

Mr Mukesh Patel

Orchard Lodge Care Home

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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Orchard Lodge Care home is a care home providing accommodation and nursing care to older adults who may be living with dementia or life limiting conditions. The service is a two storey adapted building and can support up to 28 people. At the time of our inspection the first floor of the service was not being used and six people were living on the ground floor.

People's experience of using this service and what we found

Medicines were not always managed safely. We identified improvements were required for medication recording practices and administration protocols. Whilst we did not find people had come to harm, there was an increased risk. Management oversight in this area should be reviewed.

The provider's end of life care protocols and procedures required review. We found that guidance was not always available for staff, and further training was required. This had been identified by the provider and manager prior to our review, and specialist training had been sourced. The training took place during our inspection timeframe and we will review its effectiveness at the next inspection.

Relatives told us the manager and provider had offered increased communication updates during the COVID-19 pandemic, however, this had not always been received. Relatives also told us they were left with some uncertainty because the provider had not maintained communication following the service being placed in Special Measures. We have fed this back to both the manager and the provider for their review.

We have made a recommendation for the provider to review their medication and end of life procedures and protocols. Additionally, the provider should consider how best to embed general communication methods with relatives.

People told us they felt safe at Orchard Lodge Care Home. Staff completed safeguarding training and had the skills and knowledge to identify and report any concerns should staff become aware of these.

People's needs had been assessed, and we found consent to care and best interests had been explored. Referrals took place for specialist health care reviews, and we received positive feedback surrounding this practice.

People's eating and drinking needs had been assessed and specialist advice and requirements were followed by staff. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, and in their best interests; the policies and systems in the service supported this practice.

Relatives told us staff updated them should the health needs of their relative change, and health professionals said they felt the service was responsive to people's needs.

People were treated as individuals and were shown kindness and respect. People and their relatives were involved in decisions, and care was individualised, and person centred.

A new manager had been appointed by the provider and they were undertaking the registration process with the Care Quality Commission (CQC) to become the registered manager.

Staff, relatives and people told us they knew who to talk to if they had any concerns and felt confident these would be acted upon. Health professionals told us the communication and responsiveness of the manager and staff was very good.

The provider had developed oversight of the service and planned to further improve outcomes for people.

People were supported to have choice and control of their lives.

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

Rating at last inspection and update

The last rating for this service was inadequate (inspection undertaken 02 March and 05 March 2020. Inspection report published 03 April 2020). There were multiple breaches of regulation and the service was in Special Measures. The provider completed an action plan after the last comprehensive inspection to show what they would do and by when to improve.

On 14 July 2020 we completed a targeted inspection to ensure that the service had made necessary improvements. We also followed up on concerns raised by the local authority. The targeted inspection looked only at specific areas of concern, and therefore a formal review of breaches did not take place, nor was a new rating generated.

This service has been in Special Measures since December 2018. During this inspection (May 2021) the provider demonstrated improvements had been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We carried out a comprehensive inspection.

The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

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 responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Orchard Lodge Care Home

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and one inspection manager.

Service and service type

Orchard Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission at the time of inspection. Although the provider had appointed a manager, who had begun the process of registration. This means that the provider is 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 before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

During the inspection

We spoke with one person who used the service about their experience of the care provided. We also spoke with two care assistants; one cook; one housekeeper; one nurse; the manager and the provider. The provider is responsible for supervising the management of the service.

We asked the manager to send us a range of records so we could review these away from the care home. Records included care plans, risk assessments, medication records and staff training and supervision records. Additionally, we requested some policies, the provider's statement of purpose and other records relating to the management and oversight of the service.

After the inspection

Following the visit, the inspection continued, and we reviewed the records which were sent to us. We also spoke with one further nurse and had contact with a trainee GP; a pharmacist and a palliative care nurse. We spoke with another person who used the service and four peoples' relatives. We sought further clarification from the manager and provider so we could confirm the accuracy of the records.

Is the service safe?

Our findings

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

At the last comprehensive inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Staffing and recruitment; Learning lessons when things go wrong

At the last comprehensive inspection there had not been enough improvement with the assessment of risk, safety monitoring and management. Suitable staffing arrangements were not found to be in place, and lessons were not always learnt nor shared with staff when things went wrong. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection, so the provider was no longer in breach of regulation 12.

- Risks to people were identified, comprehensive assessments were in place and these were reviewed and updated regularly. Care plans detailed how best to support people to reduce the risk of harm.
- Risks had been assessed, including for the environment and equipment safety. Management oversight and processes were in place to ensure risks in these areas were managed.
- Staff were recruited safely, and the required employment checks were completed. Ongoing reviews took place in line with the provider's policy.
- The manager reviewed staffing regularly to ensure provision met the changing needs of people. We observed staff responding to people in a timely manner. People and their relatives told us there were enough staff. Staff told us they had no staffing concerns.
- Incident and accident outcomes had been shared with staff. The manager and provider demonstrated how lessons had been learnt.

Using medicines safely

- We identified conflicting medication administration instructions for one person during our inspection. The manager took prompt action and sought clarification from the GP and pharmacist. During the inspection the manager developed safety systems with the pharmacist to reduce the risk of further occurrences.
- Staff practice surrounding medication administration records did not always comply with the providers policy, nor best practice requirements. Handwritten amendments to the medication administration records were not always signed and carried forward amounts of medications were not always documented. We have made a recommendation within the Well-led section of this report for systems and management oversight to be reviewed.
- Medication was stored safely, and we saw the environment was tidy and appropriate. We spoke to the pharmacist that supports the care home; they gave us positive feedback of the manager and staff teams

approach to medication management.

- One person told us their medication was administered at the time they expected it, and they had no concerns surrounding their medication.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and the risks of abuse. Staff had completed safeguarding training and had good knowledge of abuse and procedures to follow if concerns were identified.
- People and relatives told us that they felt staff had good practices and they had no concerns surrounding safety.
- The manager told us staff discussed safeguarding and other key safety topics during handover meetings each day. We saw evidence this took place.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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.

At the last comprehensive inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last comprehensive inspection, the provider had failed to ensure staff had the necessary skills and experience to support people safely. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection so that the provider was no longer in breach of regulation 18.

- The manager ensured a three-month induction took place for all new staff. Upon completion, staff were encouraged to undertake a formal qualification in health and social care.
- Staff received regular planned supervisions and annual appraisals were scheduled for them. Staff told us supervisions were beneficial for their practice and wellbeing.
- Staff had received training and support that was current, meaningful and worthwhile. This enabled staff to care for people effectively.
- Competency checks were completed to confirm the knowledge and practice of staff. One person told us they felt staff had the required skills and experience to care for their needs effectively.
- A recently employed nurse spoke positively of their induction. They told us they had been encouraged by the manager to consider areas where further training may be beneficial. The nurse told us they were confident their continued professional development needs would be met.

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

- The manager carried out pre-admission assessments. This was to ensure individual needs could be met prior to a person moving into the service. Joint working with healthcare professionals took place to ensure a smooth transition for people.
- We saw people's needs had been assessed and guidance was available within people's care plans to promote safety and wellbeing.
- Regular reviews of care plans took place, and when people's needs changed.

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

- The cook told us specific dietary communication took place to meet people's needs. One nurse told us a communication folder was available which allowed the care team to maintain effective communication with kitchen staff.
- We saw meal choice was available, and the menu was also displayed in pictorial format. During lunchtime

we saw people were supported with kindness and in an unhurried manner.

- One person had their nutritional and hydration needs met via a percutaneous endoscopic gastrostomy (PEG). A PEG is an external tube which is passed into a person's stomach. The person told us of the regime the nurses assisted them with. Review of documentation evidenced this was being completed safely in line with the persons individualised plan.
- The manager ensured referrals were completed for people where health professional involvement was required. We saw food and fluid charts were completed appropriately for people, and they were up to date.
- We asked the manager and provider to consider how monitoring documents reflected individualised needs. For example, the process for identifying changes and any referrals for people's eating and drinking may not be suitable for all people. The manager agreed to review this.

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

- One person and people's relatives told us staff informed them when referrals for specialist support took place, and outcomes were communicated.
- Health professionals told us the manager and staff were responsive, and they followed individualised guidance for people. We saw advice was followed by staff and recorded within care plans.

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

- The communal areas of the service were found to be bright and welcoming. The dining room was spacious and appeared comfortable and inviting for mealtimes.
- Moving and handling equipment was found to be accessible, and we saw staff supported people to move to and from the communal areas.
- One person told us of their satisfaction with their bedroom. They shared their enjoyment of being able to look out into the garden areas and see flowers and wildlife.

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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to consent to their care and treatment had been considered and was documented appropriately. Suitable assessments had been made where people lacked capacity to make certain decisions, and relatives were aware of these.
- The manager monitored DoLS authorisations to ensure reviews and renewals took place. Care plans reflected authorisations and best interest decisions.
- The manager and staff team understood their responsibilities regarding the MCA and the importance of

seeking consent. Staff evidenced the importance of empowering people to make decisions where they have the capacity to do so.

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.

At the last comprehensive inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Since our last inspection, improvements had been made to ensure people were treated with kindness and respect. We observed meaningful interaction taking place with people in communal areas, and where people were supported in their bedrooms.
- Relatives told us they had not noted the past findings of inspections when considering the care of their family member. However, they have since noticed improvements in the service and care provided. Furthermore, relatives told us the service employed staff who showed kindness and compassion in their roles.
- One person told us, "The [staff] and nurses are fantastic." Relatives said when they visited, they found their family members to be well cared for and dressed in clothing they were comfortable in.
- A healthcare professional who visited the service told us they felt staff treated and supported people well.

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

- People were involved in decisions relating to the care and support they received. The manager ensured care plans were reflective of individual needs, and sought information from people, or their relatives, if more appropriate.
- One person told us they had been involved in planning their care, and they had been encouraged to make decisions. They told us they were able to share their views with staff and had always felt listened to.
- Relatives, where appropriate, were aware of the care plans in place for their family member. One relative told us of having full involvement with the process, this ensured meaningful personalised information was recorded for their family member.

Respecting and promoting people's privacy, dignity and independence

- We observed staff promoting privacy by knocking on bedroom doors prior to entering. One person told us staff helped them with the things they could not do, and this was done in a respectful and dignified manner.
- Relatives told us staff approached their family member with kindness, and the language used was dignified and appropriate to the person's wishes.

Is the service responsive?

Our findings

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

At the last comprehensive inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At the last comprehensive inspection there had not been enough improvement for the planning of personalised care to ensure people had choice and control to meet their needs and preferences. This was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection so that the provider was no longer in breach of regulation 9.

- Detailed person-centred care plans had been developed which enabled staff to support people in a personalised way. Relatives provided important life history and information on likes and dislikes where the person may be unable to share information themselves.
- Health professionals told us the manager and staff acted quickly when people's needs changed. We were told professional advice was actively sought, listened to, and acted upon.
- We saw information was updated within care plans when needs change, and not only when completing a planned review.
- Relatives told us they were updated by staff should their family members' needs change. We were told this communication was respectful and opportunities to ask questions were available.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Signage was in place to help people understand where they were and to assist with finding specific areas. The manager and provider told us they planned to continue with the development of accessible information within the service.
- Various information boards were on display including daily menus in picture format and a staff photograph board. The manager told us easy-read information was available for topics such as: infection control, COVID-19, complaints and safeguarding.
- Language and pictorial boards were used to aid communication between people and staff where required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities were planned and varied. People had individual memory boxes for reminiscence, and staff spent time with people to ensure activities were meaningful. For example, activities took place in people's bedrooms, and they could also be held within communal areas. One person told us they liked to have their nails painted and hand massage was offered.
- Another person was supported with daily telephone calls. A relative told us staff knew when their family member was going to call, which was at the same time each day. Staff made sure the phone was charged and next to the person. The relative went on to tell us staff made sure the person was able to take the call and would assist if needed.
- A relative told us their family member had an interest in birds. Staff offered to bring the service's budgie to their family member's room, in its cage, so the person was able to see it and that they were pleased with this.

Improving care quality in response to complaints or concerns

- Relatives said they knew how to make a complaint and said they would be comfortable to do so if necessary.
- Complaints information was available within the service. One person told us who they would speak to if they had concerns and knew the manager by name.
- Staff told us they had confidence in the manager and would not hesitate in reporting concerns or complaints. Staff referred to the provider by name, and said they were confident to speak with them if needed.

End of life care and support

- The provider had policies and procedures in place for people's end of life care, and their end of life care plans had been developed.
- We found care plans had potential for further development and the manager agreed these would be reviewed. An example of this was anticipatory medications did not always have protocols in place and staff had limited guidance as to when these could be administered. Anticipatory medications are medicines which assist with the control of pain and other symptoms which may be present towards the end of life. During our inspection the manager ensured protocols were written, however, we asked both the manager and provider to consider developing their protocols further. This was specifically to include when a medical device may be appropriate for medication delivery, if it was prescribed when necessary.
- The manager and provider had arranged, prior to our inspection, palliative care and syringe driver training for staff. This took place during the inspection timeframe. We will review the effectiveness of this training and how this improved protocols, care plans and outcomes for people during our next inspection.
- A relative told us when their relatives health deteriorated, they felt the staff support was very good. We were told the staff supported the person and their family with a holistic approach to ensure needs were met, and people were welcomed and encouraged to visit safely. The relative told us, "It is the little things that made a big difference. They looked after us all."

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.

At the last comprehensive inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

At the last comprehensive inspection there had not been enough improvement with management oversight of the service nor were staff clear about their roles. We found evidence of falsified records, and despite the local authority supporting the service for an extended period, improvements had not been made nor sustained. We found the provider had failed to improve quality since the service had been placed in Special Measures in December 2018, and duty of candour was not being demonstrated. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection so that the provider was no longer in breach of regulation 17.

- Relatives spoke positively of the manager and staff, and said they were informed of notable changes in their relative's health. However, relatives highlighted some areas where communication could be improved. We were told the provider had informed relatives of previous inspection outcomes, and initial action taken, but these updates did not continue. Relatives also told us planned communication updates did not always take place.
- This inspection identified some shortfalls in the management oversight of medication records and processes. End of life procedures and protocols required development to ensure outcomes for people were positive, and for guidance to be readily available for staff.

We recommend that the provider reviews communication approaches with relatives. Additionally, the provider should further develop the management oversight of medication procedures, medication administration records, and end of life procedures and protocols.

- The provider had appointed a new manager since our last inspection. The manager had begun the application process with the CQC to become the registered manager.
- During our inspection we noted and observed positive change which was beginning to be embedded into practice. This included increased detail and personalisation within the care plan records.
- Audits identified areas for improvement, and these were acted upon by the manager and provider. The

manager and provider had ensured the required safety notifications had been sent to us.

- We saw positive impact had occurred through continued support from the local authority, and support from an external quality assurance company. This had also been noted by relatives who told us of the good outcomes which people had experienced.
- The manager had completed unannounced night-time checks, and a variety of regular audits including infection control, fire safety, health and safety and care plan documentation.
- The provider completed documented reviews of the service provided to people. This included gaining the experiences of people and staff.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture which encouraged openness and inclusion. Staff told us the manager was approachable and they felt able to raise issues with confidence.
- One health professional told us, "[Staff] are people orientated. The manager has a lot of experience and knows their job very well. People seem well cared for, there is good communication. I am quite impressed with [manager]."
- One person told us they felt their care was person-centred and met their agreed needs. They told us they were confident action would be taken if they raised concerns.

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

- The manager sought feedback through satisfaction surveys, and actions were recorded as completed including through a suggestions' box located centrally within the service.
- Healthwatch told us that staff had signed up to their pen pal scheme at the beginning of the COVID-19 pandemic. This provided opportunities for people to engage with others during what was, and continued to be, a time of varying isolation.
- Staff told us that regular staff meetings took place and they felt able to share experiences and make suggestions.
- The manager and provider were committed to promoting equality and diversity within the service.

Working in partnership with others

- The manager and provider had been working with the local authority commissioners to improve outcomes for people. They reflected positively on this, and the progress made at the service. Regular visits had taken place with improvements over time noted.
- Health professionals told us staff had good communication and were responsive to changing circumstances. We were told that this allowed for positive outcomes to be experienced by the people who live at Orchard Lodge Care Home.