

## Health & Care Services (NW) Limited

# Orchid Lawns

### Inspection report

Steppingley Hospital Grounds  
Amphill Road  
Steppingley  
Bedfordshire  
MK45 1AB

Tel: 01525713630

Website: [www.craegmoor.co.uk](http://www.craegmoor.co.uk)

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09 May 2019

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### Ratings

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

# Summary of findings

## Overall summary

About the service: Orchid Lawns is a residential care home providing accommodation for older people, who may be living with dementia, a physical disability or mental health needs, who require nursing or personal care.

People's experience of using this service: People and their relatives were positive about the care that they received. One relative said, "Everyone is so lively and considerate. Nothing is ever too much trouble. I would give the all the staff here an A1 plus."

People were treated with kindness, respect and compassion and their privacy, dignity and independence were promoted.

People's communication needs were not always met as communication methods for people living with dementia had not been fully explored.

People had a limited choice of activities which they could take part in.

The environment at the service needed some development to make it more supportive to people living with dementia. Plans were in place to improve upon this.

We have made recommendations to the service about improving communication methods and the premises for people living with dementia.

Systems and process in place at the service kept people safe in all areas of their care including the administration of medicines.

There were enough staff on shift to support people and robust recruitment checks were carried out before staff started working at the service.

Staff received induction, training and supervision to ensure that they had the right skills and abilities to support people.

People were supported to eat and drink enough to maintain a balanced diet.

Staff referred people to health professionals where necessary and supported people to lead healthy lives.

Complaints were responded to appropriately by the registered manager.

People were supported with dignity and respect at the end of their lives.

The registered manager had a system of audits in place that were used to monitor and improve the quality of the service.

Regular feedback was collected from people and their relatives about the best way to support people.

People, their relatives and staff felt well supported by the registered manager.

Rating at last inspection: Good (report published 21 September 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. During this inspection we found evidence continued to support the rating of good. One KLOE (Responsive) has now been rated as Requires Improvement. More information is in the full report.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## 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 Safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was Effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was Caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was not always Responsive.

Details are in our Responsive findings below.

Requires Improvement ●

### Is the service well-led?

The service was Well-Led.

Details are in our Well-Led findings below.

Good ●

# Orchid Lawns

## 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:** This inspection was carried out by one inspector 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.

**Service and service type:** Orchid Lawns is a residential care home providing accommodation for older people, who may be living with dementia, a physical disability or mental health needs, who require nursing or personal care. Orchid Lawns is a small service consisting of one ground floor. At the time of our inspection 24 people were using the service and being supported with the regulated activity.

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:** This inspection was unannounced.

**What we did:** This inspection took place on 07 and 09 May 2019.

Before the inspection we gathered and reviewed information that we received from the provider on the provider information return (PIR). This is a document that the provider sent us saying how they were meeting the regulations, identified any key achievements and any plans for improvement. We also reviewed all information received from external sources such as the local authority and reviews of the service.

During the inspection we spoke with one person using the service, seven relatives, three care staff, one senior care staff, the registered manager, the operations manager, an activity co-ordinator and the cook. We observed staff members supporting and interacting with people at the service and spent time looking at the premises and how it had been adapted to meet people's needs.

We gathered information from four care files which included all aspects of care and risk and looked at two staff files including all aspects of recruitment, supervisions, and training records. We also reviewed records of accidents, incidents and complaints, audits, surveys and minutes of staff and professional meetings and policies and procedures relating to the management of the service.

On the 09 May we received further evidence from the provider showing their quality auditing systems and processes.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us that they felt safe. One person said, "Oh yes, I do feel safe. It is the attitude of all the staff." Relatives told us, "[Family member] must be safe here because they are always relaxed which shows to me that they must feel safe." and, "My family member is safe here. I do not have any worries about abuse."
- Staff received training in safeguarding people from harm and abuse. One staff member told us, "I would report concerns to my manager or I could follow the whistleblowing policy and ring the numbers that are on the posters around the service."
- A detailed safeguarding policy and information cards carried by staff directed staff what to do if they suspected harm or abuse.
- Safeguarding concerns were reported promptly to the local authority.

Assessing risk, safety monitoring and management

- Risks to people had been assessed in areas such as moving and handling, pressure sore care, eating and drinking and fire evacuation. Risk assessments were detailed and gave clear instructions how to support people in these areas.
- Regular checks in areas such as fire, gas and electrical safety were completed at the service.
- We saw staff following people's risk assessments. One staff member told us, "[Person] cannot walk now. Staff use the hoist, two of us together." This meant that the risk to the person was mitigated.

Staffing and recruitment

- Relatives told us, "The staff seem to be here all the time. There are always staff about." and, "[Family member] is safe because there are always staff here day and night."
- Staff told us that there were enough staff to support people safely. The registered manager had recently increased staffing to support people with specific support needs.
- We saw that there were enough staff to support people and staffing rotas confirmed this. Staff members promptly answered people's call bells.
- Robust recruitment procedures and checks took place before staff worked at the service.

Using medicines safely

- A relative told us, "Staff come around and give out the medicines. No worries about that because [Family member] is relaxed with staff and takes the medicines."
- Medicines were only administered by trained nurses. Staff who administered medicines had good knowledge around best practice and had their competency assessed regularly.
- We saw medication being administered and saw that this was completed professionally and in a kind and

caring manner.

- Internal and external audits of medicines were completed. We completed an audit of some medicines and found that these audits were effective.
- People who took 'as and when required' medicines or took their medicines in a specific way had these detailed in their care plans and their Medication Administration Records (MARS).

#### Preventing and controlling infection

- The service was visibly clean. We saw housekeeping staff completing cleaning duties throughout our inspection and saw that the cleanliness of the service was audited.
- Staff told us that they had enough access to cleaning products and equipment such as gloves and aprons to support people. We saw that staff did not always wear gloves when supporting people, however correct hand cleaning processes were followed between tasks.

#### Learning lessons when things go wrong

- The registered manager kept a detailed log of all incidents and accidents which included a 'lessons learnt' form. The form detailed the actions taken to prevent re-occurrence and whether this had been successful or not.
- Lessons learnt were shared with the staff team in handover meetings and team meetings.



# 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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started using the service. The registered manager said, "When a new person comes to the service we ask their relatives what the best way to help and support their family member is."
- One person had just started using the service and told us that staff were getting to know how they liked to be supported. People's pre- assessments were used to inform their care plans.
- People came and visited the service before they started using it to ensure that their needs could be met.

Staff support: induction, training, skills and experience

- People's relatives told us, "From what I have seen staff are brilliant at their work." and, "The staff are very good. Much better than other services. They know how to support [Family Member] as they walk around the service."
- We saw staff using moving and handling equipment such as hoists and saw that they were competent in using these.
- Staff received regular training in areas such as safeguarding people, moving and handling, supporting people with dementia and the Mental Capacity Act. Staff had a good understanding of these topics.
- Staff received a thorough induction when they started working at the service. We observed that a new staff member was working with experienced staff members during our inspection.
- Staff knowledge was checked regularly in competency assessments and observations by the management team.

Supporting people to eat and drink enough to maintain a balanced diet

- One person said, "I get plenty of cups of tea here. The chef knows me now and I had egg, sausage and bacon for breakfast. I just speak today if I want a change tomorrow but I accept what is on offer really- usually a meat dinner or vegetable choice."
- A lot of relatives came to support family members at lunch time. One relative told us, "I think there is enough to eat and drink. If I am not here then staff help [family member]. It is all written down because I have a look at it."
- We observed people's dining experience. Food looked and smelled appetising and there was a variety of options for people. People were encouraged to have second helpings if they chose to.
- We saw that some people were left for some time before being supported with their meals. There was a microwave available in the dining room to re-heat people's food, however we did not see this being used. We spoke to staff and the chef about this who said that they would speak to the manager about organising the dining experience to improve on this.

- People were supported with specific dietary needs such as soft diets. People had access to equipment which supported them to maintain a healthy diet such as specialised cups to support with drinking.
- The chef had a good understanding of people's dietary needs. The chef said, "People's dietary needs are on display on the white board in the kitchen. If there are any changes to a person's needs then we add this to the person's file in the kitchen."
- People's food and fluid intake and weight were monitored and action was taken to support people or refer them to dieticians if needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's relatives told us, "The doctor comes out to support [family member] and the chiropodist comes. No worries really." and, "If [family member] needs a GP then [staff] sort it."
- A relative said, "When [family member] came out of hospital staff were very good at supporting with fluids. [Family member] came home with a pressure sore and staff were really good at making sure that creams were applied. There is not a problem there anymore."
- The service referred people to professionals such as tissue viability nurses, occupational therapists, speech and language therapists and dieticians. Appointments were recorded and used to update people's care plans and risk assessments. Information from appointments were shared with the staff team in handover meetings.

Adapting service, design, decoration to meet people's needs

- Some areas of the service looked quite old and tired. On the day of our inspection the service was being decorated to improve upon this.
- Work was needed to make the premises more suitable for people living with dementia. There were no signs to help orient people in their environment and facilities in the garden area such as a bird feeder and summer house needed to be replaced or decorated.
- The registered manager showed us plans to improve the premises and we saw that this was underway. This included re-decoration, the addition of signage for people
- People had access to equipment such as hospital beds and bath hoists and these were checked regularly.
- People and their relatives were encouraged to choose the decoration in their rooms.

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, 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 and found that it was.
- Where people lacked capacity, appropriate assessments and decisions were made based in the persons best interests. This included areas such as medicines being given covertly or a person using bed rails for their safety.
- People had DOLS in place and the conditions of these were being followed by the staff team.
- We saw people being asked for consent, and their decisions being respected.
- Staff received training in the MCA and had a good knowledge of this. This was aided further by the knowledge card carried by staff and the regular MCA knowledge checks and audits completed by the management team.

# 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 were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- One person told us, "It is very relaxed here. The staff are friendly and helpful. I am well catered for generally speaking."
- Relatives were positive about the care their family members received. Relatives told us, "I find the staff always respectful, not just to [family member] but to everyone. They are very patient." and, "[Staff] are absolutely brilliant with [family member] and the care is brilliant."
- We saw staff members speaking to people calmly and with kindness and respect. For example, one person tried to enter another person's room and a staff said, "Stop please [person]. That is someone else's room." The staff member gently guided this person to their room and said, "Here, have a seat in this room. Are you OK now?"
- People's likes, preferences and religious and cultural beliefs were included in their care plans. Staff told us how they got to know people by asking them and their family members what their likes and dislikes were for food and drink and favourite clothes.
- Daily notes and care plans were written in a kind and respectful manner.

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

- We saw staff respecting people's decisions. For example, one person refused to take their medicines. Staff gently prompted and used different methods to try and persuade this person to take the medicines, however they respected that the person did not want their medicines.
- People were offered choices of food and drink and what to wear throughout the day. People chose when to retire to their bedrooms at night time. The registered manager was looking in to different communication methods, such as pictures and signing, that people could use to make more choices.
- People's relatives were involved in reviewing people's care plans. One relative told us, "[Family member] has a care plan and we do review it. It was done not long ago."
- People had access to advocacy service and these were advertised for people and their relatives to use.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted in areas such as mobility and eating and drinking. We saw staff support people slowly and patiently so that they could maintain their independence.
- People's privacy and dignity was respected. We saw one staff member support a person with a task. This person made it clear that they did not want support at this time and the staff member calmly left the person's room and informed them that they would come back later. We observed staff members informing people what they were doing whilst supporting them.
- People's care plans made it clear how to support people to keep their independence. One staff member

told us, "We must encourage people. Ask them to try for themselves and not to be scared because we are here to help them if they need help."

- We saw, and relatives told us that their family members were smartly dressed and always seemed relaxed and happy in the presence of staff.

## 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

- People living with dementia did not have access to methods to enable them to communicate. Staff communicated to people in a kind and compassionate way using verbal communication. Other methods to help people understand what was being communicated, such as pictures or signing, had not been considered or trialled.

- People's care plans indicated that people may use signs or gestures to communicate, however did not go in to enough detail about what these were or what a person may be trying to communicate when they used them. This meant that people may not be supported to communicate in their preferred communication methods.

We recommend that the service find out more about how to communicate with people living with dementia, based on current best practice.

- There were limited activities happening at the service. Relatives told us, "[Family member] wanders about but I do not think they get to do much." and, "The biggest thing here is that there is not much to do. People just sit in the lounge."

- One staff said, "People do not really do activities here. I have never really seen any. People listen to the music."

- The service employed an activities co-ordinator who was new in their job role. The activities co-ordinator told us that they were working to find out what people liked to do, and we saw them doing this with one person.

- Throughout the inspection we saw that the only activities on offer were a 'catch the ball' game and the activities co-ordinator played the piano for a brief time in the afternoon. The rest of the time, people were either sitting in the lounge or sensory room or were seen to be walking around the service.

- We spoke to the registered manager about the lack of activities on offer for people and they told us that they would be working with the activities co-ordinator to improve upon this.

- The premises were not designed to support people living with dementia. There were no signs to orientate people to their location at the service. People had 'memory boxes' outside of their bedrooms however it was unclear whether people would be able to identify their rooms from the objects in the memory boxes.

We recommend that the service find out more about making the premises more accessible for people living with dementia, based on current best practice.

- Staff had received training in supporting people living with dementia and we saw that staff had a good understanding of how to support people in a kind and respectful manner.

- The service was being decorated during our inspection and we saw that the registered manager had plans in place to make the premises more suited for people living with dementia.

- People's care plans included information about their life histories and their personal likes, dislikes and preferences. Staff had a good understanding of these.

#### Improving care quality in response to complaints or concerns

- Relatives told us, "We have had problems before, but this manager seems good and very responsive to the little issues that crop up." and, "I have not had to complain but I would go to the manager if I thought anything was wrong."
- Complaints were recorded, monitored and responded to promptly.
- One relative raised concerns about the responsiveness of staff when it came to supporting their family member with personal care. The relative had raised this with the registered manager. The registered manager showed us that actions were being taken to ensure that this was resolved.
- People and their relatives were made aware of the complaints procedure and this was on display around the service. The procedure was available in an easy-read format for people to use.

#### End of life care and support

- People were supported with dignity and respect at the end of their lives. Staff received training in end of life care and had a good understanding of how to support people and their families at this time.
- A relative told us, "[Family members] end of life plan has been noted. The service knows everything."
- People had end of life care plans in place which detailed their preferences and wishes at this time of their life.

## 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was passionate about person-centred care. The registered manager said, "We do not do anything that favours us as a service. We are here for our residents."
- The registered manager and the deputy manager were very visible at the service and knew people and staff members well.
- The registered manager was aware of improvements that needed to be made to help people with dementia communicate and to improve the premises. Plans were in place to achieve this and work had started in this area during our inspection.
- The registered manager told us that she was looking forward to focusing on providing person centred care for people now that they were not required to work directly on shift as much as in the past.
- People and their relatives were positive about the management of the service. People's relatives told us, "[Registered manager] is approachable and always says hello." And, "[Registered manager] is always available, very honest and very good. They are always out amongst what is going on at the service."

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

- The registered manager and the staff team had a good understanding of their job roles and could explain these to us.
- Audits were completed at different management levels to monitor the quality of the service. These focused on areas such as medicines, staff knowledge, people's experience at the service and the environment. Actions were put in place and completed based on the findings of these audits.
- Policies and procedures were detailed and contained recent legislation.
- Plans were in place for emergencies such as fire or power shortage and staff were made aware of these.

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

- People, their relatives and the staff team attended meetings to feedback about the service. Actions from these meetings were documented. A relative said, "There are resident's meetings held and a questionnaire was sent to [family member], as the care plan is if there have been any changes."
- The registered manager acknowledged that further work was needed to support people with complex communication needs feedback about the service and was working to improve on this.
- Staff were positive about the management of the service. One staff said, "[Registered manager] is very

approachable and is doing a good job. Even with the challenges here, they are still there to give us support."

#### Continuous learning and improving care

- The registered manager and operations manager were passionate about improving the service. Audits identified actions to improve the service and we saw that these were completed.
- The registered manager told us about their plans to improve the premises and communication methods for people living with dementia.
- The operations manager told us that they had linked with a dementia coach to look at improving in this area and technology, for example, iPads were also being considered.

#### Working in partnership with others

- Team work between the staff team was praised by relatives and the staff team. Relatives told us, "The staff work as a team. They all muck in and just get it done." and, "[Staff] work together. You often hear them ask each other for help. They work well as a team."
- Staff said, "It is all about working as a team; working with and respecting one another." Staff communicated well with each other during our inspection.
- Staff worked well with other health professionals to ensure good outcomes for people.
- Some relatives were concerned of the response time from other organisations supporting their family members. We spoke to the registered manager about ways they may be able to prompt other organisations to support people in a timelier fashion.
- The registered manager felt well supported by the provider.