Health & Care Services (NW) Limited

Orchid Lawns

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

We inspected Orchid Lawns on 23 October 2014. Orchid Lawns provides nursing care and support for up to 24 older people with dementia and needs relating to their mental health. At the time of our inspection there were 16 people who lived at the home.

The home is required to have 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 the time of our inspection, the manager's application to become the registered manager for Orchid Lawns was being processed by CQC.

When we last inspected Orchid Lawns on 13 December 2013 we found that the provider was not meeting the legal requirements of a number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in respect of safeguarding, care records and supporting

Summary of findings

staff. The provider told us that they would take action to make improvements by April 2014. During this inspection we found that the provider had taken appropriate steps to rectify the breaches we had found previously.

There were insufficient staff to safely meet the needs of people in this home.

The staff who worked at the home had the necessary skills to care for and support people. Robust recruitment and induction processes were in place. Staff had received training safeguarding. The requirements of the Mental Capacity Act 2005 were understood and met by staff.

Risk assessments and management plans were in place to enable people to have as much independence as possible whilst keeping them safe and to manage risk in connection with the operation of the home.

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. They were supported to access healthcare services and their medicines were managed and administered safely. They liked the food they were offered and their specific dietary requirements were catered for.

Staff were caring and respectful, interacted with people very positively and knew the people that they cared for well. Visitors were welcome at the home at any time and the manager held meetings for relatives to discuss matters concerning the home.

Although there was a creative therapist in post people did not receive much support to participate in meaningful activities or maintain their hobbies and interests.

The provider had a complaints policy which had been made available to people and their relatives. The manager had an open door policy for people and relatives to call in at any time to discuss any concerns with them. However, relatives felt that there was little managerial presence in the home.

Staff felt supported by the manager although they went to the nurse for guidance. Staff knew and understood their roles. A number of quality audits had been undertaken. However, where actions had been identified there was no evidence that these had been completed.

During this inspection we found there was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

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 service was not always safe.

There were insufficient staff to meet people's needs at all times.

There were systems in place to manage risk in connection with the operation of the home.

Requires Improvement

Is the service effective?
The service was effective.

The requirements of the Mental capacity Act 2005 were understood and met.

People received adequate nutritious food and drink.

Good

Is the service caring?
The service was not always caring.

People's privacy and dignity was not always respected.

Staff were caring and respectful to people and knew the people they cared for well.

Requires Improvement

Is the service responsive?
The service was not always responsive.

People got little support to maintain their interests.

People knew of the complaints system in place.

Requires Improvement

Is the service well-led?
The service was not always well-led.

Relatives did not find that the manager was accessible.

Staff said they felt supported by the manager but went to the nurse for guidance.

There was no evidence that actions identified through quality audits were completed.

Requires Improvement

Orchid Lawns

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 23 October 2014 and was unannounced. The inspection team of four people was made up of two inspectors and a specialist advisor with expertise in dementia care. The team also included 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. Their experience was in residential care.

Before we visited the home we checked the information that we held about it. We looked at the notifications that the home had sent us. A notification is information about important events which the provider is required to send us by law. We looked at the report of the previous inspection held in December 2013 and the report of actions that the provider had told us they would take.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with a dietician who supported people who lived at the home.

During our inspection we spoke with two people who lived at the home and four relatives of people who lived at the home. We also spoke with the operational manager, the chef, the nurse, four care workers, a cleaner and the creative therapist at the service. We carried out observations and used the short observation framework for inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us because of their complex needs.

We looked at the care records for seven people using the service, five staff recruitment files and policies and procedures at the home. We also looked at records of quality audits, complaints and compliments that had been received, risk assessments and general maintenance records for the home. We spoke with the manager of the home, by telephone, shortly after the inspection.

Requires Improvement

Is the service safe?

Our findings

During our last inspection in December 2013 we found that the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 as they had failed to ensure that people were safeguarded by taking reasonable steps to identify the possibility of abuse and prevent it before it occurred.

At this inspection we found that all the staff we spoke with were able to demonstrate a good understanding of safeguarding procedures and were able describe what constitutes abuse. One staff member said, "I feel well trained in recognising signs of abuse and I would raise any concerns I had straight away." We saw from our records that the manager had notified the CQC and the local Safeguarding Authority of incidents when abuse had been suspected and that the manager had co-operated with the investigations carried out by the local authority. We noted that the manager had taken appropriate action, including where appropriate the amendment of people's care plans, when possible abuse had been identified to reduce the risk of it happening again. This showed that the provider had taken reasonable steps to identify the possibility of abuse and prevent it before it occurred.

Most people were unable to communicate with us verbally because of their complex needs but the people we were able to speak with told us that they felt safe at the home. One person we asked said, "I hope so." They added to this response by giving a 'thumbs up' sign. Relatives we spoke with told us that their relatives were safe at the home.

The operational manager told us that the provider had calculated the number of staff needed to provide nursing, care and support based on the level of dependency of the people who lived at the home. Staff rotas showed that absences had been covered for each shift. However, this was not reflected in the comments from staff or our observations. Staff told us they were, "Really busy." They said that care would be improved if there was an additional member of staff on duty during the day. One member of staff said, "It is a real challenge to balance delivery of personal care needs with having enough time to sit and listen to residents."

At 11 am we noted that four people were still in bed. Although three of them were asleep, the fourth person wanted to get up and was waiting for staff to become available to assist them to do so. A member of staff said that this person needed two staff to support them with their personal care and therefore had to wait until two staff became available. However, we were assured that all four people had been given their breakfast and a drink.

We observed that another person had become restless and noisy. Staff told us this person's needs had recently increased which had subsequently reduced their ability to meet other people's needs. Relatives also commented on this. One said, "[They] takes all their resources." Another said, "It causes a bit of bad feeling. My [relative] may not be looked after properly."

We also noted that the creative therapist, who should have been spending time supporting people with their interest and hobbies, was unable to do so. This was because much of their time was spent assisting the care workers to provide basic care and support to people. All the staff were busy all the time and had little or no time to take a break. One staff member who had been on duty since 8.00am had been unable to take a break until 2.30pm.

This is a breach was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked at five staff files and noted that the necessary recruitment and selection processes were in place. We found that recruitment and selection process were thorough, and pre- employment checks were completed to make sure employees were suitable for the role in which they were employed.

Individual risk assessments were completed for people who used the service. Each assessment identified the risk to the person and provided staff with details of action to take to reduce the risk of harm. We saw that risk assessments were reviewed regularly to check that the level of risk to people was still appropriate for them. Staff were able to demonstrate their understanding of the risk assessments and were aware of the steps required to protect people. We saw that a number of people exhibited behaviour that had a negative impact on others or put others at risk. One member of staff said, "My resident can get distressed during the delivery of personal care and we have clear guidance about giving them time and not rushing the personal care." This demonstrated that risks were managed in such a way as to keep people safe.

Requires Improvement

Is the service safe?

Accident and incident forms were completed appropriately and a monthly analysis of these was produced to identify any trends or changes that could be made to reduce the numbers of these. This was used to identify ways in which the risk of harm to people who lived at the home could be reduced.

We noted at medicines administration time that people were not rushed to take the medicines offered. We saw that time was taken to identify the person through careful checking of their record and through discussion with other staff who knew people well. Staff consistently sought people's consent when administering the medicine prescribed. We were told no medicines were given to people covertly.

We saw that people received their medicines as prescribed and that medicines were stored and administered in line with current guidance and regulations. We checked the medication administration records (MAR) and found no inaccuracies. We noted that the central medicine stock cupboard was organised and tidy. We saw from a review of records that stock checks, including all controlled medicines were conducted twice daily. This showed us that medicines had been kept safely.

Good

Is the service effective?

Our findings

During our inspection in December 2013 we found that the provider was in breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 as staff were not supported to deliver effective and appropriate care to people.

During this inspection we found that staff were supported by way of regular supervisions. Staff told us they were confident in their roles and received regular supervision at which they could discuss any training or development needs. We saw from a schedule of supervision that this normally took place every two months. Members of staff we spoke with told us that they received the training they needed to support them in their roles, such as safeguarding, whistleblowing and infection control. We spoke with one member of staff who had started working at the home earlier in the year. They said, "My induction was very thorough and I was given a lot of time to shadow more experienced staff before I worked unsupervised. I was allowed to develop my confidence in my own time and I really appreciated that."

Relatives we spoke with were complimentary about the knowledge of the staff. We saw that the staff were competent, had the necessary skills to care for the people who lived at the home and were able to communicate with them using non-verbal means, such as body language and facial expressions. We observed staff as they assisted people to move around the home in a safe, effective way.

A number of staff had completed creative minds training. This was accredited dementia training which supported staff to recognise and support residents with dementia conditions. Staff told us that this was designed to enhance the quality of life for people with dementia, using their life-stories, and showed us that this had been incorporated into peoples' care plans and activity planning.

Most people who lived at the home were unable to speak with us. However, relatives we spoke with told us that people's care needs were discussed with them and they had been included in the planning process. Where able, people who lived at the home had signed their care plans or their relatives had signed them on their behalf. This showed us that people or their representatives had participated with the planning process and had agreed to the content of the care plans. We saw that staff spoke with people and asked for their consent before providing any care, such as assistance to eat their food or moving them to their room to receive personal care. This showed us that the staff actively sought people's involvement and consent.

Staff told us they had received training on the Mental Capacity Act 2005 (MCA) and understood what it meant. They were able to describe how they supported people to make their own decisions as much as possible. We saw that records of assessments of mental capacity and 'best interests' documentation were in place for people who lacked capacity to make their own decisions. The best interest decisions had involved healthcare professionals, family and / or people's appointed representatives. We saw that decisions as to whether people should be actively resuscitated in the event of a cardiac arrest had been made in accordance with current guidance. People's relatives and healthcare professionals had been involved in making the decisions and, where appropriate, current authorisations were held in people's care records.

We looked at whether the service applied the deprivation of liberty safeguards [DoLS] appropriately. DoLS are put into place to ensure that people's human rights are protected should their liberty be restricted in any way. We saw that an authorisation was in place for restrictions to be placed on one person's liberty and that the terms of the authorisation were being followed within their care plan.

During our inspection we saw people were offered drinks and snacks throughout the day. We observed that people were offered choices both at breakfast and lunchtime, and noted they were enjoying their meals. One relative said, "The food is always first rate." Where people needed assistance to eat their meal, members of staff assisted people in a caring manner and interacted positively with them. However, we noted that staff were interrupted from the task of assisting people to eat their meals to respond to the needs of another person on a number of occasions during the lunchtime meal. This did not contribute to a calm, relaxed environment for people as they ate their meal.

The chef who was able to explain people's dietary requirements and supplements were supplied where these were needed. None of the people who lived at the home had special religious or cultural dietary needs. The home had recently received accreditation that demonstrated that they met people's dietary needs following best practice. The chef showed us the records that they kept of meals and

Good

Is the service effective?

fortified supplements that were provided to maintain their accreditation, and the dietician we had spoken with before our inspection was positive about the way in which people at the home were supported with their dietary needs. Care records showed that, where appropriate, all drinks and food offered and accepted were recorded on a regular basis, people's weight was monitored and they were referred to the dietician when concerns about their weight arose.

People were supported to access healthcare services and staff members accompanied them to healthcare appointments outside of the home. We saw that a GP visited on a regular basis and referrals were made to other healthcare services, such as the dietician, community nurses and occupational health therapists, as a need was identified. Appointments were made for people to see the community dental service at the home. Care records showed that the service had visited the home in September 2014. Visits from healthcare professionals and the reasons for these were recorded in people's care records.

Requires Improvement

Is the service caring?

Our findings

A person who lived at the home described the staff as, "Wonderful and very caring." We heard one resident say to a member of staff, "You are exceptional. You can't do enough for me." When we asked another person if they were well cared for, they answered, "I suppose so." A relative told us, "We're like a family really. It's very nice."

A comment received from a relative in a card stated, "The care you have given [relative] has been wonderful and as well as making [relative's] life very comfortable has made a huge difference to us all. It has always been a pleasure to visit and to see how well the team work together and look after all the residents."

The care plans we looked at showed that, where they had been able to, people or their representative had contributed information to be considered in the planning of their care. Staff knew the people who lived at the home well and knew their personal histories. During our inspection we saw a lot of positive interaction between staff and people who lived at the home. We saw that the staff showed patience and gave encouragement when supporting people. Staff often anticipated people's needs and this helped to maintain a generally quiet and calm atmosphere about the home. We observed one member of staff ask a person if they would like another cup of coffee. On their return, with the fresh coffee, the staff member rubbed and massaged the person's shoulders because they knew the person really enjoyed it. We noted at medicines administration time there was kind and caring interactions with people. Staff consistently asked about people's welfare as they offered them their medicines. Where people were supported to eat their meal, members of staff assisted people in a caring, respectful manner and asked them whether they were happy with their meal and allowed them to choose how they were supported.

Staff we spoke with told us how they protected people's privacy and dignity. They told us, and we saw, that they always knocked before entering people's rooms and ensured that doors and curtains were closed before personal care was delivered. Relatives told us that they could visit at any time. Three relatives told us they met each day in one of the dayrooms to assist their relatives to eat. One told us, "'It's beautiful here." Another relative told us, "….such a camaraderie with us relatives."

However, we noted that people's privacy and dignity were not always maintained. We saw that one person was particularly restless and disturbed other people. Staff had moved them to a quieter area and had initially covered them with a blanket to protect their dignity but they had removed this. We raised this with management representatives who said they would make alternative arrangements should a similar situation arise in the future.

Minutes of meetings held for people and their relatives showed that there was an advocate who spoke on behalf of people who did not have a representative.

Requires Improvement

Is the service responsive?

Our findings

During our inspection in December 2013 we found that the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 because there was a lack of detailed information relating to some areas of their care and treatment in their care plans. During this inspection we found that care records accurately reflected people's individual needs and were updated regularly with any changes as they occurred. There were care plans that detailed how people's assessed needs would be met. For example, one person liked to eat their food without cutlery so the chef prepared their meals without sauces and presented it in a way that it was easy for them to eat with their fingers.

Before people moved into the home their needs had been assessed to ensure that the home could meet them. Information on their likes and dislikes had also been obtained. Care and support was planned and delivered in line with people's individual care plans, although some people had to regularly wait for their needs to be met until there were sufficient staff available to support them.

Although there was a weekly schedule of activities displayed on a noticeboard, we saw that this was some weeks out of date. We saw one person have their hair washed by a visiting hairdresser and another was playing cards on a dining room table. There was, however, little evidence that people's time was usefully occupied when they did not have visitors. We did not see anyone engaged with simple everyday household tasks, which are often used to enhance the wellbeing and quality of life for people with dementia

The creative therapist showed us their checklist which was designed to enhance the quality of life for people with dementia, using their life-stories. They showed us how they had incorporated this into residents' care plans. We looked at a care plan and could see how well they had done this. They told us that they could not support people as much as they would wish to, "I'm torn between being pulled into doing the hands-on care to help the care staff as they need more help to manage the high care needs of the residents, and doing the activities they so desperately need as well."

We saw that the provider had introduced a 'resident of the day' scheme. On a given day one resident was allocated as the 'resident of the day' and during the day their experience at the home was reviewed. This involved a review of all aspects or elements of their care, including their care plans, a medicines review, a full room clean by the housekeeping staff and a check of all the equipment in their room and their bathroom. The chef visited them to update their likes and dislikes and their favourite meal was organised for them. We spoke with the nominated person on the day of our inspection who told us that they liked the attention that they received on 'their' day. The 'resident of the day forms' were kept in a separate file. However we noted that not all aspects of some people's experience had been reviewed as it should have been as part of this scheme. In some cases only one element of care, such as the chef's review had been completed and there was no evidence to suggest that the care plans had been reviewed as expected. We brought this to the operational manager's attention.

The provider had a complaints policy which had been made available to people using the service and their relatives. Those that we spoke with confirmed they were familiar with it. Only one relative told us that they had made a complaint. They told us that this had been investigated and they had been informed of the outcome of the investigation. We saw evidence that the information from the investigation had been shared with staff and steps taken to prevent similar incidents from happening. The operational manager told us that the manager had agreed with relatives that they would operate an 'open door' policy and relatives could call in at any time to discuss any concerns they had. We saw records of two reports of dissatisfaction which had been resolved locally by the manager. We saw an example where the manager had suggested that they resolve an informal complaint by a relative by purchasing a specific activity item for one person.

The home environment was somewhat stark and unwelcoming. We were told that the walls had been recently repainted but paintings and other items to alleviate the institutional feeling of the building had not yet been put up. There was a small box which held personal mementos by each bedroom door to help people identify their rooms. However, there were limited activities that would be meaningful and stimulate people with dementia such as reminiscence or sensory items

Requires Improvement

Is the service well-led?

Our findings

In December 2013 we found the provider was in breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 as they failed to maintain up to date records for people.

During this inspection we found that people's records were up to date but were stored in an unlocked cupboard in an office used by the staff. The doors to the office were fitted with locks which could be opened by pressing a correct sequence of numbers. However, on the day of our inspection the office was unlocked and was unattended on a number of occasions throughout the day. This meant that people's records were not always stored securely and could be accessed by other people and any visitors to the home. We brought this to the operational manager's attention. They told us that the doors to the office should be kept locked and staff would be reminded of this.

When asked about the management of the home a relative told us, "They are generally very good. But what you see isn't necessarily always what you get. I never see the manager. I don't get a sense of who is in charge. But they are a committed group of carers." Another told us of the, "…very high turnover of managers.' A third said they, "…never see any hierarchy." A fourth relative told us that the provider, "Governs by fear."

The manager had been away for a period of five weeks at the time of our inspection. During this time the manager from another home in the group supported the staff, together with the operational manager. Several staff commented that they had raised concerns on staffing levels. Following these the staffing levels at night had been increased. This showed that management listened to staff concerns.

Staff told us that they would go to the nurse if they needed guidance and made no mention of seeking guidance from the manager. During our inspection we did not see any guidance, leadership or instruction given to any member of staff by the visiting management. This indicated a lack of leadership by the management. However staff followed their daily routines with people, working as a team and provided the best care that they could for people.

We saw that the manager held meetings for relatives of people who lived at the home. The meetings covered topics such as the management of the home, activities, menus and suggestions for improvements at the home. However, the relatives we spoke with told us that the meetings had been sporadic, with only one having taken place in the last five months.

We saw that a number of quality audits had been completed. These included a weekly dependency and tissue viability audit, a care file audit, nutrition audit and an infection control audit. However, we noted that where actions had been identified as a result of these audits there was no evidence that they had always been completed. This meant that the required improvements may not have been made, and demonstrated a lack of management oversight within the home. We brought this to the operational manager's attention. They were unable to confirm that the identified actions had been completed.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing **The provider failed to take appropriate steps to ensure that, at all times, there were sufficient numbers of suitably qualified, skilled and experienced staff to care for and support people.**