the home was changing to a silent call bell system which they felt would enhance the quality of the environment. The provider told us this was in response to feedback from people. They were also looking into a system of acoustic monitoring. This system uses technology to unobtrusively listen to people sleeping and triggers an alert for staff to respond as required, when sound exceeds or falls below an individual's set noise level. This would mean that people who required checks throughout the night would not be disturbed by staff carrying out these checks.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The staff worked in partnership with other professionals and families to make sure people received the support and treatment they needed. Staff helped people to access specialists and worked with the local medical centre to meet people's healthcare needs. A representative from the medical centre visited the home on a weekly basis.
- The home was part of the local community. They invited people to the home and hosted some local events. For example, an activity worker said a Christmas wreath making session was being held at the home for people who lived there and local residents. These events helped to reduce the risks of social isolation for people at the home and those in the community. It also helped to ensure the home was connected and part of the community.
- The home took part in local events. They had entered and won this year's Crewkerne in bloom competition. The local mayor was invited, and visited the home, to enable people to sign the official book of condolence for the late Queen. This all helped to ensure people remained respected members of their community.
- People and staff were involved in decisions about the home and kept up to date with any changes. There was a regular newsletter and meetings for people and staff to share their views.
- Visitors felt part of the home and told us there was good communication. They were invited to events to enable them to share social occasions with their loved ones.
- The provider valued the staff team and the work they did. Each year they held awards where people, relatives and staff from all their care homes could make nominations for various categories and awards were given out. This year the awards won by The Orchards included 'The home of the year' and 'Manager of the year.'