

Orchard Care Homes.com (3) Limited

Lauriston House

Inspection report

Bickley Park Road
Bromley
Kent
BR1 2AZ

Date of inspection visit: 4 and 6 August 2014
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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?

Good 

Is the service well-led?

Good 

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection. At our last inspection on 22 November 2013, we found that the provider was meeting the regulations we checked.

Lauriston House provides nursing and personal care for to older people and is situated in the London Borough of

Bromley. At the time of the inspection the home was providing nursing care and support to 37 people. There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People using the service told us they felt safe and that staff treated them well. Safeguarding adults from abuse procedures were robust and staff understood how to safeguard the people they supported.

There was good contact with healthcare professionals. A GP visited the home twice a week to attend to people's

Summary of findings

needs and people had access to a range of visiting health care professionals such as dentists, dieticians, opticians and chiropodists. There were appropriate arrangements in place to support people using the service with their medicines.

People said they knew how to make a complaint if they needed to. They were confident the provider would listen to them and they were sure their complaints would be fully investigated and action taken if necessary.

Staff said they felt well supported by the manager and senior members of staff and there was an out of hours on call system in operation that ensured management support and advice was always available when they needed it.

People using the service and the relatives we spoke with said they had noticed significant improvements at the home since the provider, Orchard Care Homes.com (3) Limited, and the current management team took over in April 2013. One relative said, "The manager is very good; he has pulled this place from the ashes." The local authority that commission services from the provider said the home had experienced 12-18 months of "great unrest" however things had settled down. They said the manager had put a lot of effort into improving the quality of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People using the service told us they felt safe and staff treated them well and staff understood how to safeguard people they supported. We found that the home was meeting the requirements of the Mental Capacity Act 2005 code of practice and Deprivation of Liberty Safeguards. Appropriate recruitment checks were undertaken before staff began work. Risks to people were assessed and actions taken to minimise risks. People received their medicines safely.

Good



Is the service effective?

The service was effective. Staff had completed training relevant to the needs of people using the service. People using the service had access to a GP and other health care professionals when they needed it. People's care files included assessments relating to their dietary needs and preferences.

Good



Is the service caring?

The service was caring. Staff were patient, kind, caring and understanding and treated people with dignity and respect. People and their relatives were consulted about their assessments and involved in developing their care plans.

Good



Is the service responsive?

The service was responsive. People's needs were assessed and their care files included detailed information and guidance for staff about how their needs should be met. There were a range of group and individual activities available that were appropriate to the needs of people using the service. Clergymen from a local church attended the home to facilitate Sunday services. People's views and the views of their relatives were listened to in meetings. People we spoke with said they knew how to make a complaint if they needed to. They were confident the service would listen to them and they were sure their complaints would be fully investigated and action taken if necessary.

Good



Is the service well-led?

The service was well-led. The provider recognised the importance of regularly monitoring the quality of the service provided to people living at the home. Staff said they felt well supported by the manager and senior members of staff. People using the service and most of the relatives said they had noticed significant improvements at the home since the current management team took over.

Good



Lauriston House

Detailed findings

Background to this inspection

We visited Lauriston House on 4 and 6 August 2014 to carry out this inspection. We talked with 16 people who used the service and 10 relatives. We spoke with four care staff, an activities coordinator, two registered nurses, the organisations compliance officer and the registered manager.

Before the inspection we reviewed information we held about the provider, including the provider's information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority that commissions the service to obtain their views.

The inspection team consisted of an inspector, a specialist nurse advisor 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 service.

We observed care and support in communal areas and saw how people were being supported with their meals during lunchtime. We looked at records about people's care, including seven care files of people who used the service. We looked at records relating to the management of the home for example, staff recruitment and staff training records, safeguarding records, quality monitoring reports and records of incidents accidents and complaints.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People using the service told us they felt safe and that staff treated them well. The manager told us he was the safeguarding lead for the service. We saw the service had a policy for safeguarding adults from abuse and a copy of the "London Multi Agencies Procedures on Safeguarding Adults from Abuse." On a notice board in the hallway we saw the local authority's easy read information for adults at risk. We also saw a safeguarding adult's flow chart that included the contact details of the local authority safeguarding adult's team and the police.

Staff demonstrated a clear understanding of the types of abuse that could occur. This included the signs they would look for, what they would do if they thought someone was at risk of abuse, and who they would report any safeguarding concerns to. The manager told us they and all staff had attended training on safeguarding adults from abuse. The training records confirmed this. Staff told us they were aware of the whistle-blowing procedure for the service and that they would use it if they needed to.

Appropriate recruitment checks took place before staff started work. We looked at the personnel files for four members of staff. We saw completed application forms that included references to their previous health and social care experience and qualifications, their full employment history, explanations for any breaks in employment and interview questions and answers. Each file included evidence of criminal record checks that had been carried out, two employment references, health declarations and proof of identification.

We observed nurses, care staff and activities coordinators working on both floors of the home. The manager told us that staffing levels were constantly evaluated and arranged according to people's needs. For example, if people's needs changed or they needed to attend health care appointments, additional staff cover was arranged. Staff told us there was always enough staff on shift and said that if there was a shortage, for example due to staff sickness, management arranged for replacement staff. Relatives told us there was plenty of staff around when they visited.

We tested the call bell system. On both occasions a member of staff attended within one minute. One person using the service told us, "The staff are really good, really helpful, they usually come quickly when I use the bell." The other person said, "I have never used the call bell before but it's good to know they will come to me if I need them."

People's care files included risk assessments with information for staff on how to support people appropriately in order to minimise the risk to them. The risk assessments had been kept under regular review.

Two nurses and the manager told us that only trained nurses could administer medicines to people using the service. We looked at the medicines folders on each floor of the home which were clearly set out and easy to follow. They included individual medicines administration records for people, their photographs, details of their GP, information about their health conditions and any allergies. They also included the names, signatures and initials of nursing staff qualified to administer medicines.

Medicines were stored securely in locked cabinets in locked rooms. The majority of medicines were administered to people using a system supplied by a local pharmacist. We checked the balances of medicines stored in the cabinets against the administration records for three people and found these records were up to date and accurate. This meant that people were receiving their medicines as prescribed by health care professionals. We also observed two nurses checking and recording medicines brought into the home by a person newly admitted.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The manager had made an application under the Mental Capacity Act 2005 and DoLS in respect of a person who lacked mental capacity and whose liberty was restricted in their best interests. The application had been granted and we saw that notices were placed in the person's files. We also saw that the manager and staff had completed training on the Mental Capacity Act and DoLS.

Is the service effective?

Our findings

Staff told us they had completed an induction when they started work and they were up to date with their mandatory training. The manager told us that 20 out of the 26 care staff employed at the home had completed a National Vocational Qualification (NVQ) or equivalent accredited qualifications in health and social care. The remaining staff would be starting a health and social care qualification course in October 2014. We looked at four members of staff's files. These showed that these staff had completed an induction programme and training that the provider considered mandatory. This training included dementia awareness, safeguarding adults, health and safety, moving and handling, fire safety, emergency first aid, safe food handling and infection control. Some staff had completed training on Parkinson's disease, stroke awareness, pressure care management, diabetes, nutrition and end of life care. Some staff files included NVQ or equivalent accredited qualifications in health and social care certificates.

Staff said they received regular formal supervision, an annual appraisal of their work performance and they attended regular team meetings. They said they were well supported by the manager and senior members of staff and that there was an out of hours on call system in operation that ensured management support and advice was always available when they needed it. The four members of staff's files we looked at included records of formal supervisions and annual appraisals.

We saw in daily notes that staff monitored people's health and wellbeing. Where there were concerns people were referred to appropriate health professionals. There was good contact with healthcare professionals. The manager told us that a GP visited the home twice a week to attend to people's needs. People also had access to a range of visiting health care professionals such as dentists, dieticians, opticians and chiropodists. We saw that people's care files included records of appointments with these health care professionals.

People's care files included assessments of their dietary needs and preferences. These assessments indicated their dietary requirements, their ability to choose from a menu, portion size and their support needs. We observed how people were being supported and cared for at lunchtime. Some people required support with eating and some preferred to eat independently. The atmosphere in the dining room was relaxed and unrushed. We heard members of staff ask people if they wanted some help, if they were ready to eat, if they liked the food they were eating, if they wanted a drink or if they wanted anything else. We saw some people eating lunch in their rooms. One person said they preferred to eat their meals in their room but would occasionally go into the lounge. One person said, "I am a diabetic and I get the diabetic option" and another person told us, "The food is very nice, fresh and well presented." Someone also said, "I enjoy the food, I look forward to it, that's all I can say."

Is the service caring?

Our findings

We observed positive interactions between staff and people using the service during our inspection. One person said, “The staff are good, they treat me with the respect and dignity I deserve and when I call for help they are always there.” Another person told us, “The staff always listen to me, they are very caring and polite”. Someone else commented, “The staff are very caring and they treat people as individuals.” A relative of a person using the service said, “We don’t have to worry because we know [my relative] is well looked after. Although she cannot talk, she recognises staff and when staff walk into her room her face lights up.”

People using the service and their relatives told us they had been consulted in the care planning process. Relatives told us they had completed a “life history” for inclusion in their family member’s care files and we saw examples of these. Relatives had attended care plan review meetings.

Two people's care records showed that a Do Not Attempt Resuscitate (DNAR) agreement was in place. The document included the person’s wishes on how they would like to be

cared for towards the end of their life. The DNAR’s had been agreed and where people lacked capacity they were signed by the person’s relatives and their GP. The manager told us when necessary additional support was provided by the local authority’s end of life care team.

One person told us, “The staff are brilliant, they treat me gently and don’t rush me with things.” Another person said “I like the staff, they tell me what they are doing and they are always asking me if I am alright and if I need anything.” Staff told us how they made sure people’s privacy and dignity was respected. They said they knocked on people’s doors before entering their rooms and made sure doors were closed and curtains drawn when they were providing people with personal care. They addressed people by their preferred names, explained what they were doing and sought permission to carry out personal care tasks. They told us they offered people choices, for example, with the clothes people wanted to wear or the food they wanted to eat. One member of staff said “There is good information in people’s care files so we know what their needs are and what we need to do to care for them.” Another member of staff said “I like to take my time with people and I always make sure they are well dressed and well presented.”

Is the service responsive?

Our findings

The manager showed us that in July 2014 satisfaction survey questionnaires had been distributed to people using the service, their relatives and staff working at the home. We saw a number of completed questionnaires had been returned. The manager told us they were awaiting the return of more questionnaires before collating the information and producing a report and action plan. They said they would feedback the findings to people using the service, their relatives and staff and that this information would be used to improve the quality of service provided at the home.

The manager told us that relatives could express their views and opinions about the home at relatives' meetings. We saw the minutes of relatives' meetings were displayed on a notice board in the hallway. These meetings took place every three months. The minutes from the last meeting in May 2014 indicated that 11 relatives attended and they had discussed issues such as the reception area, car parking, meals provided at the home and GP cover at weekends.

We saw notice boards displaying activity programmes on both floors of the home. Activities included reminiscence, gardening, bingo, arts and crafts, board games, visiting pets and room visits. A care coordinator told us room visits were one to one sessions mainly with people with dementia care needs. These visits were individualised and centred on things like talking to people about their life history, looking at photographs, reading and writing letters from or to family and playing memory games. The home had a minibus; there were regular trips out for people using the service, sometimes accompanied by their relatives, to local garden centres or places of interest.

The home produced a monthly newsletter. The newsletter for August 2014 reflected on the home's activities in July and the forthcoming events in August. In July the home invited local schools to meet people using the service, they had a visit from a seven foot python snake and they held their annual Summer Fete. Activities planned for August included a visit from a pet therapy group "Amazing Animals" and a visit from a regular entertainer. The newsletter also wished a happy birthday to people with a birthday in August.

All of the care files included the service's care and health needs assessments, care plans and risk assessments. The care plans included detailed information and guidance to staff about how people's needs should be met. These files were well organised and easy to follow. Each file contained a "life history" completed by people's relatives. Information such as how people would like to be addressed, their likes and dislikes, details about their personal history, their hobbies, pastimes and interests and their religious, cultural and social needs was considered when planning people's care. The home employed two activities coordinators. One of them told us clergymen from the local church attended the home to facilitate Sunday services. People had access to hairdressing services in a room designated for this purpose.

People using the service and their relatives told us they knew how to make a complaint if they needed to. They said they were confident that the service would listen to them if they had to make a complaint and were sure that their complaints would be fully investigated and action taken if necessary. A relative said, "The staff and the manager are very good, anything I have asked for they have provided, I know about the complaints procedure but I can't see anything that I would ever want to complain about."

The manager showed us a copy of the service user guide and told us a copy was provided to people when they were admitted to the home. This included important information about the home and the complaints procedure. We also saw a copy of the complaints procedure on a notice board in the hallway. The manager showed us a complaints file. The file included a copy of the complaints procedure and forms for recording complaints. The complaints forms detailed the date of the complaint, the name of the complainant, the nature of the complaint and investigations or actions taken by the manager to resolve the complaint. The manager told us they would write to any person making a complaint to explain what actions they planned to take and keep them fully informed throughout. All correspondence would be held in people's care files where appropriate.

Is the service well-led?

Our findings

People using the service and the relatives we spoke with said they had noticed significant improvements at the home since the provider, Orchard Care Homes.com (3) Limited, and the current management team took over in April 2013. One relative said, “The manager is very good; he has pulled this place from the ashes.”

The local authority that commissions services from the provider said “The home had experienced 12-18 months of great unrest however things had settled down.” They said that during this period the manager had made improvements to the quality of the service. They told us they had conducted a contract compliance visit to the home in June 2014 and there were no significant concerns identified.

The manager showed us records that demonstrated regular audits were being carried out at the home. These included monthly pressure ulcer, catheter care, PEG feeds, bedrails, medicines administration and infection control audits. The manager told us they had learned lessons from previous safeguarding adults concerns and incidents, accidents and near misses. The manager gave us examples where they had used what they had learned to reduce the risk of similar incidents occurring again.

The manager told us that the organisation’s compliance officer visited the home at least once a month to speak with people using the service and staff and to monitor the quality of the service provided. We looked at the report

from the compliance officer’s visit in July 2014. The report included feedback from people using the service and staff. It also included audits of medicines, infection control, care plans, safeguarding alerts, complaints, accidents, incidents and near misses, the environment and staff training, supervision and appraisals. The report included an action plan with timescales for action. For example, all staff were to receive supervision within two weeks and mandatory training was to be completed by all staff. After the first day of our inspection we spoke on the telephone with the compliance officer. They said all of the actions identified during the July visit had been addressed by the home.

Staff meetings were held regularly and we saw discussions of care planning, incidents, training, health and safety and quality assurance recorded in the minutes. Staff told us information was shared in staff meetings and daily handover meetings.

Staff told us about the support they received from senior staff and manager. One member of staff said the manager had an open door policy and they could talk to them any time they wanted to. They said since the new provider took over there had been lots of improvements made to working practices at the home and staff were more aware of their responsibilities, for example, record keeping had improved. Another member of staff said, “The manager is helpful, if I go to them with a problem they try to find a solution. I feel safer since the new registered provider took over. Everyone follows the policies and procedures and as a result the quality of care provided to people using the service is much better.”