

Mrs Milijana Kiss

# Orchard Lodge Care Home

## Inspection report

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Date of inspection visit:  
29 August 2017

Date of publication:  
18 October 2017

### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection of Orchard Lodge took place on 30 August 2017 and was unannounced.

Orchard Lodge is a privately owned care home, registered to provide accommodation and care for older people. The house can accommodate 26 people. At the time of the inspection, there were 23 people living at Orchard lodge. The property is a large detached house which has been converted for use as a home and is situated in a residential area of Seaforth, Liverpool.

At the last inspection in February 2017, the service was rated 'requires improvement' and breaches were identified in relation to Regulation 12 and Regulation 17.

We saw that improvements had been made to the quality assurance processes in place at Orchard Lodge since our last inspection. The registered manager had put in place a series of audits (checks) to monitor aspects of the service and these were completed regularly. This included audits of the premises, medication, daily records and care plans. However, we found that these audits were not robust as they had failed to address some of the concerns identified during this inspection such as the service's compliance with the Mental Capacity Act. Additionally, there was no evidence of action taken in response to a recently completed consultancy audit which identified that staffing levels at Orchard Lodge were insufficient. This meant that processes in place to monitor the quality and safety of the service were not always effective. The provider remains in breach of this regulation.

The service did not always operate within the principles of the Mental Capacity Act 2005. Consent was not always sought appropriately and capacity assessments were not decision specific. We found there was a lack of knowledge around the Deprivation of Liberty Safeguards as the registered manager was not fully aware of the principles to determine whether someone was being deprived of their liberty. This is a breach of Regulation 11 (Need for Consent).

During our inspection, we observed that there were sufficient numbers of staff to meet people's needs in a timely manner, however, people told us that staffing levels were inconsistent. We looked at staff rotas and saw that staffing levels fluctuated, particularly at weekends and throughout the summer months. The staffing levels did not meet the provider's own required levels in accordance with their dependency assessment. We have made a recommendation regarding this.

We saw that medicines were given to people on time by staff that had been appropriately trained and were told that people were happy with their medicine management. We identified some issues regarding storage of medication and the recording of PRN medication. We have made a recommendation regarding this.

At the last focused inspection in February 2017, we found that the provider was in breach of Regulation 12 (Safe Care and Treatment). This breach related to concerns regarding the management of infection control and the laundry provision. On this inspection, we found that improvements had been made in relation to

infection control processes and the provider was no longer in breach of Regulation 12.

We found that staff assessed risk to people and information was updated regularly. Staff had received training in 'Safeguarding' to enable them to take action if they felt anyone was at risk of harm or abuse and understood the reporting procedures.

The registered manager had systems and processes in place to ensure that staff who worked at the service were recruited safely. Staff were assisted in their role through induction and supervisions and staff told us they felt well supported through the homes training programme.

People told us they were given choice regarding meals. Staff knew, and catered to, people's individual dietary needs and preferences.

People we spoke with were complimentary about the staff, the registered manager and the service in general. People told us they liked the staff who supported them. We observed interactions between staff and people living in the home to be familiar and caring.

Through discussions with staff, we found that they knew people they were caring for well, including their needs and preferences. Care plans contained good information regarding people's preferences, likes and dislikes. We noted that personal preferences and recording in care plans had improved from our last inspection. We found that staff worked with the aim of improving or maintaining people's independence, for example, some people managed their own medication.

People were supported to raise complaints or concerns about the service through the use of a suggestion box. People had access to a complaints procedure which provided relevant contact details should people wish to make a complaint.

There were activities available to people living at Orchard Lodge however some people commented there were not enough trips or days out in the local community.

We looked at processes in place to gather feedback from people and listen to their views. Quality assurance surveys were issued to people living in the home and their relatives. People we spoke with told us they were able to provide feedback regarding the service and one person told us about resident meetings that were held. We saw minutes of these meetings and that action had been taken in response to people's requests. However, it was not clear that these were regularly analysed and circulated to people living at Orchard Lodge.

The home had a registered manager in post. We asked people their views of how the home was managed and feedback was positive. Staff described the registered manager as, "Organised." Staff told us they were encouraged to share their views regarding the service. We saw records of regular staff meetings were to ensure views were gathered from staff which promoted an open and positive culture in the home.

The registered manager had notified the Care Quality Commission (CQC) of events and incidents that occurred within the home in accordance with our statutory requirements. This meant that CQC were able to monitor risks and information regarding Orchard Lodge.

You can see what action we told the provider to take at the back of the full version of the report.

## 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.

Staffing levels were not always consistently maintained.  
We have made a recommendation regarding this.

Medicine administration was not always accurately recorded. We have made a recommendation regarding this.

The service had taken action to meet the breaches identified at the last inspection in relation to the laundry and improved their infection control procedures.

The staff we spoke with told us they had received safeguarding adults training and were aware of what constituted abuse and how to report an alleged incident.

People we spoke with told us they felt safe living in Orchard Lodge.

Care files showed staff had completed risk assessments to assess and monitor people's health and safety.

Relevant health and safety checks for the building and equipment had been undertaken.

**Requires Improvement** 

### Is the service effective?

The service was not always effective.

The principles of the Mental Capacity Act were not always followed when assessing people's capacity.

Staff were supported in their role through induction, supervisions and regular training.

People were given choice regarding meals and preferences were met. Staff were aware of people's specialist dietary requirements.

People had support to attend routine appointments with a range of health care professionals to maintain their health and wellbeing

**Requires Improvement** 

The service was adapted for wheelchair use.

### Is the service caring?

Good ●

The service was caring

People living at Orchard Lodge told us staff were kind and caring and treated them with respect.

Staff knew people they were caring for well, including their needs and preferences.

Staff worked with the aim of improving or maintaining people's independence.

There was advocacy information available for people who wished to access this service.

There were no restrictions in visiting, encouraging relationships to be maintained.

### Is the service responsive?

Good ●

The service was responsive.

Staff had a good knowledge of people's needs. People's care records contained relevant and up-to-date information about the support they required.

Care plans were personalised and outlined people's preferences, wishes, likes, and dislikes.

People had access to a complaints procedure.

Systems were in place to gather feedback from people.

There were activities available to people and these were being further developed.

### Is the service well-led?

Requires Improvement ●

The service was not wholly well-led

There were processes (checks) in place to help ensure the quality of the service provision however these were not always effective.

People spoke positively about the registered manager. There were regular staff meetings.

The provider oversight had improved since the last inspection and the provider now completed a range of monthly audits.

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# Orchard Lodge Care 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 inspection took place on 30 August 2017 and was unannounced.

The inspection was carried out by 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, care of people living with dementia.

Before our inspection we reviewed the information we held about Orchard Lodge. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also spoke to the Local Authority to ascertain if there were any areas of concern that we should be aware of. We used all of this information to plan how the inspection should be conducted.

We asked the provider to complete a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We received this after the inspection and used this information to inform our findings.

During our inspection we spoke with the registered manager, three members of staff, nine people living in the home and two relatives of people living at the home. We observed the lunchtime service and staff interaction with people who lived at the home. In addition, we spent time looking at five care records and associated documentation, three staff recruitment files, staff and resident meeting minutes, provider audits and other records relating to the management of the service.

# Is the service safe?

## Our findings

We carried out a focused inspection of Orchard Lodge in February 2017, and identified breaches of regulation in relation to keeping people safe. This was because people were not fully protected from the risk of infection. The concerns identified related to the lack of separation of the sluice facility from the staff toilet exposing staff to the risk of contact with infected waste products and, the management of the laundry facility.

On this inspection we found the home to be clean. We saw that improvements had been made and the provider had taken action to address the management of the laundry facility. We saw that the facility had been upgraded to make it easier to clean; for example, exposed brickwork had been covered. We noted that a designated staff member had been allocated for daily laundry duties to reduce the risk of cross infection. People's clean clothing was now stored separately outside of the laundry area; this also helped to reduce the risk of cross contamination. The sluice facility was no longer used as a staff toilet and a screen had been fitted. Staff had access to personal protective clothing available such as aprons and gloves. We saw evidence of a recent health and safety audit completed by Liverpool Community Health which scored the service at 91.38% compliant. We saw that the recommendation for an emergency box for equipment in case of an infectious outbreak had been actioned. The provider was no longer in breach of this regulation.

We checked to see if there was sufficient staff to carry out care in a timely and effective manner. On the day of our inspection, there was three care staff on duty, one cook and one registered manager to meet the needs of the 23 people living at the home. During the inspection visit, we observed that people received care in a timely manner and were not left for long periods. Most people told us there were enough staff to support them. We received some comments suggesting that staff could be rushed during afternoons and weekends. We also spoke to two visitors who told us that they felt staffing at weekends was not always sufficient.

The registered manager stated that staffing levels should consist of one senior carer and two carers daily until 4pm, with a reduction to two carers until 8pm. The registered manager also provided additional support when required during weekdays between the hours of 8am and 4pm. We looked at duty rotas and saw that staffing levels at Orchard Lodge were inconsistent, particularly at weekends; for example on 5 and 6 August 2017, there were only two members of care staff from 2pm until 8pm in the evening. This pattern continued on the 12 and 13 August 2017. On other weekends, for example, the 20 August 2017, we saw that three members of care staff were on duty in the afternoon.

Staff we spoke to commented that staffing levels were generally 'okay' but it was difficult to get "all the work done" with only two staff in the evening or, particularly, at weekends. Examples given of compromised care if staffing was reduced included; lack of choice for people to have a bath, maintaining observations of the lounge when assisting people who needed two staff to support them and completing and maintaining records. We asked staff what would happen if an 'emergency' arose requiring escorting a person to hospital. Staff were not wholly sure and "would try and phone [Manager]."



We noted a recent audit commissioned by the provider which stated; 'The manager worked with the consultant to complete the dependency tool....this indicates that the service does not meet the national average staffing hours required'.

We would recommend the registered persons review the arrangements to ensure a consistent level of staff which meets the provider's dependency assessment.

We reviewed the way medicines were managed and administered at Orchard Lodge. Staff who administered medicines had received medicine management training and had undergone a competency assessment to ensure they had the skills and knowledge to administer medicines safely to people.

We found some anomalies with management of medicines and record keeping which indicated that some improvements were needed. We looked at two audits carried out; one by the registered manager on 11 July 2017 and another by an external consultant for the provider completed on 17 July 2017. Both audits had identified issues with medication management. Although we found many issues identified had been addressed, some of these identified issues were still in evidence when we carried out our inspection. For example the audit on 17 July had found a lack of supporting care plans for people who were on 'as required' (PRN) medicines. During our inspection, we found that some PRN support plans were not in place and others were not signed or dated by staff so we were unable to establish if these reflected the person's current health needs. Support plans are important so that staff can be aware of the indications for administration of the medicine and assists with consistency of administration. We also found that in one instance, a person's prescription on their medication container did not reflect their PRN medication as recorded on their Medication Administration Record (MAR). Following our inspection, we received information from the registered manager to tell us all PRN care plans were now in place and signed and dated.

Controlled drugs (CD's) are prescription medicines that have controls in place under the Misuse of Drugs legislation. We saw controlled drugs were stored appropriately and records showed they were checked and administered by two staff members in accordance with good practice. We saw there had been an error recorded in the medication audits regarding the failure of attending district nurses to also sign the CD registered following administration; the manager advised us this was now addressed. We checked a number of medicines, including a controlled medicine and found the stock balances to be correct.

Some medicines need to be stored under certain conditions, such as in a medicine fridge, to ensure their quality is maintained. We saw that the temperature of the fridge was recorded daily. However, we saw that the medicine trolley was not secured to the wall in accordance with safe storage practices. An audit carried out by the registered manager on 11 July, identified this issue but there was no plan of action to address this. Following our inspection, we received information that this had now been actioned.

There were records to track whether people had been administered topical preparations (creams) and we saw body maps on charts in peoples rooms which recorded the areas of the body the cream was to be applied to. One record stated a regular daily application of a cream, as prescribed, but records showed irregular administration. We spoke to staff who explained that the cream was not needed regularly but this had not been reviewed and changed by the GP. We looked at another cream chart and saw that there were three days where administration was not recorded, so we were not sure if the person had received their medication. Care staff confirmed this had been applied but not recorded and assured us that records would be updated. The previous audits had identified similar issues with medicines not always being reviewed in good time by the GP if changes were needed.

We watched some people being given their lunchtime medicines. Staff gave medicines at the correct times in a kind and patient way and signed the records after the person had taken their medicine. Any handwritten entries were signed by two people, which helped to prevent mistakes. We looked at medication administration records (MARs) for seven people living at Orchard Lodge. We saw there were a lot of MARs written by hand. The registered manager said they would address this with the supplying pharmacist as they had not sent MARs for some people.

We would recommend that issues identified in medication audits are actioned in good time and in accordance with the provider's policies and procedures.

All of the people we spoke to said they felt safe living at Orchard Lodge, comments included; "Yes of course we're safe here", "Oh yes it's very safe and secure here" and "Yes we're safe and warm here." Our observations were that people were relaxed in the home and in the company of staff.

Care records contained a range of risk assessments including; falls, nutrition, continence, moving and handling, pressure relief, use of bed rails and generic risk. We saw that risk assessments were sufficiently detailed and showed evidence and were reflected in the associated care plan. We saw evidence of regular review for example, one person's dependency had increased as their health had deteriorated and this was monitored through the regular review of mobility assessments.

We checked how staff were recruited and the processes followed to ensure staff were suitable to work with vulnerable people. We reviewed three personnel files of staff who worked at the service and saw that there were safe recruitment processes in place including; a probationary period, references from previous employment and Disclosure and Barring Service (DBS) checks. DBS checks are carried out to ensure that staff are suitable to work with vulnerable adults in health and social care environments.

The staff we spoke with described what course of action they would take to ensure actual or potential harm if they felt someone at the service was being abused. Staff showed us how to access the contact details for the local authority safeguarding team which were displayed in the communal area of the home. Training records confirmed all staff had undertaken safeguarding training.

We saw that arrangements were in place for checking the environment at Orchard Lodge to ensure it was safe. We saw that the service had responded to reports from fire safety inspections promptly and had made the necessary repairs to the fire escape as directed. We saw that fire procedures in the event of an evacuation were clearly marked out, and people had Personal Emergency Evacuation Plans (PEEPs) which were personalised and reviewed regularly. We noted that the detail within these corresponds with those contained in the fire procedure folder.

The building itself was clean and well maintained. We spot checked some safety certificates such as gas and electrical safety and fire safety and these were all up to date.

## Is the service effective?

### Our findings

People told us they were happy with the quality of care they received from staff, comments included; "You couldn't wish for better staff".

During this inspection we checked to see if the service was working within the legal framework of the Mental Capacity Act (MCA) 2005. The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We saw that consent was not always clearly documented within files and the best interest process was not always used. For example, we reviewed the care records for two people who were sharing a bedroom and found that there was no consent documented for one person. The records we reviewed indicated that the person had dementia and lacked capacity in some areas but there was no evidence of a capacity assessment or best interest process in relation to this decision.

We looked at care files which included Mental Capacity Assessments to prompt staff to consider whether people had capacity in accordance with the four stage legal test, that is, can the person; understand, retain, and weigh the information and communicate their decision. If the person was unable to do any of these, then the person would lack capacity to consent to that particular decision. We found that these assessments were not always completed clearly. For example, two people who could not 'retain' information in accordance with the four stage test were documented as having capacity.

We saw examples of other mental capacity assessments which were not decision specific, for instance, 'day to day decisions'. This was too generic and meant that it was not clear what aspects of the person's care people had consented to.

We saw that files contained documents entitled 'who I would like to be involved in my care', however, we saw that one person's care plan was reviewed and updated on the 16 July 2017 and there was no record of family involvement. This meant that consultation with relatives did not always take place in accordance with the person's wishes.

People who lack mental capacity to consent to the necessary care or treatment can only be deprived of their liberty when this is in their best interest and legally authorised under the Mental Capacity Act 2005 (MCA). At the time of our inspection, the registered manager had applied for Deprivation of Liberty Safeguards (DoLS) for two people living at Orchard Lodge. This is part of the MCA and aims to ensure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. We saw evidence of DoLS applications and Lasting Powers of Attorneys recorded within care files. However, we spoke to the registered manager who had limited knowledge of the test to establish if someone was being deprived of their liberty and explained that these applications had been prompted upon the advice of other

professionals. The registered manager advised they last received training in July 2016 and had booked themselves and some staff members on refresher training.

This meant that the principles of the MCA were not always followed.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported and cared for by trained staff who were familiar with people's needs and wishes. Staff reported feeling well supported in their role through induction, supervisions and regular training. We reviewed the staff training matrix and certificates within staff recruitment files which showed staff had training in areas such as moving and handling, tissue viability and care planning. Staff told us they had completed training in areas such as dementia care. We saw that thirteen out of fifteen staff had achieved, or were working towards, an NVQ level 2 or above. This helped to ensure that people were cared for by staff that have the necessary skills to support them safely.

We saw evidence that the registered manager promoted on-going development and training for staff, for example, senior care staff had recently attended the NHS 'React to Red' training which relates to the identification and prevention of pressure sores. The registered manager had arranged for these members of staff to share their newly acquired knowledge with the rest of the team. Staff also told us they have each been delegated tasks of care planning for five people living in the home, a new responsibility they welcomed.

People we spoke with were generally happy with the food provided at Orchard Lodge; comments included; "The food's lovely", "Some days it's good, some days it's not so good". We sampled and observed the lunch time meal of roast gammon with fresh mashed potatoes and diced vegetables. The home operated a four week rolling menu with a choice for each course; however, the menu was not displayed. People told us they were asked each day what meal they wanted for lunch and tea and that alternatives were always available.

We could see that meals were served in a friendly manner and people's preferences were catered for; for instance, some meals had different potatoes. Hot drinks were served with meals and condiments were available. We found that there was a relaxed atmosphere in the dining room and people were not rushed.

People living at Orchard Lodge were encouraged to participate in planning their meals by making suggestions at resident meetings, for example, resident meeting minutes showed that people had requested a change of supper snacks and records showed that the service had agreed to source these alternatives. We saw evidence of nutritional care plans within files outlining whether people had any specific dietary needs or support needs around eating and drinking. People's favourite meals and preferences were recorded within files. We spoke to the cook who knew of people's individual dietary needs for example, people who had diabetes. Orchard Lodge had achieved a 'Good' rating from the local food standards authority in November 2016. This demonstrated hygienic food handling practices.

People at the home were supported by the staff and external health care professionals to maintain their health and wellbeing. The care files we looked showed people received advice, care and treatment from relevant health and social care professionals, such as the GP, chiropodist and district nurse. People told us the doctor was called if they were unwell and relatives we spoke with agreed that referrals were made promptly to health agencies. Comments included, "We get a doctor here quicker than we would at home." We saw that one person's care plan contained an assessment by a community occupational therapist. The service had implemented advice following this assessment and the person now had a specialist bed and

mattress and would be assessed for nursing care.

We observed that the layout of Orchard Lodge largely met the needs of people living there. We saw that there was a ramp at the front of the building and a lift to each floor.

# Is the service caring?

## Our findings

We received positive comments about the caring nature of the staff at Orchard Lodge. People told us; "It's like family here" and "They're {staff} just like daughters and sons."

During our inspection we observed staff providing kind and compassionate care to those who were living at Orchard Lodge. We observed staff hoisting a person, who was unable to verbally communicate, in a gentle and compassionate manner providing reassurance throughout. Staff knew everyone by name and care files contained documents entitled 'how we can communicate' and person centred information to prompt conversation. For example, one file contained information that the individual liked to talk about their past job and family.

We saw evidence that people were involved in their care planning and their opinions were clearly recorded within their care files. People had a 'This is Me and The Things I can do' document and a 'Sleep Preferences' form which outlined people's likes and preferred daily routine which outlined; for example, if people liked to attend to their own personal grooming. Care plans were written in the first person tense which promoted a person centred approach.

Staff were observed showing respect for people's privacy by knocking on people's bedroom doors and requesting consent before delivering care. We found that staff worked with the aim of improving or maintaining people's independence, for example, some people living at Orchard Lodge were supported to continue to manage their own medication in accordance with their wishes. The service promoted privacy by enabling people to have keys to their bedrooms doors.

We saw that staff had been on Equality and Diversity training. We observed staff taking time to ensure dignity was maintained when interacting with people. We saw evidence of 'Equality and Diversity' preferences within care files which documented people's religious beliefs and whether there was any support needs around this.

Two relatives told us there were no restrictions in visiting which encouraged relationships to be maintained. People we spoke with told us their visitors were made welcome and relatives we spoke with agreed they could visit at any time. At the time of our inspection, bedrooms were being redecorated. People's bedrooms were personalised and people had been involved in choosing the colour schemes and flooring for their rooms.

We saw evidence of Advocacy services being advertised in the communal area of the home. Independent Mental Capacity Advocates (IMCAs). IMCAs represent people where there is no one independent, such as a family member or friend to represent them. At the time of our inspection, we were told that two people were accessing advocacy services.

Care records contained end of life documents to encourage people to consider their choices for the end of their lives. This documented information relating to advance decisions or funeral arrangements. We saw

evidence that staff had been booked to attend training for advance decision making in October 2017. The Provider Information Return (PIR) documents that the register manager has given consideration to the use of DNAR (Do Not Attempt Resuscitation) forms within care files and removed these documents for three people living at Orchard Lodge upon their request.

## Is the service responsive?

### Our findings

Care plans were personalised and encompassed the individual needs of each person living at the home. Information regarding people's likes, dislikes, backgrounds and histories were through consultation with the person and their relatives. We saw that care plans covered a variety of areas such as mobility, nutrition and medication. We saw that care records contained documents entitled 'My Personal Details'. This provided staff with an accessible summary that was easy to refer to and covered areas such as allergies and medical history.

The detail in the care plans and risk assessments was person centred and enabled staff to appreciate and understand the level of care and support that needed to be provided and in what ways to suit the needs of the person. For example, one person's care record outlined that they often declined their medication and reminded staff to offer the medication at a later time as the person sometimes changed their mind. This helped ensure that staff knew the level of support to provide to people.

We looked at how social activities were organised at Orchard Lodge. People told us they enjoyed activities such as 'play your cards right', 'sing-a-long' and 'chair exercises'. During our inspection, the activities being held included; 'nail pampering' and 'bingo'. Some people we spoke to told us that they would like more days out as they commented that they did not have the opportunity to get out as much as they would like. Comments included; "We'd love to get out once a week or even once a month". Another person said, "There's no one to take us out". This opinion was also reflected within the minutes of resident meetings. The registered manager informed us that they were currently collecting for a 'resident's fund' to facilitate more activities in the local community.

People living at Orchard Lodge had access to a conservatory and well maintained garden when the weather permitted. We were told that people had been involved in gardening sessions and minutes from resident meetings confirmed that people had enjoyed this.

We were informed that people who lived at Orchard Lodge were involved with the décor of the home and were encouraged to make their bedrooms as personalised as possible.

We looked at processes in place to gather feedback from people and listen to their views. Quality assurance surveys were issued to people living in the home and their relatives. The registered manager told us they had reviewed the surveys and were now working on an audit tool in order to analyse trends and comments. The questions covered topics such as, choice, variety and amount of food, personal care and daily living. The majority of respondents reported that they were 'very satisfied' or 'quite satisfied' with these aspects of care.

People we spoke with told us they were able to provide feedback regarding the service via resident meetings. We looked at minutes of these meetings and saw that they had been completed regularly. We also saw evidence that the registered manager had taken action in response to people's feedback to improve the service for however it was not clear whether these actions were regularly analysed and circulated to people living at Orchard Lodge.



People living at Orchard Lodge had access to a complaints procedure which was advertised in the communal area of the home. At the time of the inspection, there were no recent complaints.

## Is the service well-led?

### Our findings

We saw evidence that the service had used the findings from our last inspection to drive improvement and had sought advice from an external consultancy service to assess compliance with the key lines of enquiry that we inspect. However, we found, that the provider had not always taken action in response to the areas of improvement identified; for example, the consultancy audit on 17 July 2017 analysed dependency levels for people living at Orchard Lodge and concluded that staffing levels did not meet the required national average staffing hours. There was no evidence that any action had been taken to rectify this. The registered manager acknowledged there was a reduction in staff at weekends but could not provide a clear rationale as to why this was the case.

Similarly, the management had not responded effectively to address issues identified in audits completed on 11 July 2017 and 17 July 2017, in relation to medication management. Furthermore, the provider audits did not identify the issues detected during our inspection in relation to compliance with the Mental Capacity Act 2005.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager in post. 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 the last inspection in February 2017, we found there was a lack of established and routine audit which meant some areas of the running of the home were not being effectively monitored. The processes in place for infection control monitoring were insufficient and did not include the laundry area. During this inspection we found that the provider had taken positive action to address the breaches identified at the last inspection and were no longer in breach of Regulation 12 (Safe care and treatment).

We saw that some improvements had been made to the audit systems and processes relating to maintenance of the premises and safety including electrical appliances, ventilation and heating. In addition, we noted that there was increased provider oversight in the form of monthly audit visits. These audits covered areas such as medication and infection control. We saw that an action plan was devised following provider visits which outlined what improvements needed to be made.

During our inspection visit, we observed on-going refurbishment to the service including improvements being made to people's bedrooms. We saw that some rooms did not have lampshades and bulbs were missing from light fixtures in the main lounge. We looked at the refurbishment plan and saw that it is in the early stage of delivery.

The registered manager acknowledged the need for further improvement and spoke passionately about

their refurbishment vision stating that; 'Things will be much improved in the next 12 months'. We saw that the registered manager had recognised areas for improvement that we had also identified during our inspection, for example, the need to have all radiators covered to ensure people's safety although this had not yet been actioned.

People spoke positively about the management at Orchard Lodge. Comments included, "The registered manager is organised". Staff told us that things had improved following the current manager's appointment. It was evident that the registered manager and provider promoted an open and supportive culture within the home and staff told us that they enjoyed working at Orchard Lodge and worked well as team. Staff meetings were held regularly. We reviewed minutes of meetings which showed that discussions were held about topics such as safeguarding and people's individual needs.

From April 2015 it became a legal requirement for providers to display their CQC (Care Quality Commission) rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection for Orchard Lodge was displayed for people to see in the main entrance / hallway.

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 11 HSCA RA Regulations 2014 Need for consent  The principles of the Mental Capacity Act were not always followed when assessing people's capacity.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  There were processes (checks) in place to help ensure the quality of the service provision however these were not always effective.