

Orchard House (Midlands) Limited

Orchard House Nursing Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service: Orchard House Nursing Home provides residential and nursing care for up to 31 older adults who may have dementia and/or other health conditions. At the time of our inspection 31 people were living at the home.

Accommodation was provided over two floors and communal areas, including a conservatory, lounge, dining room, and a sensory room. People either had their own room or shared with another person. People had access to gardens at the rear of the home.

People's experience of using this service:

People we spoke to were positive about the service. We saw friendly interactions between people and staff.

Staff treated people with respect, patience and kindness. There were sufficient staff to meet people's needs, to give the support they needed and to spend quality time with them.

Orchard House Nursing Home is a founding member of the Namaste programme. The programme was developed for people living with dementia and anxiety. It is a sensory activity programme designed to promote wellbeing particularly for people who do not respond to structured activities.

People had access to a range of healthcare professionals and services.

External health professionals gave us positive feedback about the service, for example a pharmacist told us, "Orchard House are definitely one of the most organised, friendly, caring and resident knowledgeable homes we deal with. Whenever, I have been in the home, the staff have had a great mannerism with me, each other and most importantly the residents. I would be happy to have my mum looked after in this home. The residents always come first."

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

People were supported by staff whose suitability was checked through a robust recruitment process. People's medicines were managed safely.

Care plans guided staff about people's needs and how to meet them. Staff supported people to be involved in decisions about their care. People were supported to stay at Orchard House Nursing Home until the end of their lives.

People's needs were fully assessed, before they came to live at the home, to ensure that staff could meet their needs appropriately. Staff completed relevant training to meet people's needs and were supported to do additional training. Staff told us they felt supported, received regular supervisions and an annual

appraisal.

Staff knew how to keep people safe in an emergency, such as a fire. People were supported by staff who were trained to recognise the signs of any potential abuse. Staff had been trained in safeguarding and knew what action to take if they had any concerns about people's safety or welfare.

People's risks were identified and assessed appropriately.

Arrangements were in place to assess and monitor the quality of the service, so that improvements could be made.

This service met the characteristics of Good. More information is in the 'Detailed Findings' below.

Rating at the last inspection: Good. The last inspection report was published on 24 November 2015.

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission (CQC) scheduling guidelines for adult social care services.

Follow up: We will review the service in line with our methodology for 'Good' services.

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 effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Orchard House Nursing Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Orchard House Nursing Home provides accommodation with personal care and nursing for up to 31 adults. People who lived at the home had varied needs associated with old age and frailty, some people were living with dementia. People in care or nursing homes receive accommodation and personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

Before the inspection: We reviewed information available to us about this service. We checked the information that we held about the service and the service provider. This included previous inspection reports, the provider's annual information return and statutory notifications sent to us by the provider about

incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

During the inspection we looked at:

- Two staff files and one agency profile
- Two people's care records and medicine records
- Audits, checks and studies outcomes
- People and visitors survey outcomes
- Records of accidents and incidents
- Other documents relating to the management of the service.

During the inspection we spoke to:

- Five members of staff (activities coordinator, one carer, one care lead, the chef and the Registered Manager)
- Three people
- Four relatives and a visitor

After the inspection;

We received feedback by email from a tissue viability nurse, a dietitian and a pharmacist. These health professionals gave us permission to quote them in this report.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and knew how to recognise the signs of abuse.
- Staff understood how to report concerns and were supported by a safeguarding policy.
- Staff knew how to keep people safe in an emergency such as a fire. All people had personal evacuation plans. Night and day staff took part in fire drills and all staff had fire safety training. The home had emergency arrangements with a nearby service if people needed to be evacuated.

Assessing risk, safety monitoring and management

- Risks to people were minimised. People were protected as risks were assessed and well managed. Risk assessments such as, bed rails, falls or safe environment were reviewed every month to reflect people's current needs. Staff monitored people's need and made referrals to external health and social care professionals when needed. For example, a dietitian told us, "They have called in for an earlier review as they noted that <Person's> weight was increasing. They follow the care plan we gave them."
- People at risk of falls had assessments and appropriate equipment in place. A relative told us, "No falls since being here, she is helped up with a stand aid."
- People at risk of pressures sores were protected by staff who assessed, monitored and referred to external health professionals when needed. People had access to equipment such as air mattresses. A relative told us, "He's turned four times a day. There's always two staff to move him and they're very careful when doing it." A tissue viability nurse told us, "I believe that Orchard House is a safe home, it is a safe environment and the practice provided by the nursing staff is safe."

Staffing and recruitment

- There were enough staff to meet people's needs. A person told us, "I think so, if I press the buzzer they come." and another person said, "there's enough yes, they come quickly enough."
- A relative told us, "We love it here, they lived over the road all their lives, we're really happy for her to be here, staff are consistent and attentive" and a tissue viability nurse told us, "This is a home that has long term stable staff, little change around which makes our job easier, as we have built up a good rapport and know when they need support."
- The registered manager used consistent agency staff to manage unplanned staff absences such as sickness.
- All staff were trained in the Namaste programme so that it could be delivered seven days a week. The registered manager told us, "the Namaste programme is a vital thing and can't be compromised, even if the activities coordinator isn't here to deliver it so we trained all staff."
- Robust recruitment systems ensured that new staff were safe to work in a social care setting. Staff files showed that checks had been made with the Disclosure and Barring Service which considered the person's

character to provide care.

Using medicines safely

- Staff managed medicines safely. People told us they received their medicines on time. A person told us, "the staff give us our tablets, no we have never missed them." and another person told us, "the nurse gives me my medication in the morning and I have eye drops a couple of times a day."
- We observed staff giving medicines to people. Nursing staff did things at each person's pace, talked through what was happening and gave medicine following the person's preference.
- Where people had 'when required' medicines (PRN) staff were supported by guidance, we saw staff checking if people wanted their prescribed as and when medicine.
- Medicines were stored and managed safely, including medicines that require specific storage. Staff were trained in medicines and had their competency checked.
- Records showed that staff arranged a medicines review with the GP annually.
- The provider arranged an external pharmacist to carry out an annual medication audit. The pharmacist told us, "Whenever I have gone to do a medication audit, they have always scored in the high 90% and above area. The manager and staff take pride in the home and this shines through from the cleanliness of the trolleys, the attention to detail in ensuring the medication balances to the tablet, no missing signatures on the MAR charts, etc... the list goes on."

Preventing and controlling infection

- People were protected from infection. People told us their home was kept clean, one person told us, "very clean and lovely" and another person told us, "very clean, always fresh sheets and towels."
- Staff washed their hands and used appropriate protective equipment such as aprons and gloves for example when serving meals or giving medicines.
- We observed that the home was well presented and clean. Housekeeping staff carried out a cleaning schedule. Staff were trained in infection control and food safety.

Learning lessons when things go wrong

- The registered manager used internal and external audits to improve the quality of care. For example, a pharmacy audit recommended more detailed as and when required medicine protocols to improve their medicines management further. The registered manager was working with the pharmacist to develop and implement. We will not be able to confirm the effects of this action until we next inspect the service.
- The registered manager monitored falls and made changes to reduce the risk of falls. The registered manager had carefully analysed falls, so that they could establish how and why they had occurred. Actions had then been taken to reduce the likelihood of the same thing happening again. Records showed outcomes such as needs for bed rails, discussing the use of sensor mats with a person or their family and updating care plans.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

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

- People's needs continued to be assessed. Decisions made about people's care involved people, their relatives and relevant health and social care professionals.
- People told us their needs were assessed before they came to live at Orchard House. A person told us, "<Registered manager> came to the hospital to have a chat with me." and another person told us "We were involved in setting up the care plan, my husband came here first."
- Records showed that each person's care plan was reviewed monthly. A tissue viability nurse told us, "The staff are always very friendly on our visits to them, they come with us on our assessment and help as much as they can with information. The staff know their patients very well and know their history."

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

- Staff understood best interest decision making processes and involved appropriate stakeholders such as external health and social care professionals. We saw records of best interest decision meetings, for example one record showed a meeting involving the person, their relatives, relevant professionals and the GP about advanced care planning.
- Staff understood the principles of the MCA. We saw staff asking for people's permission before carrying out any tasks with them. Any restrictions on people's liberty had been authorised, the registered manager had oversight of this and worked with the local authority.

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

- People had sufficient to eat and drink. People told us they had a choice of food. A person told us, "The food is very good, my husband has his cooked breakfast every day. There's a couple of choices for lunch,

which is always hot. We go in the dining room, there are more people in there so it's sociable."

- People chose where they would like to eat their meal such as the conservatory, sensory space and dining room. We observed the lunchtime experience, people had choices of drinks, main meal and desserts options including homemade baked goods. The chef told us, "People always have options, it's their home so we ask people, it's all about what they want, we get to know people and their wishes, for example people enjoy salmon so we offer that."
- Where people were cared for in their room or chose to have their meals in their room trays were taken from the kitchen directly to rooms. Meals were covered with a plate guard and had cutlery, napkins and salt and pepper pots. A relative of a person that was cared for in bed told us, "Food is excellent and arrives hot. He loves ice-cream so he's given extra, he loves it."
- The chef told us, "We have weekly menus on a six-weekly rotation. We accommodate any religious dietary needs or any other needs like food for diabetics, pureed or soft diets or people who need high calorie diets – we accommodate everyone." The chef and nurse in charge worked well together so that kitchen staff were updated with any changes in people needs or preferences.
- Where people had dietary requirements in accordance with their religion this was accommodated, for example at the time of the inspection some people ate fish on a Friday.
- People were supported to eat safely. Staff followed guidance from a speech and language therapist for each person that was at risk of choking. We saw this guidance being followed for example we saw one person who eats with a small spoon independently, this helped her to not load her spoon and to eat small amounts at a time to reduce the risk of choking or vomiting.
- A carer told us, "We learn what each person needs if they have thickened fluid. We're reminded by information available in the kitchen or if the person is cared for in bed there's a reminder about the number of scoops they need and the consistency of fluid they need in their room."
- The provider asked for relative's feedback by questionnaire, we saw comments about the food such as, "Mum's dietary intolerances have been brilliantly managed by the kitchen." And "<Person> really enjoys the food and appreciates being brought a sandwich instead of a full meal sometimes."
- The Namaste programme had achieved positive outcomes for people. People had reduced MUST scores (Malnutrition Universal Screening Tool is a screening tool to identify adults, who are malnourished or at risk of malnutrition) and people's eating and drinking had improved.
- The activities coordinator showed us the outcome of a recent study they had conducted over a year looking at the efficacy of the Namaste programme on eating and drinking.
- The results showed that 35-40% of fluids were consumed during Namaste sessions and fluid intake increased during the Namaste session. People who were at high risk of malnutrition at the start of the programme were no longer at risk.

Staff support: induction, training, skills and experience

- People told us staff were well trained, one person told us, "Staff are brilliant, I would recommend them to anyone who asks, very well trained." A health professional told us, "The residents appear well cared for, well presented and staff know the residents and families. They identify any nursing issues, any wounds, pressure ulcers etc. they will act upon and implement the appropriate care and referrals. They are an effective team."
- Staff told us they completed a comprehensive induction and shadowed senior staff for two weeks. Staff completed the Care Certificate as part of their induction. The Care Certificate is a work-based, vocational qualification for staff who had no previous experience in the care sector.
- Staff told us they have access to a range of training. Staff completed mandatory training such as Mental Capacity, safeguarding, dementia, challenging behaviours and moving and handling.
- Staff were supported by the provider to undertake additional training for professional development
- The registered manager collected feedback from staff to evaluate how effective training was.
- Staff's competency was checked through assessments, observation and hands on training.

- The care lead told us, "We learn from each other and we benefit from having people in-house we can ask questions to, <activities coordinator> is our dementia champion, all the staff ask her questions about dementia and <registered manager> is a train the trainer, she trains us in dementia care. Our deputy manager is a safeguarding train the trainer." Two staff were also first aid train the trainers.
- Staff were supported by frequent supervision and annual appraisals. The care lead told us, "I carry out supervisions for care staff, supervisions are always based on a topic such as sharps safety or fire safety."

Staff working with other agencies to provide consistent, effective, timely care

- We saw records of referrals made by staff to health and social care professionals such as speech and language therapists and dietitians.
- Suitable arrangements had been made to ensure that people received effective and coordinated care when they were referred to or moved between services, for example each person had a "Hospital passport" leaflet.
- A health professional told us, "We know when we get a referral that they need support, as they are not a home that refers every little thing, they manage very well a lot of care. They refer appropriate patients to us and identify causes well."

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

- The home is an adapted building across two floors serviced by a lift, people moved freely around the home.
- A married couple told us they enjoyed sitting in the conservatory and watching the garden. They told us it was the favourite part of the home.
- The home was clean and fresh smelling.
- Rooms were personalised. Some rooms overlooked gardens and had a balcony.
- Staff used a Smart TV system around the home, such as in corridors by people's rooms, to play relaxing sounds such as birdsong in the morning. Relatives and staff told us they enjoyed these sounds around the building.
- Lifts and equipment such as hoists were serviced regularly, and other premises checks were up to date.

Supporting people to live healthier lives, access healthcare services and support

- People were supported by having access to a wide range of health and social care professionals. A person told us, "They make the appointments for me." And another person said to us, "The Doctor comes in and the optician yes, and we have hospital appointments."
- A health professional told us, "They follow our recommendations and know when to contact us if they need support, further input or a review. Sometimes just phone for advice, and as the staff are very competent, what we advise on the phone, we know is a true picture what they describe, and any advice will be actioned."

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives spoke positively about staff. A person told us, "We get on fine, we have a bit of a laugh they know me, I know them. They're good as gold. They let you live the life you want to." A relative told us, "The staff are always very friendly, from what I see they know their job and are efficient."
- People were supported to maintain relationships that were important to them. Relatives were welcome to visit when they wished. Double rooms were available so that couples were enabled to continue to live together.
- A relative we spoke to told us about another close relative who lives far away but calls regularly and gets updates from staff, the relative told us, "he feels involved even though he can't visit regularly."
- Another relative told us, "they're so caring, we couldn't ask for anymore." Her health has improved since being here. She seems happy and very settled. This is her home, she loves her room. Staff have a good understanding of dementia and how to support her with that."
- A health professional told us, "I have dealt mainly with the nurses and carers and they seem caring and responsive. Yes, they are caring, they have spoken positively about the patient and her husband and show concern for her wellbeing." Another health professional said to us, "The staff are all very caring about the residents and what they want, the families and even us when we go in. Nothing is too much trouble."

Supporting people to express their views and be involved in making decisions about their care

- Records showed that people and appropriate relatives or representatives were involved in planning their care. We observed, and records showed, that people were involved in making formal decisions about their care.
- Each person had an allocated key staff member who reviewed care plans, arranged family reviews and discussions with relatives.
- A person told us, "They ask what I want to wear." And a carer told us, "It's their home, if they want something done in a certain way that's how we do it."

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and their choices were respected. For example, one person chose to be in their room, they told us, "I like my TV and radio. I get invited downstairs if there is anything on. I was invited to join the choir at Christmas I went to one practice but it wasn't for me. <Activities coordinator> comes up to cut my nails. My relatives visit on a Sunday."
- People told us that staff did things at their pace. A person told us, "They don't rush you, they wouldn't hurt you deliberately no way." And another person told us, "They don't rush us, they try and help and know how I like things done."
- People's privacy and dignity was upheld. A person told us, "they shut the door and curtains when they

help me." And another person said to us, "they close the door and curtains when they change me."

- We observed staff respecting people's privacy and knocking on the door before entering a person's room, a person told us, "They always knock the door to our room."
- Staff enabled people to be as independent as they could. A relative told us, "She's quite independent and they encourage her independence."
- People's confidential information was kept secure by staff. A health professional told us, "They document appropriately, the home is secure with electronic records for multidisciplinary teams to document in."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported by staff that knew them well, including their needs, preferences and interests. A person told us, "I like to keep fit ...and I watch the birds and the cat in the garden." A relative told us, "There's always something going on, she's really encouraged to get involved with dressing up, music days, garden parties. It's about what they want individually. Staff took her to the pub as she used to enjoy doing that. I've heard staff singing and dancing with people."
- An activities programme was available in the conservatory and lounge area, activities such as pets as therapy visits, crafts, a monthly outside entertainer, themed afternoon tea's, reminiscence sessions and growing flowers.
- The activities coordinator told us, "Everything is guided by people's preference, <person> likes to talk about politics and enjoys a luxury shave, whereas <person> likes gardening and listening to me read spiritual poetry."
- People had planted special plants that will attract more birds and butterflies to the garden to watch from the conservatory. We observed people enjoyed spending time with the cat, listening to music and watching films in the conservatory.
- The care lead told us, "A lot of people here don't want to go out but having the conservatory and garden helps encourage them. Being near to the community is good for those that do want to go out, a group of staff took a group of ladies out recently to the pub because they all wanted to go for a drink together."
- Some people cared for in bed were visited daily. Activities coordinator told us, "I visit people in their room, I do what they respond well to, such as play music, read or chat." The care lead told us, "over the weekend care staff interact with people in their room if they are cared for in bed. We make those interactions meaningful, such as holding hands to give the person settling skin to skin contact."
- People had access to daily Namaste sessions held in the Namaste lounge. People had one to one support to prompt eating and drinking, people received hand massages, did 'armchair travels' with food and scenic films and listened to calming music. We saw a person having a hand massage, another person was having a cooling eye mask and a person was drinking tea with their relative who was visiting.
- A relative told us, "Namaste has really calmed her down, it's reduced behaviours and she's much more settled. The massages from Namaste really helps her." A relative gave written feedback which said, "She loves individual one to one attention, she's more contented and calm."
- The activities coordinator told us, "When <Person> moved in she was distressed and not engaging in activities, her communication improved, she's now getting out of bed and communicating more with us." They told us about another person, "after not communicating with us, she told me how she felt and expressed her feelings, she hadn't been able to describe coherently how she felt but with the namaste sessions we get moments of clarity."
- Where people had behaviours that challenge, there was guidance for staff on the triggers to look for and how to de-escalate difficult situations. Staff made appropriate referrals to the community mental health

team, reviewed medicines and gave one to one support.

- We reviewed a person's anxiety care plan, this gave consistent guidance to staff about how to reassure the person, the behaviours the person can have and what triggers the behaviour so that staff knew how to support the person.
- The activities coordinator told us the Namaste sessions had supported people to achieve good outcomes. "<Person> has mental health needs and likes to see her drinks made otherwise she might not drink, having the namaste lounge with a kitchenette means she can watch us make her a drink and this helps her to keep her fluids up."
- The care lead told us, "Namaste has completely changed how we do things, it gives staff more quality time."
- Staff had created life story books, the activities coordinator told us, "helps staff to know social history, likes and dislikes, it builds a bond. This has helped staff really know people and understand needs if they're non-verbal, for example if they are in pain."
- People received personalised care. Each person had a care plan that provided information for staff about their care and support needs in a person-centred way. Care plans covered areas such as maintaining safe environment, eating and drinking, mobilising, sexuality, spirituality, and activities.
- People's rights were protected, and staff treated people equally and with respect. Staff completed equality and diversity training and understood how to treat people as individuals regardless of their disability. People with spiritual or religious needs were accommodated. For example, a Catholic priest visited weekly to see two people.
- The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Care plans detailed people's communication needs.

Improving care quality in response to complaints or concerns

- Complaint records showed that complaints were investigated and followed up.
- Relatives told us that when they had raised concerns these were addressed. A relative told us, "They do listen, they kept painting her nails she never painted them and didn't like them painted, they were trying to be nice but we told them and they don't do it anymore." Another relative told us "Once Mum said the mattress was lumpy and after we mentioned it they changed it."
- People and relatives told us they knew how to make complaints and felt confident any concerns would be dealt with. A person told us, "I've never made a complaint but I'd talk to <registered manager>. A relative told us, "If I had any concerns I would go to the manager, she has high standards, if she's not around we'd find a nurse. Usually they're aware and going something about any issues we raise and if not, we know they'd address it as soon as they could."

End of life care and support

- Provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.
- Staff worked closely with a local hospice and nurses completed training with the hospice. Nurses had completed training in syringe drivers, verification of death, difficult conversation training and some nurses had completed a level five qualification in end of life care.
- People, relatives and relevant professionals were involved in discussions about advanced care planning. A relative told us, "We were involved in advanced care planning and did the Do Not Attempt Resuscitation (DNR) as part of a conversation we were all involved in."
- Where needed people had prescribed anticipatory medicines and staff worked closely with their local hospice and GP for support.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People received care and support which was designed in a person-centred way and delivered to a good standard. A health professional told us, "The home is very well led. The manager is always on hand and visible to all staff. Staff are listened to and well supported. On the whole, Orchard House is one of our very good homes and it is always a pleasure to have a visit in there. I would happily recommend Orchard House to anyone that is in need of Nursing Home care."
- A person told us, "Staff are great, we get on, they know their job." And relative told us, "I'm very happy with him here, all our family agree it's the best place."
- The registered manager understood their duty of candour, they told us, "have to be transparent and open if something's happened, we apologise and communicate, we update the family about what's been done and what we're doing to avoid it happening again."
Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
- The registered manager understood the regulatory requirements that needed to be met to achieve compliance. The rating achieved at the last inspection was on display at the home. Notifications that the registered manager was required to send to CQC by law had been completed.
- Staff were supported with their continual, professional development by the provider. The registered manager told us, "The provider is very supportive, we work well together."
- The registered manager told us they were planning to implement electronic systems for medicines administration record and/or care plans. If these changes go ahead we will review these improvements at our next inspection to ensure the system fits into the practice of the home to ensure people receive a consistently high standard of care.

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

- People and relatives consistently knew the registered manager. A person told us, "<Registered manager> is very nice."
- Relatives told us they were made to feel welcome and involved. A relative told us they are always made to feel welcome and supported, they told us "all of the staff are now great friends." Another relative told us, "They don't over worry us, they let us know if there's any concerns or anything we should know about, they're straight on the phone to us."
- Feedback was collected from relatives and people through questionnaires every six months. Meetings with people to seek their feedback were held regularly.

- Staff ran relative's evenings to raise awareness of dementia and its effects on day to day living and wellbeing.
- Staff were engaged in the service and worked well together. A relative told us, "You can tell staff get on well with each other, they have a pleasant and friendly manner with each other."
- The provider held an award evening for the staff where all staff were awarded a recognition certificate for their contribution to the service.
- An agency care staff member who had recently accepted a permanent role at the home told us, "It's a lovely place to work, it's one of the nicest homes I've worked in, all the staff are really nice and you feel well supported."
- The care lead told us, "I love it here. We're a happy and caring team, it's like having another family, we're very supportive of each other."

Continuous learning and improving care

- The provider had supported the activities coordinator to carry out a yearlong study on the Namaste programme.
- The provider sent out questionnaires to staff and relatives to get their feedback about the Namaste programme. A questionnaire said, "I believe my Mum is calmer and enjoys the quietness in the Namaste lounge." And another questionnaire said, "She's less agitated, Mum enjoys the pampering." Staff commented, "It gives quality one to one time" and "It's nice for staff, get to talk to people and spend time."
- A range of audits had been developed to measure and monitor the service overall. Audits had recommendations and plans that showed when actions were completed. The provider encouraged learning from external audits and local authority quality assurance visits.
- The registered manager told us they sought new guidance and best practice from local authority and clinical commissioning resources.

Working in partnership with others

- Staff worked in partnership with each other and with external professionals such as dietitian, speech and language therapist and GP to meet people's needs, records confirmed this.
- A health professional told us, "The home is responsive. Any recommendations we advise - they action immediately."
- The provider had started working with local further education organisations to accommodate student nurse eight-week placements to encourage student nurses to work in the sector.