

Mrs Milijana Kiss

# 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 well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection of Orchard Lodge took place on 8 March 2018 and was unannounced.

Orchard Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Orchard Lodge is a privately owned care home, registered to provide accommodation and care for older people. The property is a large detached house which has been converted for use as a home and is situated in a residential area of Seaforth, Liverpool. A call bell system is available throughout the building. Measures are in place to support access to the building for people who are wheelchair users or who have limited mobility. The home can accommodate up to 26 people. At the time of our inspection, there were 24 people living at the home.

There was a registered manager in post at the time of our inspection. 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.

We carried out an unannounced comprehensive inspection of this service on 29 August 2017. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches of Regulation 11 and Regulation 17.

We undertook this focused inspection to check that the provider had followed their plan and to confirm that they now met legal requirements. The team inspected the service against three of the five questions we ask about services: is the service safe, is the service effective and is the service well-led. No risks, concerns or significant improvement were identified in the remaining Key Questions through our on-going monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Orchard Lodge Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

At the last inspection on 29 August 2017, we found that the provider was in breach of Regulation because the principles of the Mental Capacity Act 2005 were not always followed when assessing people's capacity and arrangements for monitoring standards at the service were not robust.

On this inspection, we found that improvements had been made in relation to the Mental Capacity assessment process and the registered manager had attended training in respect of Deprivation of Liberty Safeguards since our last inspection. The registered manager recognised when someone was potentially being deprived of their liberty and made the necessary DoLS applications to the local supervisory body.

The recording relating to medicine administration was not always accurate. We checked a sample of

medications and found that the stock balances did not always correspond to the Medication Administration Record (MAR). We saw that medication audits were not fully effective because they did not cover stock checks of medication. We have made a recommendation regarding this.

Whilst we found that some improvements had been made to how the service was led, we have not revised the rating for this domain. This is because the audit systems required further development to ensure the safety of medicines. In addition, to improve the rating from 'requires improvement' requires a longer term track record of consistent good practice and sustainability of governance. We will check this during our next planned comprehensive inspection.

Our observations and discussions with people confirmed that the staffing levels were sufficient for the support which needed to be provided. Staffing had increased by one staff member for a proportion of the day since our last inspection. Recruitment was safely and effectively managed and the relevant pre-employment checks were completed before staff were appointed.

People told us they felt safe living at the home. Systems were in place to help ensure that people were safeguarded from harm. This included policies and procedures for staff to follow. Staff had undertaken training in safeguarding and knew how to report any concerns.

Risks to people's health and safety were assessed and preventative action was taken to mitigate risks. The registered manager maintained a log of accidents and incidents which occurred at the service and analysed these to minimise the chance of future occurrence.

People were supported to live in a safe environment that was free from hazards. Regular health and safety checks were completed and the equipment was well maintained. Emergency procedures were in place in the event of fire and regular mock evacuation drills were carried out.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff sought consent before providing care and support and involved people in day-to-day decision making.

People told us the staff were competent in their role. Staff were assisted to be effective through regular training, supervision and an annual appraisal.

The majority of people were satisfied with the food served at the home. We sampled the lunchtime meal and found it to be of good quality.

Health care was accessible for people and appointments were made for regular check-ups as needed. We spoke to one visiting health professional during our inspection who spoke positively about the home and staff who worked within it. They told us staff were responsive and followed health advice given.

The registered manager maintained oversight of the quality of the care being delivered and completed checks on areas such as health and safety, mealtime interactions, cleanliness and care plans. Action plans were developed following health and safety audits and these were signed off once completed.

All of the staff we spoke with liked working in the home, had been in post a long time and had noticed improvement since our last inspection. Staff described the registered manager as 'approachable' and felt well supported within their roles.

Opportunities were provided for people and their relatives to comment on their experiences and the quality of service provided through quality assurance surveys and resident meetings.

The registered manager had notified the Care Quality Commission (CQC) of events and incidents that occurred in the home in accordance with our statutory requirements.

The ratings awarded at the last inspection were displayed in the communal area of the home.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Medicine administration was not always recorded accurately within the home and audit processes were not sufficient to identify errors. We have made a recommendation about this.

People told us they felt safe living in the home.

Risk assessments were completed to assess and monitor people's health and safety and staff took action to mitigate risk.

### Is the service effective?

**Good** ●

The service was effective.

Improvements had been made to the records to assess capacity and DoLS applications had been made appropriately.

Staff were supported to be effective in their role through regular training and supervision.

People were supported to maintain good health and received health care support.

### Is the service well-led?

**Requires Improvement** ●

The service was not consistently well-led.

There were processes (checks) in place to monitor the quality of the service however these required further development to ensure the safety of medicines.

Staff and people who lived at the care home were complimentary about the registered manager and felt they were approachable.

The registered manager had notified the Care Quality Commission (CQC) of events and incidents that occurred within the home in accordance with our statutory requirements.

# Orchard Lodge Care Home

## **Detailed findings**

### Background to this inspection

We undertook an unannounced focused inspection on 8 March 2018. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 29 August 2017 had been made.

The team inspected the service against three of the five questions we ask about services: is the service, is the service effective and is the service well-led. This was because the service was not meeting some legal requirements. No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

Prior to the inspection we contacted the local authority quality monitoring team to seek their views about the service. We were not made aware of any concerns about the care and support people received. We also considered information we held about the service, such as notifications of events, accidents and incidents which the service is required to send to CQC.

The inspection was undertaken by two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service, in this case, care of people living with dementia.

During our inspection we spoke with the registered manager, three carers, the cook, one visiting health professional, 10 people living in the home and a relative of someone living at the home. We also looked at five care plans for people who used the service, two staff recruitment files, staff training records as well as information about the management and conduct of the service.

# Is the service safe?

## Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 29 August 2017. At the last inspection we rated this domain as 'requires improvement' and found some anomalies regarding the management of medicines at the service. At this inspection, we found that medications were not always accurately recorded. We have made a recommendation regarding the audit processes in respect of medicines.

The registered manager had taken action following our last inspection to provide a secure storage cabinet for medicine in accordance with best practice. We noted there continued to be a number of handwritten Medication Administration Records (MAR) which the registered manager explained was due to people living at the home temporarily and due to difficulty in receiving printed MAR's from the pharmacy.

We checked five MAR at random for people living in the home and counted a sample of their medications. MARs are signed by staff to show that medication has been administered. We found that in three out of the five samples, the total number of tablets did not correspond to what had been recorded. We looked at the last medication audit which was completed in January 2018. We found that the audit template used did not cover quantity checks of medication and therefore was an ineffective tool in measuring whether people had received their medication as prescribed.

We brought this to the attention of the senior carer and registered manager who agreed to complete an urgent check of all medication. Following our inspection, the registered manager told us their responsive audit had identified that all medication was administered as prescribed and the errors we found were due to a miscounting error by staff. The registered manager provided assurances that appropriate action had been taken which included arrangements with the home's pharmacist to deliver additional medication training to all staff.

We recommend the registered manager review their approach to quality assurance in respect of medication management.

People told us they received their medication on time and this was always ordered promptly. Each person's MAR chart had their photograph on the front to ensure medication was given to the correct person and allergies were clearly recorded. A medication care plan was in place and a pictorial list was used to enable staff to recognise individual medications easily. PRN protocols were in place for people who received 'as required' medication such as paracetamol. Some medicines need to be stored under certain temperatures to ensure their quality is maintained. We saw that room temperatures were recorded daily and staff understood the importance of this.

At our last inspection, we made a recommendation regarding the review of the staffing levels to meet the registered provider's dependency tool. This was because we found on some occasions, only two members of staff were on duty during the day from 2pm. The registered manager had taken action to ensure that a third member of staff was on duty until 7pm in the evenings. Staff told us this made things easier for them.

The staffing rotas recorded the numbers of staff and these were found to be consistent. The majority of people we spoke to told us there was sufficient number of staff to support them. People's comments included, "There's always someone on duty 24 hours" and "I'm on the first floor and the staff are always around", "The staff are always busy, but they're good. They answer the bell fairly quickly", "Staff are hard to get these days, but they answer the bell in a minute", "They're very busy, but I don't have to wait unreasonably" and "I really don't have to wait, they answer the buzzer quickly."

The registered manager explained that a significant number of people living in the home attended to their own personal care needs and were independent. The registered manager continued to review their staffing levels in accordance with the evolving needs of the people who lived at the home and had liaised with the local authority in respect of people who required increased support.

People told us they felt safe living at the home and gave examples of what made them feel this way. Comments included, "The people and the girls that look after us", "There's always people on hand", "They're such good girls and there's people around. When you're in bed at night they come in and see you're alright", "I feel fairly safe, at a night time there are some residents walking about" and "I feel safe, the staff are friendly and they know you."

We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. We looked at two staff files and saw that files contained references, interview notes, and photographic ID. Staff had Disclosure and Barring Service checks to ensure they were suitable to work with vulnerable people. One file contained a reference from someone who worked at the home, not the most recent employer. We raised this at the time with the registered manager, who explained that the staff member had not worked for a number of years.

Staff were able to describe how they would identify signs of abuse and we saw that they had received training on safeguarding. Staff told us they were familiar with the whistleblowing policy and would not hesitate to enforce this if they felt it was necessary. Whistleblowing is where staff are able to raise concerns either inside or outside the organisation without fear of reprisals. This helps maintain a culture of transparency and protects people from the risk of harm.

Staff completed risk assessments to assess and monitor people's health and safety. We reviewed risk assessments and associated care plans in areas such as falls, nutrition and pressure care. These assessments were reviewed on a monthly basis. We saw that appropriate preventative measures were in place to mitigate risks. For example, technology, such as sensor mats, were used to alert staff if people at risk of falls got out of bed.

We saw that a record was kept of all accidents and incidents which occurred at the service and the registered manager maintained oversight through the use of audits in order to analyse trends or patterns. We saw that appropriate action had been taken following incidents to prevent the risk of reoccurrence. For example; one person sustained a fall from bed. The registered manager's audit tool outlined that they had discussed the bed height with the person's family and implemented a lower bed.

Health and safety audits were conducted which ensured the people who lived at the service lived in a safe environment. This included a monthly health and safety check by the registered manager. The registered manager told us they had recognised that a person living in the home was entering the laundry area which they recognised could pose a risk to their safety. In response, the registered manager replaced the lock on the door with a key coded lock to mitigate this risk. We reviewed a range of records such as fire safety and legionella compliance which were found to be in date. Records also confirmed that gas appliances and



electrical equipment complied with statutory requirements.

Procedures were in place for responding to emergencies and in event of a fire. Fire exits were clearly marked and regular mock evacuations were carried out. People had an individual personal emergency evacuation plan (PEEP) which included relevant information to support safe evacuation. One plan documented that the person was hard of hearing and would not hear the fire alarm without their hearing aid.

Effective infection control measures were in place to minimise the risk of the spread of infections. The home was visually clean and free from any unpleasant smells. Cleaning schedules were in place and appropriate arrangements were in place to ensure infection control in respect of the laundry. Staff had received training in infection control and had access to Personal Protective Equipment. People we spoke to were happy with the cleanliness of the home. One person commented, "It's spotless."

## Is the service effective?

### Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 29 August 2017. At the last inspection we found that the registered provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the principles of the Mental Capacity Act were not always followed when assessing people's capacity. We found that knowledge in respect of the MCA and procedures in respect of the Deprivation of Liberty Safeguards was poor.

At this inspection we found the provider was no longer in breach of Regulation and improvements had been made. The registered manager and two members of senior care staff had attended further training in respect of the Deprivation of Liberty Safeguards on 19 September 2017. We saw that the registered manager recognised when someone was potentially being deprived of their liberty and made the necessary application to the supervisory body for an authorisation. We saw that the registered manager had applied for DoLS authorisations for those people who were not able to leave the care home independently and had given consideration to those who had other restrictions imposed on them, such as people who were unable to manage their own medication.

The registered manager had modified their paperwork to better evidence decisions that were made around people's capacity and these were completed accurately. We discussed how these assessments could be further developed to ensure assessments were linked to key individual decisions in accordance with the principles of the Act. Following our inspection, the registered manager sent us a new template they planned to introduce to better evidence their assessments of people's capacity which focused on key individual decisions. The registered manager told us this new paperwork would be rolled out across the service.

Everyone we spoke with told us staff sought consent before providing care and care records outlined what tasks people could do independently. For example, 'I am able to choose with support which clothing I would like to wear each day.' Care plans contained reminders to staff to promote autonomy and individual decision making. For example, one care file instructed staff 'to offer support daily to maintain and develop independence in making decisions in relation to [person's] daily living.' People told us they could follow their own routine and staff supported them where necessary. One person commented, "They try to encourage me. Sometimes they wake me up at 8.15-9am so I can have breakfast." One visitor told us "[Relative] chooses her own clothes. I think it's important to carry on how she was at home."

People told us that staff were competent and had the skills and knowledge to support them effectively. One visitor told us, "I'm here most days and the staff are so good, they're so reliable." Staff had received training in a variety of topics to support them in their role. This included training on health and safety, moving and handling, dementia, nutrition and first aid. Staff found the registered provider's approach to training to be effective. One staff member told us, "I've been on five courses in the last few months; we do a lot of training here."

The registered manager maintained a matrix of staff supervision which showed that staff had access to

regular 1-1 support. Supervision sessions between staff and their manager give the opportunity for both parties to discuss performance, issues or concerns along with developmental needs. Staff also received an annual appraisal. Staff told us they also felt able to raise any concerns informally and found the senior carers and registered manager 'approachable.'

People were supported to access health professionals with regular check-ups to maintain their health and well-being. We spoke to a visiting health professional during our inspection who told us staff were responsive to advice given and would promptly contact them if there were any problems. Records of health care advice and instructions given were documented within people's care plans so staff were aware of any treatment required.

The majority of people were satisfied with the food served at the home. Comments included, "It's alright, we get a selection", "It's OK", "The food's very good" and "It's good, I haven't had a bad meal yet." One visitor told us, "It's fine, [relative] enjoys it. Recently they asked what new foods they'd like on the menu." However, one person told us they did not always feel they were given a sufficient amount to eat. We raised this at the time of our inspection with the registered manager. The registered manager explained that the main meal of the day was served at lunchtime and sandwiches were offered in the evening. These were prepared in individual portion sizes to reflect each person's preferences because some people were overwhelmed by big portions.

We observed the lunchtime service and sampled the food served which was 'homemade scouse' and found this was of good quality. Whilst an alternative meal was not offered, some people had boiled potatoes and corned beef. Some people with dementia had their meals served on red plates to promote co-ordination.

Staff had completed nutritional risk assessments and eating and drinking care plans which outlined whether people had any specific dietary needs or support requirements around eating and drinking. People's likes and dislikes were recorded within care files, for example, 'I like to have cornflakes and toast with marmalade for breakfast.' People who were diabetic were given sugar free jelly and ice cream.

The environment of the home was free from hazards and clutter. The registered manager had refurbished a number of bedrooms since our last inspection to better meet people's needs including changes to flooring. People's bedrooms were identified by their photograph and the name they wished to be called by. The home had adapted bathrooms and was accessible for those with mobility difficulties. The dining room had been refurbished and there were further plans to decorate the lounge.

## Is the service well-led?

### Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 29 August 2017. At the last inspection, we found that the provider's quality assurance processes and systems were not robust in light of our findings in respect of the Mental Capacity Act compliance and identified breaches of Regulation 11 and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection, we found that the registered manager had taken remedial action to address the breaches identified at the last inspection. We saw that improvements had been made to the paperwork used to record decision making in accordance with the principles of the MCA. We saw evidence that the registered manager and two senior members of staff had attended Deprivation of Liberty Safeguard training since our last inspection to further develop their knowledge in this area. The registered manager had taken action in respect of our recommendations around staffing and the storage of medication.

However, on this inspection, we found that medication was not always safely managed at the service because some recording was inaccurate and medication audits were ineffective because they did not measure stock levels of medication. We saw that the last medication audit was completed in January 2018 and covered areas such as fridge temperatures, policies and whether allergies were recorded but there was no consistent process in place to check quantity levels to ensure people received their medication as prescribed. This meant that the errors we found had not previously been identified by the registered manager.

We looked at other quality assurance checks and saw evidence of audits around care plans, mealtime interactions and health and safety. The registered manager completed a monthly audit tool to score the cleanliness of the environment and identify areas for improvement. The registered manager also completed a health and safety checklist regarding the environment, lighting, heating and ventilation. An action plan was completed following each inspection and we saw that actions identified in audits had been completed. For example, the Health and Safety audit had identified that the fire door in the lounge did not close properly. The registered manager had completed an action plan, and this had been signed off when completed.

There was a registered manager in post at the service who had been in post since March 2017. The majority of people knew who the registered manager was although some could not recall their name. People told us they were approachable. Comments included "Yes, you can talk to her", "I know where to find her, she's approachable, all the staff are", "She's in the office, you can go and speak to her" and "She comes to the tables when we're having our meals and has a chat and asks if we've any problems". One visitor told us, "She's marvellous; she's done wonders in here."

Staff told us they enjoyed working at the home and felt supported in their role. Staff told us the team maintained good communication through daily communication sheets, staff meetings and informal discussions. Staff meetings were held every three months and staff also felt able to raise any issues

informally. Staff spoke positively about the registered manager and described them as 'fair' and 'approachable'. Staff commented, "I like [registered manager], they have did their best to turn the home around" and "[Registered manager] is doing a lot, they are improving the conditions for residents to make it a home from home." Staff all told us they would recommend the home. One stated, "It's one of the best home's going."

Residents meetings were held to enable people to contribute towards service delivery. Not all the people we spoke with could recall being involved in the resident meetings. Comments included, "They ask you what you would change, we get more games and bingo now", "They had one last week but I was out. I don't know about any changes" and "Yes, but they (meetings) are not as often as they should be", "Not that I know of, I haven't been to any." One visitor told us, "I wouldn't have thought they had any (residents meetings). I've had a few questionnaires."

We reviewed minutes to the most recent resident meetings held and saw that discussion was held regarding menus, food suggestions, refurbishment and decoration plans. An action plan was developed following each meeting which addressed any suggestions made by people. For example, one person had made suggestions for food and the response recorded that suggestions would be added to new menu.

Quality assurance questionnaires were issued to people using the service which asked for people's feedback on the quality of food, personal care and support, premises and management. We reviewed the results from the latest survey completed in November 2017 and saw that the majority of responses were positive with people indicating they were 'very satisfied' or 'quite satisfied' with these areas.

People liked living at the home and were complimentary about the staff and the service in general. Comments included, "I like living here, it's a nice family" and "I like it here, they're good people." People told us the best things about the home in their opinion. Comments included, "The fact I can do what I want", "I can't pinpoint anything, everything's OK", "The companionship and they're so friendly", "The carers are all so very good", "It's not too bad", "The staff and their attitude" and "There's a bit more freedom." One visitor told us, "I like very much that it's home from home. The girls work hard and [relative is] safe." People told us they thought the home could do better in terms of the provision of entertainment.

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

From April 2015 it became a legal requirement for providers to display their CQC (Care Quality Commission) rating. The rating from the previous inspection for Orchard Lodge was displayed for people to see at the entrance to the home.