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# Orchardown Rest 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

Orchardown Rest Home provides residential care for up to 17 older people. People required a range of help and support in relation to living with memory loss, dementia and personal care needs. Most people living at Orchardown Rest Home were independently mobile, some with the use of mobility equipment and required only minimal support and prompting from staff. There were 14 people living at the home at the time of the inspection.

We carried out an inspection at Orchardown Rest Home in May 2016 where we found the provider had not met Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured that people's safety and welfare had been assessed and reviewed. Accurate, contemporaneous records had not been maintained in relation to people's care and welfare. An action plan was submitted by the provider that detailed how they would meet the legal requirements. At this inspection we found improvements had been made and the provider was now meeting the regulations. We have made a recommendation about improving communication between the home and relatives.

Orchardown Rest Home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The registered manager was in day to day charge of the home, supported by a deputy manager and registered provider. People were aware who the manager was and felt able to talk to them or raise any concerns with them. People felt that they would speak to any of the staff if they were concerned about anything and this would be responded to. There was a complaints procedure displayed in the main entrance area. There were no on-going complaints at the time of the inspection.

A new care plan format had been introduced. Care records and documentation was more person centred and included information regarding people's specific health needs. Care plans had associated risk assessments in place to ensure staff had a good understanding of the risks associated with the people they looked after. Medicines processes had been improved and people received their medicines safely. People enjoyed the meals provided and information was in place to ensure people's nutritional needs were met. Referrals had taken place when issues had been identified for example nutritional or falls. Information received from other health professionals had been included in care documentation to inform staff.

There were systems in place to assess and monitor the quality of service provided. A new auditing system had been introduced with further audits and quality assurance planned. Audits were being used to identify actions needed and these were being reviewed and responded to ensure improvements were maintained. There was on-going maintenance and servicing to all systems and equipment within the home. Accidents, incidents and falls were recorded and reviewed. The registered manager was aware of how to report safeguarding concerns. Staff had safeguarding training and understood their responsibilities to ensure

people's safety was assured at all times.

Staff were working with the registered manager to continually improve systems and processes to ensure people received the best care possible.

Staff and people living at the home felt that staffing levels were appropriate. Staff responded to people's needs promptly and call bells were answered in a timely manner. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work at the home. Staff received the training and support they needed to enable them to meet people's needs. WE saw documentation which showed that further training was being planned to ensure staff had knowledge and understanding of specific health related needs. Staff responded to people with patience in a kind and caring manner and had a good understanding of providing person-centred care as they knew people well.

The daily activity schedule included one planned activity each day. This included quizzes, games, music and exercise. People were encouraged and supported to go out, and staff accompanied people on walks or to the shops. Some weeks a visiting entertainer came to Orchardown Rest Home to provide music and singing. People were seen to spend their time reading, watching television or spending time in the garden or communal areas. For people who preferred to stay in their rooms staff spent time each day ensuring they did not become socially isolated.

The registered manager understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People felt involved in choices and decisions about how they received care. Staff respected people's dignity and right to privacy, they always knocked before entering people's rooms and ensured they supported people to dress the way they wished. People's care records and daily documentation was stored in a staff only area to ensure confidentiality.

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

We always ask the following five questions of services.

### Is the service safe?

Orchardown Rest Home was safe and was meeting all the legal requirements that were previously in breach. However some areas required time to become fully embedded into everyday practice.

Risk assessments were in place to ensure staff had a good understanding of the risks associated with the people they looked after.

There were systems in place to manage people's medicines safely.

There was on-going maintenance and servicing.

Staff and people living at the home felt that staffing levels were appropriate.

Accidents, incidents and falls were recorded and reviewed. The registered manager was aware of how to report concerns. Staff had safeguarding training.

Recruitment records demonstrated there were systems in place to ensure staff were suitable to work at the home.

Good ●

### Is the service effective?

Orchardown Rest Home was effective.

The registered manager understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People felt involved in choices and decisions about how they received care.

Staff received the training and support they needed to enable them to meet people's needs.

People enjoyed the meals provided and information was in place to ensure people's nutritional needs were met.

Good ●

### **Is the service caring?**

**Good** ●

Orchardown Rest Home was caring.

People were supported by staff who were patient, kind and caring.

Staff respected people's dignity and right to privacy. Records were kept confidentially.

Staff ensuring people were supported to make their own decisions and choices.

### **Is the service responsive?**

**Good** ●

Orchardown Rest Home was responsive.

People received care which was person centred and supported care needs.

Staff had a good understanding of providing person-centred care and they knew people well.

People were supported to engage in activities.

There was a complaints procedure displayed, people told us they would be happy to raise concerns if needed.

### **Is the service well-led?**

**Good** ●

Orchardown Rest Home was well-led and was meeting the legal requirement that were previously in breach. However some areas required time to become fully embedded into everyday practice.

There were systems in place to assess and monitor the quality of service provided.

Care records and documentation was more person centred and included information regarding peoples specific health needs.

Staff were working with the registered manager to continually improve systems and processes to ensure people received the best care possible.

# Orchardown Rest 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection which took place on 21 and 27 June 2017. The inspection team consisted of one inspector.

We reviewed the information we held about the home, including previous inspection reports and the action plan sent to CQC after the inspection. We also looked at the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at information which had been shared with us by the local authority and other people and looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We observed the care which was delivered in communal areas and spent time sitting and observing people in areas throughout the home and were able to see the interaction between people and staff. This helped us understand the experience of people who could not talk with us.

During the inspection we spoke with five people to find out their views and experiences of the services provided at the home. We also spoke with the provider, registered and deputy manager, care staff, the cook and two relatives. We received further feedback from a further staff member, relative and three health professionals after the inspection.

We reviewed records at the home; these included two staff files which contained staff recruitment, training and supervision records. We looked at diary entries and other information completed by staff, policies and procedures, accidents, incidents, quality assurance records, meeting minutes, maintenance and emergency plans.

We looked at three care plans and risk assessments along with other relevant documentation to support our findings. We look at care documentation in depth to see how peoples care is provided. This is an important

part of our inspection, as it allowed us to capture information about a sample of people receiving care.

# Is the service safe?

## Our findings

At our inspection in May 2016 we found that people's health safety and welfare was not always safeguarded. The provider had not taken appropriate steps to ensure that there were measures in place to keep people safe. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An action plan was submitted by the provider which detailed how they would meet the legal requirements. We found that improvements had been made; the provider was now meeting the requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe living at Orchardown Rest Home. Telling us, "I feel totally safe here." And, "I'm very comfortable, safe and well looked after." Throughout the inspection we saw that people were comfortable asking staff for help or guidance and this was provided in a timely manner.

Since the last inspection we saw the organisation had put systems in place to ensure the proper and safe management of medicines. Medicines were stored, administered, recorded and disposed of safely. Medicines were stored in locked cupboards and put into the medicine trolley when medicines were given. We found that the lock to the trolley was faulty. Staff told us that this had happened very recently as the key had become stuck in the lock. The registered manager assured us this had been reported and would be fixed immediately. Staff were mindful of this throughout the inspection to ensure medicines remained safe when the trolley was taken around the building. Staff responsible for giving people medicines had completed training and some competency checks had taken place to ensure they were following correct procedures.

We looked at all medicine administration records (MAR) charts for people living at Orchardown Rest Home. MAR charts had been filled in by staff after medicines were given. Protocols were in place for 'as required' medicines known as PRN medicines, including paracetamol and other pain relieving medicines. We found that PRN medicines were being signed for when given by staff. This included information recorded on the rear of the MAR chart to identify the dosage, the time and why the medicine had been given. We were told that medicines were checked regularly by staff and a medicines audit was completed. Signature gaps in charts or issues were then discussed with the person responsible and amended. This information was not always recorded; we discussed this with the registered manager who said they would now ensure this was added to the audit to assist them in identifying any themes or trends. We found four signature gaps on the MAR chart where it was unclear if people had received their medicines or not. The deputy manager followed up on this immediately and was able to determine whether the medicines had been given or not so the impact of this was minimal. The registered manager was aware that accurate record keeping is essential and told us that medicine documentation would be checked daily to ensure that people had received their medicines in safe and consistent manner. They also reminded staff giving medicines they are responsible for ensuring this is documented accurately.

This inspection we found that risks to people's health, safety and well-being had been identified, and a

management plan put into place. People had a care plan with accompanying health and environmental risk assessments completed. A new care planning format had been introduced, this included risk assessments and care documentation for identified care needs. This meant that staff had information in place to inform them how to meet people's care needs appropriately. Care plans were accompanied by identified areas of risk. For example a nutrition care plan had a risk of choking completed if appropriate and included details of referrals to other health professionals if this was needed. People with mobility needs or people who were identified as at risk of falling had a falls risk assessment and a referral to the person's GP and/or the local falls team for further support and advice if appropriate. Mental health care plans included information about the person, what led to anxiety or behaviours that may challenge. Including triggers and actions for staff to take when this occurred.

Fire safety and evacuation plans and procedures had been improved since our last inspection. Personal emergency evacuation plans (PEEPS) were completed to inform staff and fire services of people's individual mobility and needs in the event of an evacuation. Plans of the building, fire safety and evacuation information were available to inform staff. Staff received regular fire safety training. A fire risk assessment folder was in place. This included emergency evacuation plans, records of fire safety and lighting testing and fire safety guidance. Environmental risk assessments had been completed by the provider and registered manager to identify any building or external issues that may affect people's safety, this included as well as others, appliance, lighting, hot water, medicines and cleaning checks. Information was recorded to show that appliance and maintenance checks were completed including personal appliance testing (PAT) gas safety, legionella, and equipment checks on wheelchairs, zimmers, bath hoists and the call bell system. There was a maintenance book for staff to report minor concerns. People's rooms and communal areas were kept clean and well presented. There was a small room designated as the laundry area and a cupboard used to store cleaning and Coshh products. These were locked when not in use to ensure that cleaning products were locked away appropriately to prevent any risk to people.

Incidents and accidents procedures had been improved. Any incidents were documented in people's records and staff completed accident/incident forms. A new body map was introduced to be completed alongside the accident form to improve recording of injuries. Completed forms were then given to the registered manager for analysis and overview. This meant that systems were in place to identify trends or themes with regards to people's health and welfare.

The registered manager was aware when safeguarding issues needed to be reported. We discussed that this included unexplained bruises or injuries to ensure that people's safety was maintained. Staff were aware of the safeguarding policy and were able to outline the different types of abuse and what to do if this was suspected. We discussed accessing information to ensure that up to date policies and contact details were available in future for all staff to report concerns when they occurred. The registered manager told us this information would be printed and displayed.

We looked at staffing rotas. There was a rolling weekly rota and staff worked the same hours each week. Staffing levels were three care staff for the morning, one cook and one domestic staff member. In the afternoon there were three care staff. Staff was supported by a deputy and registered manager and there were also designated laundry and junior assistants who worked during the week. Currently, due to people requiring minimal support there was only one staff member working at night. A member of care staff who covered night shifts told us that although busy this was manageable as most people had a high level of independence or rarely required assistance at night. They were aware of evacuation and fire safety procedures for night time. The registered manager was aware that if people's care needs increased then staffing levels would need to be reviewed to ensure people's safety was maintained at all times. On call support was available to support staff in the event of an emergency or incident. Staff told us that staffing

levels were 'Ok' and that they felt able to meet people's needs. If needed both the registered and deputy manager worked with staff to support people and provide care. Call bells were answered promptly and people told us that staff were available when they needed assistance.

Recruitment information was available in staff personnel files. There had been no recent recruitment so files were unchanged from the last inspection. All files showed relevant checks had been completed before staff began work. For example, disclosure and barring service (DBS) checks, a DBS check is completed before staff began work to help employers make safer recruitment decisions and prevent unsuitable staff from working within the care environment. We discussed with registered manager the process they had in place for any new recruitment and this included a reference from the most recent employer and one further reference, induction and checks that would be completed before a person began working at the home.

Staff had access to the homes policies. The registered manager told us that they were in the process of updating some policies. However, changes were discussed with staff at meetings to ensure they were aware of their responsibilities. Staff told us they knew where policies were stored and that they were asked to read them if they were updated.

## Is the service effective?

### Our findings

People gave positive feedback regarding the care they received. Telling us, "I feel I could trust everyone, it's lovely it's like a family home," and "Couldn't ask for better, I have my own bits and pieces here, I am very comfortable." Relatives told us that staff kept them informed if their relative became unwell, however relatives who lived a distance away and had previously contacted the home by email told us there could be quite a delay before they received a response. Although they acknowledged that if the information was urgent they would telephone they were unsure who was responsible for accessing and responding to emails. We recommend that the service seek advice and guidance from a reputable source, about the management of emails and communication received by the home to improve how this is managed.

People felt involved in choices and decisions about their care and how this was provided. The Care Quality Commission (CQC) is required by law to monitor how providers operate in accordance with the Mental Capacity Act 2005 (MCA). The MCA requires assessment of capacity to be decision specific and must also record how the decision was reached and who had been involved in this decision. Care files included information about people's power of attorney (POA) and identified if people had dementia or memory loss. Care files also included information regarding people capacity to make decisions and how they should be involved in day to day choices although some further enhancement would be beneficial to ensure all decisions and who was involved was recorded. The impact of this was minimal as the registered and deputy manager had an understanding of MCA and Deprivation of Liberty Safeguards (DoLS) and had DoLS applications in progress awaiting authorisation. All staff had attended MCA and DoLS training and supporting documentation including MCA and DOLS policies and procedure information was available for staff.

Staff asked peoples consent before providing care and offered choices. Conversations were heard including, "Would you like me to get your hearing aid? Do you need any help? When people came out of their rooms, staff provided support if needed, asking people where would you like to sit. And what they would like to do. People were then supported to go into the lounge, conservatory or garden as they chose. Staff knocked peoples doors before entering rooms and were aware that some people preferred to sit quietly in their rooms and did not like to come to communal areas as this was their personal choice. Daily records had also been used to document how people had made choices about how they spent their day and involved in decisions regarding their care.

A training schedule was in place for all staff training. Previously all staff had attended training at the same time over a two day period. This was now being reviewed and some further training had been introduced with further health related training being arranged. The registered manager had attended effective risk management training. There were currently four appointed first aiders who had attended training and further training planned included end of life care, epilepsy and privacy and dignity.

No new staff had been employed since the last inspection. The registered manager confirmed that when new staff were employed they would complete an induction and this would include shadowing an experienced staff member to ensure new staff were adequately supported and confident to look after

people before they worked alone.

Supervision had taken place. Supervision records were documented and included an overall score to show if further supervisions were required more frequently or if any issues or concerns had been identified. A letter was sent to inform staff their supervision was scheduled. Staff told us that they found supervisions a good opportunity for discussion and to talk through any issues or concerns. All staff we spoke with told us they felt supported by the registered manager.

The registered manager and staff liaised with external professionals and referrals were made when changes to people's needs were identified. We saw that people's GPs had been contacted when people became unwell and referrals had been made to other health professionals regarding nutrition and falls. This meant that appropriate support was in place for people's health and welfare.

People were supported to maintain a balanced and nutritious diet. There was a designated dining area and we saw that most people chose to have their lunch in the dining room. Two people chose to remain in their room and one had gone out for lunch with their family. People were offered drinks and accompaniments and these were served to them at the table. People's weights were monitored regularly and this information was referred to the person's GP if concerns were identified. We met the cook who told us how people's meal choices and preferences were documented to ensure kitchen staff were aware of people's individual likes and dislikes. Speech and Language (SALT) information was available to inform kitchen staff regarding people who had specific dietary requirements in place to support them to eat and drink safely. People gave positive feedback regarding the meals telling us, "Food here is lovely, I really enjoy it." And, "Not had anything yet I have not liked." Staff told us they went and sat with people to get their menu choices for the days ahead. If people changed their mind or did not like the meal then alternatives were always available. Feedback was also sought from people at resident meetings and on feedback questionnaires regarding meals and menu plans and suggestions were taken forward including new additions to menus.

The home was spacious and homely. People told us it was 'A home from home'. People liked having their own belongings and furniture when possible in their rooms. Communal areas were well maintained and there was access to a large well maintained garden at the rear of the building. We saw that this was used by both people and visitors to the home. The registered manager told us that the provider was in the process of looking at some redevelopment of the home. This would include changes to the kitchen and medicines area and a larger office space for the manager and staff to use.

## Is the service caring?

### Our findings

Care staff responded to people with kindness. There was a clear rapport between staff and people living at Orcharddown Rest Home. Staff knew people well and actively engaged in conversation throughout the day and when they were supporting people with care needs. People were supported to access all communal areas. We heard one lady ask for help to come downstairs. A staff member responded in a friendly manner saying, "You look lovely in that cardigan, very snazzy, would you like me to walk with you, where did you want to go." When visitors arrived to the home staff greeted them openly and visitors told us they were able to visit at any time.

People told us they felt cared for and that they found staff kind and considerate. People told us, "This is such a nice place to be." "Girls are so nice, I couldn't ask for more." When people went into the garden staff took the time to check they had everything they needed, reminded them to sit in the shade as it was a very hot day and checked frequently that people were drinking plenty, telling them this was important in warm weather.

We saw that some people chose to stay in their rooms, whilst others came and sat in the lounge to read, chat or listen to music. When people were tired or wished to return to their rooms they asked staff for help and staff assisted them to go upstairs or in the lift.

Staff were aware of the importance of ensuring that people were treated with dignity and their privacy and independence encouraged and supported at all times. People's care documentation was kept confidentially. Care files were safely stored in the medicine room in an area not accessed by visitors or people living at the home. People were supported to maintain their appearance in a way that they wished. One person told us they liked their cardigan to match their skirt and they liked to look presentable. Two ladies had handbags which they carried with them. Staff reminded them where their bag was and ensured people took personal items with them when they moved around the home.

People were supported to maintain relationships, we saw that two people chose to go and sit together in the garden, staff commented that they had built up a firm friendship and acknowledged that this was important for people. A visiting hairdresser came to the home and people were supported to go out with relatives or alone if it was safe for them to do so.

After the inspection we spoke to health professionals who visit the home on a regular basis. They told us that staff informed them of changes to people's health and care needs and referrals were received from the home when a need was identified. We also received feedback from a staff member who had recently left the service to advance their career. They shared with us the support and encouragement they had received from staff and management during their employment at the home.

## Is the service responsive?

### Our findings

People told us that they chose to spend their time how they wished. Telling us, "Sometimes I like to sit in the lounge or on a nice day in the garden, I usually come down after I get up and dressed," "I come to the lounge to chat to my friends." Some people liked to spend time alone whilst others liked to sit with others and participate in activities. One person attended a day centre regularly. And one person went out most days on their own. When people had appointments staff were mindful to remind them and ensure they were ready at the appropriate time. There was an activity schedule with one designated activity each day. At other times people were seen to sit in communal areas or their rooms, music was playing but no other structured activity was taking place. There was no specific activity employee and all staff told us they were involved in providing activities. The registered manager told us that visiting entertainers came to the home including a keyboard player and singer. On a Monday the provider did a music and movement class and people told us they enjoyed this. Other activities included quizzes and games. Staff also went out for walks with people when they could. The deputy manager told us they would take people out for coffee or assist with care whilst other staff went out with people. At weekends some people went out in the car with the provider for day trips to local areas. We received mixed feedback regarding the frequency and variety of activities. People spoke highly of the trips out and told us they enjoyed them. Relatives we spoke with during and after the inspection told us that they did not think activities were very frequent or as varied as they would wish, particularly for people who needed support or were unable to go out regularly by themselves or with others. However, people we spoke with who lived at the home, told us they did not want to participate in activities all the time and liked to do their own thing or just sit and chat with others or staff. The registered manager was aware of ensuring people did not feel socially isolated and staff told us that they tried to spend time with people in their rooms or sat in the lounge or garden just to chat and catch up. This was seen to take place throughout the inspection.

At the previous inspection we found that care plans were not person centred and information was not available for staff in relation to specific health related needs for people. New care plans had been implemented and information was now person centred and more detailed. Before people moved into the home for a period of respite care or permanently. The registered or deputy manager carried out a pre admission assessment. They also sought information from people's family and next of kin to gain a picture of people and their care and support needs. Care plans contained information about people's needs in relation to personal care, mobility, skin integrity, nutrition, health needs and personal preferences. Information had also been included about people's backgrounds, life history and significant life events. Reviews were completed regularly to ensure that information was up to date and relevant. The registered and deputy manager were aware that this was a new care plan format and that it would take time for staff to incorporate this fully into every day practice. Staff were aware of the importance of recording relevant information onto daily charts and records and this was being reviewed and discussed at staff meetings. The registered manager was reviewing documentation and was still in the process of amending formats to make it effective for the home to use. Although significant improvements were found the registered manager was clear that improvements were an on-going process to ensure they were maintained and embedded.

People had the opportunity to share their views and give feedback during resident and relatives meetings.

For example, people had discussed changes to the menu and future trips out they would like to have. This was recorded and discussed with staff and people living at Orcharddown to follow up on feedback received. A complaints policy and procedure was in place. This was displayed in the main entrance area. People told us that they would be happy to raise concerns and if they needed to they would discuss these with staff, the manager or the provider. There were no on-going complaints at the time of the inspection.

People living at Orcharddown had minimal care and support needs. The home did not have a lifting hoist. Most people required assistance or prompting with personal care and some were self-caring and independent. When people's care needs increased the registered manager was clear that this would mean people had to move to an alternative residential care environment. The registered manager had previously worked with families and the local authority when a person's health had declined and their care needs had increased.

## Is the service well-led?

### Our findings

At our inspection in May 2016 we found the provider had not ensured that people had accurate, contemporaneous records maintained in relation to their care and welfare. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider is now meeting the regulation.

At the last inspection we found care plans were not in place for peoples health needs. This had been reviewed and a new care plan format introduced. Care plans were now in place for peoples health and support needs with associated risks documented. Care plans had been written by the registered and deputy managers and care staff were now involved in the on-going reviews to ensure information was kept up to date and accurate. Daily records were kept in peoples care files and were more detailed and person centred. Daily records were less task orientated and included how people had spent their day, what mood they were in and what they had enjoyed or been unhappy about that day. This meant staff had access to more information to help them provide care and meet people's needs.

Systems had been introduced to assess and monitor the quality of service provided. This included a more robust and organised auditing programme. Audits included medicines, infection control, environmental audits and an infection register to log the number of infections requiring referral or treatment. Accidents, incidents and falls were monitored and analysed to identify and trends or themes. Forms also recorded if the incident required reporting to the local authority or CQC. The provider carried out an internal quality assurance audit of the home. This took place every three to four months. This included amongst others, feedback from people and staff, records, documentation, food, cleanliness and activities.

When audits had been completed actions had been identified and addressed if appropriate. The registered manager was aware that this process needed to be reviewed and work was still needed to ensure this became embedded into the day to day structure and monitoring of the home. Some audits had yet to be commenced or had only very recently been introduced. We acknowledged that this process meant that systems were continually improving and this was an ongoing process. The registered manager demonstrated a much clearer understanding of their role and responsibilities and had taken steps supported by the deputy manager and staff to improve all systems and processes in place throughout the home.

Policies and procedures were available for staff to support practice. Staff told us they were aware of their roles and responsibilities and their main focus was to ensure people received good care. Staff felt supported by the registered manager telling us, "I love my job, I am really happy here." And, "We treat people like they are family, making sure they get the right care is what is important isn't it." Staff understood why new care documentation had been introduced and told us that they were aware they were responsible for recording accurately the care they provided for people.

Regular residents, relatives and staff meetings had taken place. Minutes to these were written. Questionnaires and surveys had been provided for staff, visiting health professionals and relatives to gain

feedback on the overall running of the home. We saw that the returned feedback received so far was predominately positive, minor comments made for example regarding meals had been responded to by the registered manager.

People living at Orchardown Rest Home spoke highly of the staff and registered manager. People felt that staff were supportive. People and visitors to the home knew who the registered manager was and were able to speak to them if needed.

Registration requirements were followed and the registered manager was aware of the need to send notifications to CQC and to the local authority or other outside agencies when required.