

Orchard Care Homes.Com Limited

# Lofthouse Grange and Lodge

## Inspection report

340 Leeds Road  
Lofthouse  
Wakefield  
West Yorkshire  
WF3 3QQ

Tel: 01924822272

Website: [www.orchardcarehomes.com](http://www.orchardcarehomes.com)

Date of inspection visit:  
02 March 2016

Date of publication:  
15 April 2016

## Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

Our inspection took place on 2 March 2016 and was unannounced. At our inspection in April 2015 we found areas of the home to be unhygienic and dirty. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which relates to Regulation 12 Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was no longer in breach of regulations relating to infection control and cleanliness. We saw the provider had followed their action plan and we found new flooring and furnishings in place. All areas of the home we looked at were clean and free from malodours.

Lofthouse Grange and Lodge is a purpose built residential care home for older people. The home provides accommodation for up to 88 people. On the day of our inspection there were 84 people using the service. The building is divided into two units; one accommodates older people with general care needs and the other provides care and support for people with a diagnosis of dementia or other mental health illness. The home is set in its own grounds with enclosed gardens and car parking is available.

There was a registered manager in post on the day of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service told us they felt safe, and we found the provider had a number of systems and processes in place to promote safety. Staff received training in and understood their responsibilities in safeguarding of vulnerable adults. We found risks to individuals were well assessed and clear plans were in place to minimise these risks.

People, their relatives and staff told us they felt there were not always enough staff on duty. We saw the provider used a dependency tool to calculate how many staff were needed. The registered manager obtained a more robust dependency tool from the provider on the day of the inspection and said they would review staffing levels.

We saw evidence the provider had safer recruitment practices in place, and undertook background checks before new staff commenced work in the service.

The provider had systems in place to ensure the safe management of medicines.

We looked at records of training which evidenced staff undertook a range of training to support them in their roles, and we saw there was a plan in place to ensure mandatory training was refreshed at regular intervals. Staff told us they had a regular programme of supervision and appraisal which enabled them to discuss

and receive feedback on their work.

People who used the service were well supported with their healthcare needs. We saw evidence of input from a range of health professionals and saw care plans contained detailed guidance to help staff support people to maintain good general health.

Care plans contained assessments of people's capacity to make decisions in line with the Mental Capacity Act 2005. Where people lacked capacity to make a decision we saw best interests decisions had been made and recorded. We saw staff offering people choices and people who used the service told us how they made choices in relation to their care and support.

Some people had approved Deprivation of Liberty Safeguards (DoLS) in place, and we saw any conditions had been documented in people's care plans..

Care plans contained detailed information relating to people's hydration and nutrition needs, which we saw were well met. People told us they liked the meals at the service, and we saw good support given to people who needed assistance to eat.

People told us staff were caring and respectful, and we saw evidence of this throughout the inspection.. Care plans contained detailed information about people's individuals' likes, dislikes and preferences which would enable staff to form caring relationships with people.

People told us the activity programme in the service had improved, and we spoke with activities co-ordinators who told us about how they planned and funded activities. We saw evidence people were supported to maintain links with local communities.

We looked at records of complaints and saw these were well managed in line with the provider's policy. We also saw the service received regular compliments from people who used the service and their relatives.

The registered manager and provider worked well together to monitor the quality of the service and make improvements where needed. People who used the service, their relatives and staff were consulted in the running of the home through regular meetings.

## 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 not always safe.

Improvements had been made to replace dirty and worn flooring and chairs, and we found all areas of the home were clean and free from malodours.

Risks to people were assessed and plans put in place to minimise the risk. Staff received regular training in safeguarding and could identify ways in which a person could be abused and what they should do if they had any concerns.

People who used the service, relatives and staff expressed concerns about staffing levels. We asked the registered manager to undertake a review of these to ensure people's care and support needs were safely and effectively met.

**Requires Improvement** 

### Is the service effective?

The service was effective.

Staff were well supported in their roles with regular supervision and appraisal meetings and a rolling programme of training which was kept up to date.

People's ability to make decisions was assessed in line with the Mental Capacity Act 2005 (MCA). We saw best interests decisions made and recorded for people who lacked capacity. Deprivation of Liberty Safeguard (DoLS) applications had been made appropriately, and where these were approved we saw evidence confirming any conditions were being met.

We found people's needs were being met in relation to nutrition and hydration. We saw evidence of good monitoring of people's intake and people were broadly positive about the meals served to them.

**Good** 

### Is the service caring?

The service was caring.

**Good** 

People told us staff were respectful and caring, and we made observations of this in practice throughout the inspection.

People told us their privacy and dignity was respected by staff.

We saw care plans were person-centred and contained detailed information about people's preferences for their care and support.

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

**Good** ●

The service was responsive.

The provider assessed people's care and support needs before they started using the service to ensure they could meet these needs. Pre-assessments were used to write individual care plans which contained clear guidance for staff.

People told us the activity programme had improved and said they were supported to maintain links with the local communities.

The provider had a responsive complaints management policy in place. We saw evidence written and verbal complaints were recorded and action taken to resolve them.

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

**Good** ●

The service was well-led.

There was a rolling programme of audit in place which enabled the registered manager and provider to monitor, assess and improve the quality of the service.

People, their relatives and staff had regular opportunities to meet with the registered manager and give feedback about the service. We saw evidence the registered manager acted on what they were told.

The registered manager had driven changes in response to previous inspections which had improved standards in the service.

# Lofthouse Grange and Lodge

## **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.

Our inspection took place on 2 March 2016 and was unannounced. The inspection team consisted of two adult social care inspectors, a specialist advisor in nursing and an expert by experience with experience of dementia care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection we reviewed all data we had relating to Lofthouse Grange and Lodge, and contacted both the local authority and Healthwatch to ask if they had any information which we should consider in relation to our inspection. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They did not provide any information of concern. We did not send a provider information request before this inspection. This is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our visit we spoke with six people who used the service, two visiting relatives, eight members of staff, the care manager and registered manager. We made observations of the care and support people received and looked at all areas of the home. We looked in detail at the care records of seven people who used the service and other documentation relating to the management of the home.

# Is the service safe?

## Our findings

At our inspection in April 2015 we found areas of the home to be unhygienic and dirty. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which relates to Regulation 12 Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we spent time looking at all communal areas of the home including lounges, dining rooms, bathrooms, toilets, laundry, sluices and the kitchen, and some people's rooms. We found furniture and flooring had been replaced and all areas were clean and free from any malodours. The registered manager told us, "We have changed the culture. When we had so much looking nice and new it was easier to get people to take pride in the environment, to want to keep it looking good."

People told us they felt safe living at Lofthouse Lodge and Grange. One person said, "I feel safe living here, no-one can get in and we can't get out, there are locks on the doors." There were effective procedures in place to make sure that any concerns about safety of people who used the service were appropriately reported. This included detailed written handovers and meetings where aspects of care were discussed.

The provider had policies and procedures in place which helped protect people who used the service. Staff we spoke with said they had regular training in safeguarding of vulnerable adults, and we saw records confirming this. Staff could tell us about different types of abuse people who used the service may be at risk of, and what their responsibilities were to report this. They also confirmed they had access to the provider's safeguarding and whistleblowing policies.

We looked at seven people's care plans. We saw these contained a range of assessments to minimise the risk of harm to people who used the service. These included risks associated with health such as falls, pressure sores, nutrition and hydration and also environmental risks, for example a clear protocol to ensure the safety of someone who wanted to have a kettle in their room. This showed the provider was aware of how to take positive risks safely. We saw risk assessments were used to develop individual care plans using up to date advice given by healthcare professionals.

People told us they did not always feel there were sufficient staff to meet their care and support needs. One person said, "I don't think there are enough staff as they seem to be run off their feet." Another told us, "I have raised issues about the lack of staff at residents' meetings over the past couple of years." We found visiting relatives also had concerns about staffing levels. One told us, "We are always worried about staffing levels. Staffing problems are always raised at relatives and residents' meetings." Another said, "A few weeks ago, [name of person] was told – you are third on the list to go to the toilet and I am on my own so you will have to wait. Ten minutes passed and we actually pushed the call bell again as [name of person] was getting distressed."

Staff we spoke with told us they sometimes felt under pressure. One staff member said, "It's alright as long as everything is running smoothly, we are busy but we can cope. It's when we are needed in more than one place that it can become more awkward – we keep having to leave one job to do another. It takes up time." Another told us, "I don't think we get to call bells quick enough because they are always going off and there

is not enough of us to go round." Throughout the inspection we observed call bells were ringing and asked the registered manager if they were able to review response times in order to assess whether staff were present in sufficient numbers. They told us their system could not produce this information.

We spoke with the registered manager about how they planned staffing levels. We saw a dependency tool was used, however this was completed for each person individually and did not look at the service as a whole. We looked at rotas which confirmed staffing levels were maintained, however we questioned whether the staffing levels were adequate to provide safe and responsive care to people when they needed it. The registered manager asked the provider for guidance during the inspection. We saw they were sent a more comprehensive planning tool which they said they would complete after the inspection as part of a review of staffing levels.

We looked at the recruitment records of five staff and saw evidence the provider undertook appropriate background checks such as references and obtaining a report from the Disclosure and Barring Service (DBS). The DBS is a national agency which holds information about people who are barred from working with vulnerable people, and making checks with them helps employers to make safer recruitment decisions.

The provider had policies, procedures and practices in place to ensure the safe management of medicines. We saw medicines were securely and appropriately stored, and administration was well managed using an electronic Medicines Administration Record (MAR). The MARs were fully and correctly completed and we saw the system generated alerts if medicines were not given on time. We checked stocks of medicines and found they matched the MARs. Medicines that were given as and when required, also known as PRN medicines, were recorded. Some medicines require additional controls and are referred to as controlled drugs. We checked stocks of controlled drugs and found they matched the records, which were well maintained.

## Is the service effective?

### Our findings

We looked at records of training that evidenced staff completed a range of courses which gave them skills required for their role. The provider had a plan in place to ensure that training was refreshed at appropriate intervals. Courses included fire safety, moving and handling, safeguarding, dementia awareness and diet and nutrition. Staff spoke highly of the training they received and demonstrated good knowledge of how they put their training into practice. One staff member said, "The dementia training was really good, you can relate it to certain residents."

Staff told us they felt supported in their roles, and said they had regular supervision and appraisals which gave them opportunity to discuss their work and receive feedback on their performance. Staff told us these meetings were helpful. One member of staff said, "I had my appraisal just a few months ago. It was good to know what they think of me." We looked at records which showed the provider had a plan in place to ensure staff had regular meetings and an annual appraisal in line with their policy.

People told us they received effective support with their healthcare needs. One person told us, "The Doctor comes straight away if we are ill and they get you to hospital if you need to go". Another person said, "I have fallen quite a lot so I now wear a wrist alarm and the Occupational Therapist has re-assessed my toilet seat." A visiting relative said, "I am quite content with [name of person] being here as I know she is well looked after, i.e. with GPs and everything on the health side of things." One relative told us, "We have a chronic problem with keeping her hearing aids clean and batteries replaced. Staff also doesn't put them in correctly." We fed this back to the registered manager and care manager during our inspection and they told us they would review staff training in this area.

We saw people's care plans showed evidence of inputs from a range of health professionals including GPs, Speech and Language therapists, dieticians, mental health teams, district nurses and opticians. The registered manager told us a GP ran a weekly surgery at the service in addition to making responsive call-outs. Staff had access to good guidance which helped them support people in an effective way. For example in one care plan we saw detailed information about a person's specific medical condition, how they should be supported and how that support would need to change if the person's condition deteriorated.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw capacity assessments were recorded in people's care plans, and where people lacked capacity we saw best interests decisions had been made and documented for a range of decisions, meaning people were appropriately supported to make choices. Care plans also contained a range of consents, for example

People who used the service told us ways in which they made choices regarding the support they received. One person told us, "I get up and go to bed whenever I want to, you can sleep all day if you wish." Another person said, "It is my choice when I get up etc. for instance, I enjoy a cigarette so I have to go outside and one of the girls always takes me."

During the inspection we observed staff asking for people's consent before providing care and support. For example we saw one person being assisted to move using a hoist. Staff asked for the person's consent before starting to assist them, and spoke encouragingly and reassuringly throughout the process, explaining each step before proceeding. Staff we spoke with were able to tell us how the MCA applied to their work and how they assisted people to make choices and decisions. They told us they received regular training in this to ensure their knowledge was kept up to date, and we saw records that confirmed this was the case.

The registered manager told us the DoLS applications for two people had been approved, and applications for all other people using the service had been submitted. We saw two applications had been submitted in July 2015 but had yet to be approved, and asked the registered manager to follow these up. They told us they would introduce a monitoring process to ensure applications were followed up in a timely way, and keep records of any conversations with the relevant authorities. The registered manager sent copies of correspondence after the inspection which showed this had been done. We saw conditions on approved DoLS applications had been included in people's care plans, and we saw evidence in the daily notes kept about the person that appropriate action was being taken.

Care plans contained detailed information relating to people's food and fluid intake, and any special dietary requirements. We saw good practice in recording fluid intake in particular, with goals reviewed weekly for people who required additional support to maintain their intake. We saw staff making accurate records of people's intake of fluids throughout the day and found in most cases people were supported to exceed the minimum intake needed to maintain their health.

People we spoke with were mainly positive about the meals served to them. One person said "Cook tries to please you, there are always choices and if they don't suit, they will offer you other things." Another person told us, "There is plenty of food and you can choose what you want. The menu choices are written down each morning." The provider had recently changed the timing of the main meal from lunch time to evening on a trial basis. Some people told us they did not like this change. One person said, "I think it is odd that they bring sandwiches when I am expecting a hot meal. Having sandwiches at lunchtime confuses me and I don't know what time of day it is." Another person told us, "The new changeover makes no difference to me as the meals are still too close together. The evening meal is at 4.30 which is too early." We fed this back to the registered manager during the inspection and they told us they would monitor reactions to this change.

We observed the lunchtime meal in three dining rooms and saw people ate in an unhurried and relaxed atmosphere. Menus were available on each table and we saw pictures of the meals had been added to assist people in making choices. During the meal staff chatted with people, and were considerate and patient when helping people choose what they wanted to eat. We saw staff offering alternatives to people who did not want the menu choices. One person was assisted to eat their meal by a member of staff who remained focused on the person and chatted with them.

## Is the service caring?

### Our findings

People gave broadly positive feedback when we asked whether the staff were caring. One person said, "Staff are so understanding about my personal care and how I feel." Another person told us, "I have never not had respect and kindness shown to me." One person told us their experience was inconsistent. They said, "Staff generally speak to me with respect but it varies from one to one." During the inspection we observed staff were patient, respectful and friendly when speaking with people who used the service. Conversations we heard showed staff knew people well.

Staff told us about how they ensured people's privacy and dignity were respected, and people who used the service told us staff put this into practice. One person told us, "I need help getting a bath and the girls always make sure that I am covered by a towel." Another person said, "I need assistance to bath and they always make sure that my dignity is maintained." We saw people looked well cared for. Clothing was clean and well presented, and people's personal care had been attended to.

People and their relatives told us they were free to make visits at any time, and we saw visitors were made welcome when they came into Lofthouse Grange and Lodge.

We saw care plans were written in a person centred way, and included detailed information about people's personal preferences including the level of support needed with a range of care needs and information as to the types of toiletries the person preferred, clothes they liked to wear and hair styles they favoured. People's care plans included a section on personal care and physical well-being, which was reviewed annually and contained detailed information about people's preferences for their personal care including the types of toiletries they liked, their preferred routine, hairstyles they liked to have and how they preferred to shave and how often. This meant staff had access to information which would help them form caring relationships with people who used the service.

## Is the service responsive?

### Our findings

Care plans we looked at contained detailed assessments of people's care and support needs undertaken before they began to use the service. This meant the provider ensured they could meet people's needs before they moved to Lofthouse Grange and Lodge. The pre assessments were used to develop personal care plans which provided clear information for staff to ensure people's needs were fully met. When we spoke with staff we found they had a good understanding of people's care and support needs.

We saw care plans were regularly reviewed to ensure they accurately reflected people's current health and needs. Reviews showed the provider encouraged people and their relatives to participate in the process during the year, although the provider conducted monthly reviews to ensure the care plans remained responsive to people's needs. We saw care plans were updated when needed.

People gave variable feedback about how they had been involved in writing and reviewing their care plans. One person said, "I have had no input into my care plan but I only have to ask staff for anything and they will do it for me when they have the time." A visiting relative told us, "I was initially asked for input and have had review meetings – probably yearly."

We saw a varied programme of activities which people told us had improved and they enjoyed. The provider had recruited two activities co-ordinators who we spoke with during the inspection. They told us they were responsible for activities in their own units, but worked together to generate ideas and shared budgets. One person said, "We go out shopping, a van comes every week to take us. There are lots to do here and I get involved in whatever I choose." Another person told us, "There are quite a lot of activities that I like to be involved in." People told us they were able to maintain links with the wider community. One person said, "I go out into the community, we go shopping in Wakefield sometimes. You can take part in as many or few activities as you want to."

The provider had policies and procedures in place to ensure complaints were appropriately managed. We looked at records of complaints made and saw any concerns raised verbally had also been recorded to ensure the provider had a full understanding of feedback from people who used the service and their families. We saw the registered manager made notes of all actions taken to resolve concerns and complaints. People received a written response to complaints which included a full account of actions taken and an offer to discuss the matter further should the person feel their complaint had not been answered.

People told us they were aware of how to make a complaint or raise a concern. One person we spoke with told us, "I wrote to Head Office about having a proper facility for smokers. I got help from the activities co-ordinator and the manager. They have replied but I haven't seen the letter, the manager told me that they would do something about it." We saw evidence the complaint had been replied to formally and that the provider intended to act on the feedback.

The provider had also received several compliments about their service. These included, '[Name of person] loved it here. They felt very welcome, staff made sure he was at ease and introduced him to other residents,'

and 'The staff are lovely, they couldn't do enough,' and 'The care here was great.'

## Is the service well-led?

### Our findings

There was a registered manager in post at the time of our inspection. We saw they were a visible presence in the home and were known by people who used the service and their visitors. The registered manager had support from a care manager, a night care manager and a team of deputy managers and senior care staff. The registered manager told us they had good support from the provider who visited regularly to give one to one support and conduct reviews and audits to help the registered manager monitor the quality of the service. The registered manager also had the opportunity to meet other registered managers at regular, provider led management meetings.

The registered manager told us they promoted an open-door culture, and throughout the inspection we saw staff speaking with the registered manager without hesitation. People who used the service and their relatives told us they knew who the registered manager was and saw them regularly in all areas of the home.

We saw the registered manager oversaw a rolling programme of audits to enable them to monitor, assess and improve the quality of service. This programme was strengthened with regular input from the provider who undertook six monthly quality monitoring visits. We saw the programme of audits produced action plans which showed how required improvements would be made and by when, and that progress against the action plans was regularly checked. The registered manager told us, "I have weekly visits from the operations manager who checks on progress and reviews any actions we have taken."

People who used the service were able to give feedback through regular meetings and an annual survey. We looked at the outcome of the most recent survey and saw broadly positive feedback given through scores against specific questions and in comment boxes. Comments included, 'I find most of the staff friendly and kind,' and 'not enough staff in communal areas.' Minutes of resident and relatives meetings showed discussion of topics including preferred time for the main meal service, improving menus by adding pictures to help people make choices and establishing a mobile shop within the service.

Staff had opportunities to give and receive feedback about the service through regular staff meetings. We looked at minutes of recent meetings and saw a range of topics were discussed and feedback from staff about improvements that could be made. For example, we saw in the minutes of a kitchen team meeting from January 2016 that staff had fed back that food trolleys were getting too hot, and we saw evidence of actions the registered manager had taken as a result.