

Orchard Care Homes.Com Limited

# Lofthouse Grange and Lodge

## Inspection report

340 Leeds Road

Lofthouse

Wakefield

WF3 3QQ

Tel: 01924 822272

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

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

We carried out a responsive inspection on 20 August 2014 where we found the provider was in breach of the regulation relating to the care and welfare of people who used the service. We carried out an unannounced comprehensive inspection of this service on 26 November and 3 December 2014. At which several breaches of legal requirements were found, the service was still in breach of the regulation relating to the care and welfare of people who used the service and they were also in breach of regulations relating to how people's nutritional needs were being met, quality assurance, infection control and staffing.

After the comprehensive inspection we issued the provider with a warning notice with regard to the care and welfare of people who used the service and the provider wrote to us to say what they would do to meet legal requirements in relation to the other breaches of regulations identified. We undertook a focused inspection on 27 April 2015 to check they had complied with our warning notice, followed their plan and to confirm they now met legal requirements. However, the

# Summary of findings

provider had told us they would not have satisfied the breach of the infection control regulation until mid-July 2015 therefore, we will be conducting a further inspection to check this requirement has been met.

This report only covers our findings in relation to the previous breach of regulations. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Lofthouse Grange' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Lofthouse Grange and Lodge is registered to provide accommodation and personal care for up to 88 persons. One part of the building accommodates older people with general care needs and the other provides care and support for people with a diagnosis of dementia or mental health illness.

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

At our focussed inspection on 27 April 2015 we found the provider had followed their plan and complied with our warning notice.

We conducted our inspection at 5.30 a.m. and found only one person was out of bed and dressed and this was because the person had chosen to do so. We observed throughout the morning and found people were able to get out of bed when they chose to. When people first got up they were able to have a drink of their choice and a small breakfast which staff prepared for them. A cooked breakfast was available to people from 9.00 a.m.

Staff we spoke with told us things were much better. We found the home had recruited more staff and also used agency staff to compliment numbers during holidays and sickness. We saw two agencies were used to try and ensure a continuity of care staff. We looked at staffing rotas which confirmed this.

We observed the breakfast and lunch time meals and found they were a much more pleasurable experience for people. People who used the service were interacting with each other during meal times and seemed to enjoy the meal experience.

Throughout the day we did not see any organised activity, however, we did see people engaging with each other and staff. For example, in one unit we saw a member of staff and a person living at the home looking at a 'slinky toy' and bean bags with faces on them. Other people were watching TV and some people were reading newspapers. During this inspection people did not appear to spend as much time asleep.

Meetings had taken place with people who used the service and their relatives. Resident surveys had been carried out, although the results of the surveys were not yet available to view.

We found the provider had conducted several audits of the service and there was a service development plan and action plan which detailed the summary of actions needed, the person responsible, comments updated on a daily basis with progress made and the review/ completion date and signature.

# Summary of findings

## 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 provider had taken appropriate action and was now meeting legal requirements. While improvements had been made we have not rated this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will be returning to check the required infection control improvements have been made at a later date.

There were sufficient staff to meet the needs of people who used the service. Staff deployment was more efficient.

Requires improvement



### Is the service effective?

The provider had taken appropriate action and was now meeting legal requirements. While improvements had been made we have not rated this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We found the mealtime experience was better for people. We observed the breakfast and lunch time meal and found the atmosphere was calm and very pleasant.

Requires improvement



### Is the service caring?

The provider had taken appropriate action and was now meeting legal requirements. While improvements had been made we have not rated this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

People were able to choose when they got out of bed. We observed this had a positive effect on how people spent their day.

Requires improvement



### Is the service responsive?

The provider had taken appropriate action and was now meeting legal requirements. While improvements had been made we have not rated this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

Whilst we did not see any arranged activities during our inspection, we found people were not asleep in their chairs all day. Some were watching TV and others were chatting to each other and staff.

Requires improvement



### Is the service well-led?

The provider had taken appropriate action and was now meeting legal requirements. While improvements had been made we have not rated this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

Requires improvement



# Summary of findings

We found the provider had made a good start in effectively monitoring the quality of the service. The registered manager was being supported by the operations manager and the provider's project manager.

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

We undertook a focused inspection of Lofthouse Grange on 27 April 2015. This inspection was completed to check improvements to meet legal requirements planned by the provider after our comprehensive inspection 27 November and 3 December 2014 had been made and to ensure the requirements set out in our warning notice had been met.

The inspection was undertaken by two inspectors and a specialist advisor in governance.

Before our inspection we reviewed the information we held about the home, this included the provider's action plan, which set out the action they would take to meet legal requirements. We spoke with the local authority commissioning team and the adult social care safeguarding team.

At the visit to the home we spoke with the two people who used the service, the operations manager, the project manager, a visiting health professional and five care staff. We observed the care and support provided to people in the dining room at breakfast time and lunch time. We also reviewed staffing rotas, two care plans, handover documents and staff meeting minutes, resident and relatives meeting minutes, and quality assurance audits and surveys.

# Is the service safe?

## Our findings

During our comprehensive inspection at Lofthouse Grange on 27 November and 3 December 2014 we found there were not enough staff to keep people safe. We found there were times of the day where people had to wait a long time for assistance. We reviewed staffing rotas and found the hours staff worked across the home were variable.

We concluded this was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection 27 April 2015 we found the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 18(1) described above.

We found the home had increased staffing numbers in some areas and there was also a greater use of agency staff. We saw two agencies were used to secure consistency of standards. We saw a log which detailed each agency staff member and the agency they worked for and this confirmed two agencies were consistently used. We were

told by a member of the management team they assessed the staffing levels on a monthly basis and booked agency staff four weeks in advance. We saw an action plan dated 30 March 2015 which stated; if the home was unable to cover any shifts with its own contracted staff, nearby homes would be contacted to ask if any staff can work an additional shift. We were told by the management team they were actively recruiting more staff.

We were told the registered manager checked the staff rota at the start of each day to ensure the night shift and the following day shift were staffed appropriately as per the current agreed direct care staffing levels. These were 10 staff during the day and six staff at night on the Lodge. The Grange required five staff in the morning, four staff in the afternoon/evening and three staff at night.

We found the way staff were deployed ensured people were not having to wait for long periods without assistance. We spoke with staff who told us things were much better, one person said, "Because we don't have to get people up so early it's far easier to assist people as and when they want to get up." We observed throughout the day and we found people were assisted in a timely manner. Call bells were answered promptly and people who used the service told us, "Things were getting better."

# Is the service effective?

## Our findings

During our last inspection we observed during the breakfast and lunchtime meals. We saw on one unit at breakfast time there was only one member of staff in the dining room with 10 people who used the service. The staff member was serving hot breakfast, making toast, making hot drinks, serving cereals, rinsing pots, filling the dishwasher and helping one person with their breakfast. We saw people were not always assisted with their meals in a dignified manner. We observed one person who had very little to eat and without being offered another choice their plate was removed. We concluded this was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection 27 April 2015 we found the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 14 described above.

During this inspection we also observed the breakfast and lunch time meals. We saw one member of staff was in the dining room at 9.00 a.m. when the hot food trolley was brought in. There were four people sat at dining tables and two people sat in lounge chairs. The atmosphere was very calm and relaxed with people chatting between themselves and the staff member. We observed the staff member ask people what they wanted for breakfast and gave them a choice of items. The staff member explained what they were doing and bent down when speaking with people.

As people came into the dining room they were asked if they wanted a hot or cold drink and given time to think about what they wanted for their breakfast. The staff member said, "Because breakfast is staggered there is plenty of time to do things."

We observed breakfast on another unit and found the atmosphere again was very calm and pleasant. Staff were very respectful when speaking with people and offered a choice of food and drink items. However, we did note a member of agency staff appeared a little lost in what they should be doing. Other staff were supporting and directing them but they did not communicate very well with people, however, they were polite. For example, they said to one person 'open your mouth for me' but, they did not explain why.

We found the lunch time meal was also a much more pleasurable experience for people, but, again we saw a member of agency staff who was polite but was not helping without been directed by other staff members. We saw staff asked people what they wanted for their dinner not what they wanted to eat so therefore, explaining the time of day. They also asked if people wanted vegetables and which ones and if they wanted gravy. Our observations on another unit at lunch time were very similar. People were generally treated with respect although we did see one member of agency staff approach a person from behind and put a plastic apron on them without checking if it was ok to do so or explaining what they were about to do.

We saw the provider had sourced some specialist training which had been provided for 33 staff which included; dignity principles workshops and hydration toolkit workshops. Staff members who attended the training ranged from the deputy manager, senior care staff, care staff, night care manager, senior night care staff, night care staff, activity coordinator, housekeeper and the administrator.

# Is the service caring?

## Our findings

During our last inspection on 26 November and 3 December 2014 we found there were several people up and dressed prior to 6.30a.m. Throughout the home we found there were 26 people up and dressed before 7.00a.m. We were unable to see any reference to people's preferable time to get up or go to bed in their care plans.

We concluded this was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Because this was a repeated breach of regulations we issued the provider with a warning notice which meant they needed to ensure action was taken prior to 16 March 2015.

At our focused inspection 27 April 2015 we found the provider had taken action to meet shortfalls in relation to the requirements of Regulation 9 described above.

We conducted this inspection at 5.30a.m and found only one person was up and out of bed. Staff told us this was the person's choice. We asked staff what had changed since our last inspection and one member of staff said, "There was an expectation for us to get people up, now it's about what the individual wants."

Staff told us the registered manager and the management team had done early morning checks, we were told checks had been done at around 5.15a.m. We looked at staff meeting minutes which showed staff had been advised to give people choice of when they wanted to get up.

We reviewed the daily handover sheets and saw the time people got up was varied; this evidenced people's preferences were being taken into account in how care was delivered. Staff told us that in the past if a person was wet they would get them up, washed and dressed, now they would just change the person to make them more comfortable.



# Is the service responsive?

## Our findings

At our last inspection 26 November and 3 December 2014 we found people were not engaged in meaningful activity. We saw most people spent their days sitting around the lounge/dining area sleeping. We saw little sociable interaction between staff and people who used the service.

We concluded this was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Because this was a repeated breach of regulations we issued the provider with a warning notice which means they needed to ensure action was taken prior to 16 March 2015.

At our focused inspection 27 April 2015 we found the provider had taken action to meet shortfalls in relation to the requirements of Regulation 9 described above.

We observed throughout the day and found people did not appear to spend as much time asleep as they had on our previous inspections. We found people were more engaged with each other and staff. On one unit we people sat on sofa's, people sat at a dining room table chatting to staff,

another person sat at a table with staff looking at a 'slinky toy' and bean bags with faces and we saw other people watching TV in the TV lounge. On another unit we saw people sat outside the lift area with drinks and one person was reading a newspaper, there was music playing in the lounge/dining area. Some people were sat in the lounge with one person reading a newspaper and others were sat at dining tables with one person chatting to staff. Whilst we saw very little arranged activity for people on the day of our inspection we found the atmosphere was calmer and more relaxed.

We reviewed the minutes of meetings with people who lived on the Lodge and their relatives dated 26 March 2015, we saw the following areas were discussed, refurbishment of the home, television rooms, white boards to announce birthdays or events for the day, staffing levels, activities, laundry and food. We also saw the meeting minutes from the Grange dated 18 March 2015 where the following areas were discussed, staffing, agency staffing, decorating, television in dining areas, activities, suggestion box, kitchen menus, towels/bedding and cleaning rotas. We saw action plans had been instigated and monitored as a result of the meetings with people who used the service.

# Is the service well-led?

## Our findings

At our inspection 26 November 2014 and 3 December 2014 the manager and the provider were unable to evidence that they had effective systems in place to monitor the standard of care being provided. We saw where audits had taken place action plans had not been instigated.

We concluded this was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection 27 April 2015 we found the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 17 described above.

We saw a service development plan/action plan dated 30 March 2015, which detailed the summary of actions needed, the person responsible, comments updated on a daily basis with progress made and the review/completion date and signature. We saw the internal compliance team visit reports, where the following areas were reviewed, CQC notifications, staff support levels/management and leadership, daily meetings, quality assurance (weight loss

audit infection monitoring audit, skin tear monitoring audit, complaints audit, bed rails audit, pressure sore audit, medication audit, care plan audit), last CQC visit/report; further unannounced night visits and the overall action plan.

We asked for staff surveys and we were told these had not yet been conducted. We were told by a member of the management team that a 'cleanliness of home survey' had been distributed to people living at the home; however, the results had not been received. We were also told there was no current relative's survey.

We saw several audits had been carried out which included, an infection monitoring audit which had been completed in January 2015 and the providers compliance officer had completed an infection control audit in February 2015, however, we did not see and audit for March. We also saw monthly pressure sore audits, monthly weight loss audits with accompanying action plan, an audit of people's food intake, monthly complaint monitoring, monthly bed rail audit, medication audit and a monthly window restrictor audit. We spoke with the homes maintenance person who confirmed they were carrying out the window restrictor audits along with several other health and safety audits of the building.