Orchard Care Homes.Com (2) Limited

Longridge Hall and Lodge

Inspection report

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Tel: 08452710798

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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**

Summary of findings

Overall summary

About the service:
Longridge Hall and Lodge is a residential and dementia residential care home that was providing personal care to 54 people at the time of the inspection.

People's experience of using this service:
The provider failed to consistently ensure individual risk's for people who lived at the service had been assessed and this placed them at significant risk of avoidable harm.

The provider failed to consistently ensure that people who lived at the service had comprehensive and person centred care plans to guide staff supporting them.

People who lived at the service and staff told us that they felt staffing levels were not always sufficient to meet people's needs in a person centred way. On the day of the inspection we observed staff respond to people in a timely manner however, we listened to people's feedback about staffing and the high use of agency support workers meant that a consistent approach to support and engagement with people who lived at the service had been negatively impact on. The provider demonstrated how they had recently reviewed recruitment procedures to try and encourage more people to apply for job vacancies. Staff recruitment was safe.

Systems were in place to guide staff about how to deal with any allegations of abuse. However, we found accidents were not always fully investigated and this placed people at risk of avoidable harm.

People were protected by the prevention and control of infection.

The management of people's medicines was safe and effective.

Pre-admission assessments were not always detailed and the information collated was not always communicated to the staff team. This meant that known risks for individuals were not always effectively mitigated.

There were shortfalls in evidence to show that staff had been provided sufficient training. Staff told us that they had received mandatory training however, from our observations and from the feedback we received it was clear that the service needed to ensure staff were retrained in area's such as moving and handling, understanding dementia and record keeping.

The provider did not always ensure people's consent to care and treatment was sought in line with the Mental Capacity Act 2005.

We have made a recommendation about involving people in decisions made about their care.

Consideration had been given to menu planning following feedback from people who lived at the service in relation to the types of food available. The provider showed they had listened to people's feedback and made changes in line with their preferences. Record keeping in relation to people's nutritional and hydration intake had recently improved.

People who lived at the service and their representatives told us that they felt confident to raise their concerns and the registered manager was responsive.

We observed staff interact with people who lived at the service in a respectful and caring manner. Across both days of the inspection we observed residents laughing and enjoying the company of staff that supported them and other residents.

We received positive feedback from a visiting professional who told us that the service provided a good standard of care for people at the end of their life. The professional also told us that staff were responsive to changes in people's needs.

We have made a recommendation about end of life care.

There was a system in place for assessing quality and monitoring outcomes for people who lived at the service however, we found that it was not always effective. The service was not consistently well led.

More information is in the Detailed Findings below.

Rating at last inspection:
This was the first inspection at Longridge Hall and Lodge since the registered provider had changed in February 2018. This meant that any previous inspections or enforcement would not be considered.

Why we inspected:
This inspection was planned.

Enforcement:
Please see the 'action we told the provider to take' section towards the end of this report.

Follow up:
The overall rating for this service is requires improvement. The provider is expected to submit an action plan to show how they will make improvements within a suitable time scale.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our Effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our Well-Led findings below.

Longridge Hall and Lodge

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection team consisted of two adult social care inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service, in this case, older people.

Service and service type:
Longridge Hall and Lodge is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection:
The inspection was unannounced.

What we did:
Prior to our inspection we looked at all of the information we held about the service. This included any safeguarding investigations, incidents and feedback about the service provided. We looked at any statutory notifications that the provider is required to send to us by law. We also looked at the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also contacted professionals who provided feedback about their experiences of the service. We used a planning tool to collate all this evidence and information prior to visiting the service.

We spoke with eight people who lived at the service and three relatives. We also spoke with the temporary cook, four support workers, a night manager, an activity coordinator, two deputy manager's and the registered manager. We looked at a variety of records which included the care records for six people who lived at the service, medicine records for three people who lived at the service and three staff recruitment and training files. We also reviewed a variety of records relating to the operation and monitoring of the service.

Requires Improvement

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management:

- People who lived at the service were not consistently protected from avoidable harm. Risk assessments were not always undertaken or reviewed in line with people's needs or when their circumstances changed. This included areas of risk associated with; falls, weight loss, skin integrity and choking.
- We found examples of risk for individuals that had not been effectively communicated to staff who supported them. For example, one person was re-admitted to the service and their swallowing ability had deteriorated. The provider failed to ensure that this information was acted upon and this placed them at significant risk of choking. Another person had fallen four times in 24 hours and had not been risk assessed in relation to the incidents and their care plans did not show how the provider had considered ways to reduce further falls and avoidable harm. We asked the registered manager to make a safeguarding alert to the local authority in relation to the failings identified.
- The provider had failed to ensure that people were consistently protected against avoidable harm. This was a breach of regulation 12 Safe care and treatment of the Health and Social Care Act (Regulated Activities) Regulations 2014.
- The environment was safe and well maintained. We looked at service certificates and found that equipment was checked for safety on a routine basis. There had been recent improvements around recording of maintenance work at the service.

Systems and processes to safeguard people from the risk of abuse:

- There were systems in place to safeguard people from avoidable harm however, systems were not always followed. For example, a person who lived at the service swallowing ability had deteriorated and the provider had failed to safeguard them from avoidable harm the information relating to the person's change in swallowing ability had not been effectively communicated to staff responsible for supporting the individual.
- The provider had failed to ensure that people were consistently safeguarded. This was a breach of regulation 13 Safeguarding service users from abuse and improper treatment of the Health and Social Care Act (Regulated Activities) Regulations 2014.
- Staff demonstrated understanding of what constitutes to abuse and how to report safeguarding concerns. However, the provider was not able to evidence training in safeguarding adults because their training system was inaccessible.

Staffing and recruitment:

- People who lived at the service and their representatives told us that staffing was sufficient to keep them safe however, they said that staff did not have the time to engage with them unless it was during personal care. People told us; "I think there are plenty of staff but they are run off their feet, they work under pressure

they are pushed at times but they deal with situations if they arise." "Staff are good to me, they haven't time to sit and chat often." And "Yes there are always staff around."

● We received mixed feedback from staff in relation to staffing levels. Some staff told us that staffing was sufficient to keep people safe however, it did not provide opportunities for staff to spend social time with people who lived at the service and care staff felt that their role was task focused. We discussed this with the registered manager who evidenced ways in which staff recruitment had been reviewed to encourage more interest. There was high agency use for support workers and this meant that a consistent approach to supporting people at the service was not always maintained. We were reassured that the registered manager had considered ways to reduce agency usage.

● Staff recruitment was safe.

Using medicines safely:

● The service had maintained a good standard of medicine management.

● We found evidence of effective medicine systems and good management oversight. However, medicine care plans were not always up to date and accurate.

● We observed safe administration of medicines across both days of the inspection.

Learning lessons when things go wrong:

● There was a system in place for lessons to be learnt. However, this was not effective. The registered manager did not always ensure that shortfalls were identified to ensure improvements were made.

Preventing and controlling infection:

● The service was clean and well maintained.

● We observed staff follow safe infection prevention techniques.

● There were effective infection prevention and control systems in place.

Requires Improvement

Is the service effective?

Our findings

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

● The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

● We looked at DoLS records for two people who lived at the service. We found that the provider had completed DoLS applications however had failed to ensure that people's mental capacity was assessed and best interest decisions recorded before restrictions were made. The provider had failed to follow best interest procedures in accordance with the MCA 2005 DoLS. This was a breach of regulation 13 Safeguarding service users from abuse and improper treatment of the Health and Social Care Act (Regulated Activities) Regulations 2014.

● Across the six care records we examined we found that people's mental capacity was not always assessed in accordance with the MCA 2005. Mental capacity assessments did not evidence how people's capacity had been assessed, time the assessment was undertaken and what responses were given during the assessment process.

● We found that people's relatives were asked to sign consent records and the provider did not always demonstrate steps taken to ensure that the individual was able to independently consent or that their relative had the necessary legal authority to consent on their behalf.

● The provider had failed to evidence compliance with the MCA 2005. This was a breach of regulation 11Need for consent of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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

● People who lived at the service needs and choices were not consistently assessed. We found gaps in record keeping and failure to effectively act upon people's changing needs. For example, one person was admitted in August 2018 and had not been assessed in line with the organisations care planning procedures. Therefore, the service could not evidence steps taken to ensure that the support provided was safe and in line with the individual's preferences.

● The service did not always follow best practice guidance in relation to weight loss, falls and skin integrity.

This meant that people were at risk of receiving inadequate and inaccurate care.
● The provider did not ensure people received person-centred care. This was a breach of regulation 9 Person-centred care of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience:
● We asked staff if they had received sufficient training to provide safe and effective support for people in their care. Staff told us, "Yes I have had sufficient training, I need some training updates because the courses have expired but I feel competent in my role." And "We are told when any training is due for renewal and we have to do it. Most training is on line. I get support with this logging on etc, as I am not very good with computers, but there is always someone to ask, who is willing to help out with the system."
● People who lived at the service and their representatives told us, "Yes staff know what they are doing, but sometimes you can't see them because they are so busy. Some agency staff get a bit lost but there is always someone there to guide them." And "I would say staff are suitably trained. They are very professional."
● The registered manager showed us the training matrix and evidence that expired courses had been booked. However, certification was not evidenced because the provider was in the process of changing training companies and told us that certificates were no longer accessible. This meant that authentication of staff training was not examined at the inspection. We felt reassured that the provider had been responsive and was in the process of accessing alternative training for staff.
● Staff had received regular supervision and annual performance appraisals.

Supporting people to eat and drink enough to maintain a balanced diet:
● We found that people were not always sufficiently assessed against the risk of malnutrition. The service had systems in place to monitor people's weight however, these were not always effective.
● Throughout our observations we saw people provided choice and control at meal times. Staff supported people in a dignified manner and encouraged extra portions for those at risk of weight loss. Fresh fruit and self-service snacks were available at all times on both units.
● There was a good standard of recording in relation to what people had eaten and drank.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:
● We found evidence in people's care plans that they had access to external health care professionals and that they were supported to attend appointments if needed.
● We received positive feedback from external professionals who told us that the service was effective and responsive to people's changing needs.
● The service did not always make sure that they had been effective in risk mitigation before asking for external professional support. For example, one person had fallen multiple times and was referred to the falls prevention team. The service had not demonstrated what risk mitigation they have considered throughout the individuals support plans, nor had they taken essential steps such as checking the person's blood pressure and other physical health analysis before seeking professional advice in line with referral guidance.

Adapting service, design, decoration to meet people's needs
● The service was well designed and aided independence for people living with visual or cognitive impairment by the use of effective signage.
● The Lodge was dementia friendly, on the ground floor and spacious. This encouraged people living with dementia to maintain a sense of freedom and independence.

Requires Improvement

Is the service caring?

Our findings

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

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Ensuring people are well treated and supported; equality and diversity; Respecting and promoting people's privacy, dignity and independence:

- We received positive feedback from people who lived at the service in relation to their care. However, failings in other domains demonstrated that people were not consistently supported with good care.
- People who lived at the service told us; "The day to day staff and the night staff are the ones that makes our lives so pleasant. They are friendly and efficient and they are like friends." And "There is a lovely spirit of comradeship there is always someone to talk to whether it is staff or residents, you don't get that if people are unhappy."
- We observed staff provide support for people who lived at the service in a kind and respectful way. It was clear from our observations that staff and residents had formed positive relationships.
- People's representatives told us; "Staff are very kind and caring. They have been fab and its nice to have some men amongst the staff." And "Yes I do think the staff are kind and caring, they speak to [name] nicely and call him by name and they know all the residents."
- People told us that they were treated as equals by all staff and the management team.
- We found examples of equal opportunities for staff. One member of staff told us how they had been encouraged by the registered manager to progress in their role and not be afraid to express their views.
- A support worker had learnt to speak Lithuanian to aid communication with one of the people who lived at the service.
- We observed staff knock on bedroom doors before entering and assist people in a dignified way. We saw that people had been supported by staff to maintain a good standard of personal hygiene and their individuality.

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

- Care records did not evidence a good standard of involving people in the care planning process. People who lived at the service and their representatives told us that they could not recall being involved in the development of their care plans.
- We recommend that the service seek guidance from a reputable source, about supporting people to be involved in decisions about their care and support.
- Resident and relative meetings were held on a regular basis and minutes showed actions taken in response to people's requests. There was a resident committee and they last met in September 2018.

Requires Improvement

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

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

- The provider did not always ensure people were cared for in a person-centred way. We found shortfalls in the recording of people's person-centred needs and this meant that staff did not have clear and accurate information to follow.
- For example, the care records for an individual who lived with dementia stated that they had displayed distressed reactions on a frequent basis since admission. The provider had failed to undertake person-centred assessments and work with the individual to understand what was important to them. This had a negative impact on the individual's well-being.
- The provider had failed to provide consistent person-centred care. This was a breach of regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.
- Staff we spoke with generally demonstrated good understanding of people's life stories and their individual needs. However, we found that communication throughout the staff team in relation to people's changing needs was not always responsive and effective. This meant that people were at risk of receiving inaccurate and potentially unsafe care.
- We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We found there was information in people's care plans about their communication skills to ensure staff were aware of any specific needs.

Improving care quality in response to complaints or concerns

- We asked people who lived at the service and their representative if they felt listened to and if the service was responsive to their concerns and complaints. People told us; "Yes I know how to complain." And "The senior staff and the manager are approachable and good at listening, I have no concerns."
- There was a system for complaints management and people who accessed the service were provided with information about how to complain. Complaint information had not been provided in an easy read format for people living with dementia. The manager told us that they had received one complaint in the last 12 months and that this had been responded to in line with the complaints policy and procedure.

End of life care and support

- There was an end of life policy and procedure.
- We received feedback from a visiting advanced nurse practitioner who told us that the service had provided good end of life care for people that she supported.
- At the time of the inspection no-one was in receipt of end of life care therefore, we did not analyse any end of life care documents.
- The registered manager told us that the service was not accredited to an end of life care scheme however,

advanced care planning was always considered for people who lived at the service.

● We looked at people's Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) documents and found that they had been reviewed if needed or indefinite decisions were recorded.

● We recommend that the service works in line with the organisations end of life policy and procedure and related best practice guidance to embed end of life care planning as appropriate for people in receipt of care and support.

Requires Improvement

Is the service well-led?

Our findings

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care:

- There were shortfalls that had been identified by the area manager in December 2018 during a routine audit of the service however, the registered manager failed to undertake the necessary checks during the auditing process and this meant that some quality assurance systems were flawed. For example; the registered manager undertook an audit of accidents and incidents in January 2019, the record showed that the care plan for a person who had fallen had been updated however, when we checked the person's care plan it had not been reviewed after the falls. Another person had lost weight and the registered manager had recorded on the nutrition audit in December 2018 that they had checked related care plans and risk assessments. When we checked the person's nutritional risk assessment it was incorrectly scored and their care plan had not been updated to reflect the level of risk identified.
- The provider failed to sustain good governance and this placed people at risk of avoidable harm. This was a breach of regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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

- The provider and registered manager failed to consistently ensure that people were assessed and monitored in a person-centred way.
- There was inconsistent learning from accidents or incidents.
- The provider failed to maintain an accurate record in respect of each person using the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities).

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- Staff told us that morale had recently improved however, high use of agency care workers meant that the team felt strained and unable to sustain consistent communication between shifts.
- The registered manager held staff meetings and minutes showed that staff were encouraged to have their say. There had been a high turn-over of care workers and the registered manager told us that this had a negative impact on maintaining effective communication and record keeping.
- The registered manager informed the Commission about notifiable events and incidents at the service.
- The registered manager was transparent throughout the inspection and worked in partnership with the inspection team. We received positive feedback about the manager from people who lived at the service and their representatives. External Professionals spoke highly of the registered manager. We received mixed feedback about the registered manager from staff.

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

- The provider had not effectively collated feedback from stakeholders.
- The registered manager met with residents and relatives on a regular basis however the opportunity to anonymously comment on service provision was not suitably facilitated by the provider.
- The registered manager held 'flash meetings' with staff when they were on site, however we found this was not consistent because in the managers absence senior staff did not continue with the meetings and this affected the standard of communication between staff.

Working in partnership with others

- We received positive feedback about the service and how they worked in partnership from two visiting health care professionals, an advanced nurse practitioner and a social worker from the local authority contracts and monitoring team.
- The service was not accredited to any best practice schemes.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider failed to provide consistent person-centred care.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider failed to consistently follow principles of the MCA 2005 and associated DoLS.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure that people were protected from avoidable harm.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider did not always safeguard people from avoidable harm and abuse.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not keep up to date records for

all people who lived at the service. The provider failed to embed good governance.