

SHC Clemsfold Group Limited

Orchard Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

The service has been subject to a period of increased monitoring and support by commissioners. The service has been the subject of multiple safeguarding investigations by the local authority and partner agencies. As a result of concerns raised, the provider is currently subject to a police investigation. West Sussex Safeguarding Adults Board have also published information on their website regarding safeguarding concerns about Orchard Lodge.

In July and November 2017 we identified the care provided as 'Inadequate' or 'Requires Improvement'. At the last inspection on 8 and 9 January 2018 we inspected Orchard Lodge and found the provider had not made required improvements and therefore their rating did not improve. The provider informed us of the action they were taking to improve the quality of care they provided.

The overall rating for this service is 'Requires improvement'. However, this service remains in 'special measures'. We do this when services have been rated as 'Inadequate' in any key question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This was the fourth inspection since July 2017 where the provider remained in breach of Health and Social Care Regulations.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

Orchard Lodge has not had a registered manager since April 2017. Since that time there had been three managers who submitted and later withdrew their applications to become the registered manager. At this inspection, there was a new manager in post who had submitted an application to become a registered

manager. They had been working at the home for two weeks. 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.

Orchard Lodge is a residential care home that also provides nursing care. 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 provides accommodation in two units called Boldings and Orchard East, which are all on one site. Orchard Lodge provides nursing and personal care for up to 33 people who may have a learning disability, physical disabilities and complex health needs. Most people had complex mobility and communication needs. At the time of our inspection there were 21 people living at Orchard Lodge. People living at the service had their own bedrooms and en-suite bathrooms. In each unit, there was a communal lounge and separate dining room. The home environment was spacious throughout and adapted to meet the needs of people who use wheelchairs. The home was decorated with pictures and photographs of people living at the home. Orchard Lodge also offers hydrotherapy facilities.

Orchard Lodge has not been operated and developed in line with the values that underpin the Registering the Right Support and other best practice guidance. Orchard Lodge was designed, built and registered before this guidance was published. However the provider has not developed or adapted Orchard Lodge in response to changes in best practice guidance. Had the provider applied to register Orchard Lodge today, the application would be unlikely to be granted. The model and scale of care provided is not in keeping with the cultural and professional changes to how services for people with a learning disability and/or Autism should be operated to meet their needs.

These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service should be able to live as ordinary a life as any citizen, but this was not always the case for people. Orchard Lodge is a large clinical setting rather than a small-scale homely environment. Orchard Lodge is geographically isolated on a campus in rural Horsham with many people having moved to Orchard Lodge from other local authority areas and therefore not as able to retain ties with their local communities. For some people, there were limited opportunities to have meaningful engagement with the local community amenities. Some people had limited contact with specialist health and social care support in the community due to specialist staff (physiotherapy, dietician) that were employed by the provider. Most people's social engagement and activities took place either at Orchard Lodge or at another service operated by the provider, such as the provider's day centre.

At the last three inspections we remained significantly concerned about how the provider managed risks on people's behalf. At this inspection we noted some improvements had been made. However, further work was required to ensure the provider had done everything reasonably practicable to mitigate risks associated with people's physical health conditions. This included ensuring all care records demonstrated people's moving and transferring needs were being met.

At previous inspections, we found the provider had failed to ensure that all staff had received the appropriate training prior to supporting people living at the home. This included agency registered nurses. At this inspection we found the provider had taken action and agency registered nurses had attended training courses relating to people's physical health conditions. However, we also found not all agency registered nurses, routinely used by the provider, had attended learning disability training.

In November 2017, the provider was in breach of Regulations associated with promoting and respecting people's dignity. At this inspection, we observed the provider remained in breach of Regulations as caring approaches were not consistently applied by all staff when supporting people.

Personalised care was not always provided in response to people's individual needs. Activities were routinely offered to people. However, we found these were not always meaningful and appropriate for all people.

Monitoring tools were not consistently effective. They had failed to ensure there were appropriate systems implemented to assess, monitor and improve the quality of the service.

People's consent to care and treatment was gained in line with the requirements of the Mental Capacity Act 2005. People were supported to have choice and control of their lives and staff do support them in the least restrictive way possible; the policies and systems in the service do support this practice.

Staff received supervisions and appraisals and they found the new manager's approach supportive. People were provided choices on a daily basis regarding what food they ate and clothes they wore and complaints were managed effectively. The provider sought feedback from people and their relatives regarding the care received.

Equipment risks such as hoist equipment, wheelchairs and legionella checks were managed effectively through prompt and regular servicing. Staff employed by the home underwent a thorough safe recruitment process and were provided opportunities to contribute to the development of the home. People and their relatives were invited to provide their views on the care and treatment received formally through surveys.

The manager had sought information about the new Key Lines of Enquiry (KLOE) which the Commission introduced from 1 November 2017. They were keen to improve the quality and safety of care provided to people living at the home.

At this inspection we found the service was in breach of five of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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.

Risks were not always managed safely on behalf of people who had epilepsy.

Staff had received training in safeguarding adults at risk and knew what to do if they were concerned about people.

There was sufficient staff on duty to meet people's needs.

Safe systems were used to recruit staff.

Medicines and infection control were managed safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff had not always attended training specific to the needs of the people they were supporting.

Pre-admission assessments regarding people's physical, mental health and social needs prior to them moving into Orchard Lodge. However, these were not always used effectively.

The staff at this service worked consistently with the MCA legislation.

People were supported to have sufficient to eat and drink and people's individual physical needs were met by the adaption of the premises.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

Staff did not always promote dignity, privacy and respect when supporting people.

People's independence was promoted when staff were assisting them with their daily routines, such as personal care.

People and relatives were given opportunities to be involved in their care at resident and care plan review meetings.

Is the service responsive?

The service was not always responsive.

Personalised care was not always delivered to people.

Care plans were not accessible to all people.

Complaints were responded to and managed effectively.

Requires Improvement ●

Is the service well-led?

The service was not Well-led.

Adequate improvements had not been made by the provider and they remained in breach of five breaches of Regulations.

There continued to be a lack of effective and robust auditing systems to identify and measure the quality of the service delivered to people.

The new manager was aware of their role and responsibilities and keen to improve the quality and safety of the care provided to people.

The management team promoted an open and inclusive environment and people and their relatives were routinely asked their views on the care they received. Relatives spoke positively about the support they received.

The local authority spoke positively about the approach used by the new manager.

Inadequate ●

Orchard Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 April and 1 May 2018. The first day was unannounced and the inspection team consisted of three inspectors, a specialist 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 care service. Their area of expertise included learning disabilities and people with complex health needs. The second day of inspection consisted of three inspectors and the same specialist advisor. The specialist advisor had specialist clinical experience in supporting people with a learning disability, autism and/or complex health needs.

Prior to the inspection, we reviewed the information we held about the service. This included information from other agencies and statutory notifications sent to us by the manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection. The provider had also completed a Provider Information Return (PIR) as the inspection took place prior to the publication of the previous inspection report. A PIR 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. Shortly after the inspection, we spoke with a local authority enquiry manager from the West Sussex Safeguarding team who agreed to have their comments used in this inspection report.

Due to the nature of people's complex needs, we were not always able to ask people direct questions about the care they received. The majority of people who lived at the service could not tell us about their views of the service. In order to obtain these we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spent time observing the care and support that people received during the morning, at lunchtime and during the afternoon over both days. We spoke with two unit managers, who were also registered nurses. We talked with one agency registered nurse, three care staff, the manager, the area manager and the chef. We

spoke with three relatives to gain their views on the care their family members received.

During the inspection, we also observed medicines being administered to people. We reviewed a range of records about people's care which included eight care plans. We also looked at three care staff records which included information about their training, support and recruitment record. We checked 19 agency registered nurse profiles which included the training they had attended. We read audits, minutes of meetings with people and staff, policies and procedures, accident and incident reports, Medication Administration Records (MAR) and other documents relating the management of the home.

Is the service safe?

Our findings

The service was rated as Inadequate in the Safe section of our inspection reports in July and November 2017. At the last inspection in January 2018 we identified the service continued to be in breach of Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the rating remained at Inadequate. This included concerns regarding how risks were managed by the provider on behalf of people living at the home. This was to ensure safe care and treatment was consistently provided to protect them from the potential risk of harm.

At this inspection, we found the provider had made improvements to the overall safety of how care was delivered to people. However, there remained inconsistencies within two people's care records regarding how their care needs were being met. This required improvements as they held potential risks for people being written about. We brought this to the attention of the new management team, including the new manager.

People living at Orchard Lodge had complex health conditions, physical disabilities and communication needs. They were fully reliant of staff on support them with all aspects of their care. At the last three inspections we established care records relating to how risks were being managed were poor. This included a failure to demonstrate how some people's bowel, skin integrity and moving and transferring needs were being met.

At this inspection, we found some improvements had been made to how care was delivered to people. A check by the provider had taken place regarding whether guidance was available within peoples' care records to manage risks safely on their behalf. However, further work was required to ensure this was applied consistently for all people living at the home.

For example, care plans referred the reader to The Bristol stool chart (BCS). This is a diagnostic tool designed to classify the form of the human faeces into categories. People who are at risk of constipation can experience a loss of appetite and become dehydrated, therefore require specific care, support and treatment. This may include administering prescribed medicines to them. People at risk of constipation had an associated bowel monitoring chart which was designed for staff to record the appropriate category. At this inspection, we found bowel monitoring charts were completed accurately by staff members. Some people were prescribed medicines which should be administered if they experienced no bowel movement.

Most of, the care records we read provided guidance on safe bowel care treatment. However, one out of six care records we read required further improvements to ensure staff knew when to administer bowel medicines to the person. This was particularly relevant as the person had complex physical and communication needs and as such would not necessarily be able to tell staff if they were experiencing pain or discomfort.

The same person was identified as at high risk of pressure damage to their skin. Their care plan stated they used a sleep positioning system at night-time. This system was provided to relieve the pressure on the

person's skin. Guidance available in their care plan stated staff should release them every four hours from the sleep system to minimise damage to their skin. The monitoring records in place had failed to capture whether this was being achieved consistently. At the time of the inspection, the person was not undergoing any treatment for any blisters or wounds to their skin. However, due to the potential risk of them not having their moving and transferring needs met we shared our findings with the new manager. They informed us they would be reviewing the person's care.

People required varying degrees of support with their nutrition and hydration needs. One person had been assessed as at high risk of malnutrition after experiencing periods of weight loss. They had been seen regularly by a visiting dietician including a visit in September 2017. The dietician's report had highlighted the need for the person to receive a specialised diet which included full fat products. However, this information had not transferred into the provider's nutrition care plan, which had been reviewed monthly. Staff we spoke with, including the chef confirmed the person was receiving the diet recommended by the dietician. However, if staff had not read the separate dietician's document they would not have known what the recommended diet was. The potential risk was increased further as the provider routinely used agency staff who may not have known the person had suffered with malnutrition.

Some people living at the home required enteral feeding and had a percutaneous endoscopic gastrostomy (PEG) feeding tubes fitted. A PEG allows nutrition, fluids and medicines to be put directly into the stomach, bypassing the mouth and throat. Prior to this inspection, a concern was raised on behalf of a person who had a PEG fitted and how staff had responded to their weight loss. Whilst we did not investigate the specifics of this investigation, we checked to see how people's weight was monitored.

The manager confirmed people's weight was routinely checked monthly. They told us if concerns were highlighted their weight would be checked more frequently. They also told us they would involve the relevant health and social care professional such as the person's GP and/or their dietician. We observed people who used wheelchairs to support their mobility were weighed whilst sitting in their wheelchairs. A visiting dietician had recommended, due to the risk of malnutrition, one person should have their weight checked weekly. We observed staff doing so and reviewed their records. Records demonstrated staff were checking the person's weight and there was involvement from the person's GP and dietician. However, the records were difficult to follow as staff were completing two different weight charts. As the records were essential in analysing and highlighting any concerns regarding the person's weight we fed this back to the management team for their review.

The above evidence demonstrates that not all was reasonably done to mitigate risks consistently to all service users. This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Guidance was provided for staff when administering "When required" (PRN) medicines. Care staff were supported by the registered manager and other registered nurses using observations. This assessed their competency before performing their tasks independently within areas such as moving people safely. This also included registered nurses and more experienced staff supporting new staff on how to apply prescribed topical creams. In previous inspections we were concerned about the lack of guidance available for staff regarding topical creams. Topical creams such as skin barrier creams to prevent pressure wounds are prescribed medicines which are often applied when a person receives their personal care. At this inspection we found support was provided from registered nurses to new care staff with the administration of topical creams. Body maps and associated guidance highlighted for care staff when, where and how much cream to apply to a person. Records were completed to demonstrate they had been applied as prescribed. Care staff were able to tell us how they applied topical creams safely and effectively and if they had any concerns they

would highlight them to one of the registered nurses.

We spoke with registered nurses who were based at Orchard Lodge, at the time of the inspection. They confidently discussed how they administered medicines to people. Registered nurses were knowledgeable as to the reasons why people had medicines prescribed to them, any known side effects and what to do in the event of any concerns. The recording system included a photograph of the person and information that was pertinent to them, this included any known allergies. Tablets were dispensed from blister packs and medicines administered from bottles or boxes were stored and labelled correctly. We observed that the Medication Administration Record (MAR) was completed on behalf of each person by the registered nurse on duty, when they took their medicines. Oral medicines were administered by registered nurses only.

We found examples of risks being managed appropriately relating to the premises and equipment; these were monitored and checked to promote safety. Equipment and utilities were serviced in accordance with manufacturers' guidance to ensure they were safe to use. Gas and electrical safety was reviewed by contractors to ensure any risks were identified and addressed promptly. Fire equipment such as emergency lighting, extinguishers and alarms were tested regularly by the provider's maintenance engineer to ensure they were in good working order. Records confirmed that maintenance staff attended immediately when contacted by staff to repair damage, which ensured people were protected from environmental risks. Other service checks such as hoist equipment, wheelchairs and legionella checks were managed effectively through prompt and regular servicing.

Relatives spoke positively about Orchard Lodge and told us their family members received safe care. One relative said, "My [named person] is very well looked after by staff". Another relative told us they were pleased staff contacted them with any concerns. They said, "Staff phoned me when [named person] had scratched themselves".

At this inspection we read the accident and incident file. Accidents and incidents had been recorded and reported by staff to the manager who then shared the information with external agencies such as the local authority. When an incident did occur it was also sent to the quality team for their review. We were told this was to ensure whether there could be any shared learning could be taken from how a situation was managed by staff.

Staff had been trained in safeguarding and protecting adults and could name different types of abuse. They told us they would go to their line manager with any concerns about the people they supported. A staff member told us, "I would tell [named manager] first".

We observed there were enough staff working across each of the two units. The provider used a dependency tool to ensure there were enough staff on duty. A member of staff told us there were, "Enough staff on duty". A relative told us, "[Named person] is well looked after by the staff". In addition to nursing and care staff the provider employed the support of a physiotherapist, activity co-ordinators, an administrator, a chef and other domestic staff and maintenance staff including drivers to support people. People's needs were responded to in a timely manner and care provided was not rushed.

Staff recruitment checks were robust and thorough. Staff were only able to start employment once the provider had obtained suitable recruitment checks. This included; two satisfactory reference checks with previous employers and a current Disclosure and Barring Service (DBS) check. Staff record checks included validation PIN number for all qualified nursing staff. The pin number is a requirement which verifies a nurse's registration with the Nursing and Midwifery Council (NMC). This process ensured as far as possible, that staff had the appropriate values, skills and experience to meet people's needs.

Orchard Lodge had a safe and clean environment. Equipment was seen to be readily available that promoted effective infection control such as antibacterial hand wash, disposable gloves and clinical waste bins.

Is the service effective?

Our findings

At the last three inspections, the provider had continued to be in breach of Regulations associated with a failure to ensure all staff had attended essential training specific to the needs of people they were supporting. We had identified the provider had consistently failed to assure themselves that agency registered nurses had the skills, competency and training to carry out their role and responsibilities, safely and effectively. The provider sent us a plan of what action they proposed to take.

The provider's website describes Orchard Lodge as offering nursing support for, 'People with learning and/or physical disabilities'. Therefore, at this inspection we checked to see whether improvements had been made and all staff supporting people had attended specific training in relation to people's needs. Improvements had been made to ensure all staff had attended training which enabled staff to support people safely, however further work was required to ensure all staff had attended learning disability training.

The provider had its own training academy. Staff routinely attended courses such as safeguarding adults, moving and handling and infection control. The provider continued to use agency registered nurses to support the home throughout the week. The management team told us they had held discussions with all agencies they used to ensure nurses with the appropriate training were sent to the home to support people.

We read training profiles for 19 agency registered nurses. We also checked the homes rotas. We found agency registered nurses who routinely supported the home had completed PEG training, epilepsy and tracheostomy training. Tracheostomy is an opening created at the front of a person's neck so a tube can be inserted to help a person to breathe. Therefore improvements had been made to ensure agency registered nurses had been provided with the skills they needed to meet people's health care needs. However, eight out of 19 agency registered nurses had not completed learning disability training. We were unable to speak with all agency registered nurses during the inspection to establish their understanding and competencies about the needs of people with a learning disability. However, because all people living at Orchard Lodge had a learning disability, this training should be achieved by all staff. This includes agency registered nurses who advise care staff when supporting people with a learning disability. This was the fourth inspection whereby the provider had failed to ensure all agency registered nurses had attended essential training. We have discussed our observations of staff's interactions with people throughout the report.

The above evidence showed that staff had not always received appropriate training to enable them to carry out their duties as they are employed to perform. This is a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they appreciated the support the new manager was giving to them. Staff complimented how the manager was approachable and responded to their requests when supporting people. Staff also received regular formal supervision and appraisal opportunities. A system of supervision and appraisal is important in monitoring staff skills and knowledge.

Consent to care and treatment was sought in line with legislation 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked that the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Care records showed how consent from people had been obtained and capacity assessed for specific decisions which needed to be made in relation to their care. Where it was deemed necessary, a DoLS application was completed. The management team kept all DoLS applications under review. Whilst waiting for decisions to be made by the local authority whether a DoLS would be authorised or not, people were supported by staff in the least restrictive way. Any approved DoLS with conditions were being met at the time of this inspection.

Training records confirmed staff had attended training in both MCA and DoLS. Staff were able to share some knowledge on the topic and provided assurances they were aware of its importance. One staff member said, "Some people have capacity for some decisions". They also provided examples of day to day decisions that people were encouraged to make for themselves, such as, choosing their own clothes, what they wanted to eat and how they wanted to spend their time at the home.

The provider carried out assessments regarding people's physical, mental health and social needs prior to them moving into Orchard Lodge. However, information was not always utilised in how risks were managed effectively and safely. We have discussed this further in the Safe section of this report. The initial assessment processes in place considered certain protected characteristics as defined under the Equality Act. For example, people's religion and disability.

People were supported to have enough to eat, drink and maintain a balanced diet taking into account individual needs. There were allocated kitchen and domestic staff employed to prepare meals for people. The chef told us he attended specialist training to ensure he was knowledgeable about people's needs such as those at risk of malnutrition. The chef and staff team provided people with choices and responded to people if they changed their mind about what they wanted to eat. One person said, "I like the food". A relative told us the, "The cook is marvellous".

Meal times were a busy period in both areas of the home and we observed staff support people to eat using a sensitive and discrete approach. All staff were aware of any specialist diets including any allergies people had and adjusted the menu accordingly. There were people living at the home who could not manage to eat and drink orally and had enteral PEG feeding tubes as discussed in other sections of this report. We observed registered nurses supporting people who received food and fluid this way with confidence.

People had access to health and medical professionals when they needed to. GP's visited the home routinely and any changes to people's health needs were discussed and any actions to support people carried out. Care plans we looked at reflected the involvement of health care professionals and people had been referred to specialists and consultants when needed. We noted people with a learning disability had attended annual health checks in line with current guidance. The Annual Health Check scheme is for adults and young people aged 14 or above with learning disabilities, who need more health support and who may otherwise have health conditions that go undetected. Where people required support from the provider's physiotherapy staff, their needs had been appropriately assessed and recorded.

The provider had ensured the environment and adaptations of the premises met people's physical disabilities. Most people living at the home used wheelchairs to support their mobility needs. Corridors and doorways were wide enough for people who used wheelchairs to move around the shared areas. Where required, bedrooms were equipped with an overhead tracking hoist to assist with safe moving and handling. Some signage was in use, for example, pictorial signs were displayed on doors to toilets and communal areas to assist people with their orientation in the building.

Is the service caring?

Our findings

At the inspection in November 2017, the provider was in breach of regulations associated with failing to treat people with dignity and respect. We identified the provider had not consistently used a caring approach when supporting people. After the inspection, the provider told us what action they were taking to address this. At this inspection, we found further work was required to ensure a consistent caring approach was used by staff at all times. This included the approach staff used when communicating with people.

On the second day of the inspection we observed that a staff member failed to use effective communication with a person. The person had communication needs that meant staff had to be patient and clear when responding to them. Due to their level of learning disability and physical needs, they were fully reliant on staff supporting them in and outside of the home. We heard the person request a staff member to take them out at lunchtime. We observed the staff member, who was also the driver, responding using dialogue that would have been difficult for the person to understand. The staff member failed to explain to them and reassure them whether it was possible to go out and when and how this could happen. We observed the interaction was not kind and caring, used language too difficult for the person and failed to adopt a best practice approach when supporting an adult with a learning disability. We could not establish whether the person was upset by the level of interaction yet they moved themselves near to the front door area. This clearly indicated they wanted to go out. We noted the person went out later on in the afternoon. We shared this observation with the management team.

Another person was seen biting their hand during an activity. The guidance in their communication passport stated this might mean the person was distressed. The communication passport was a document attached to their wheelchair which provided details about the person including how they present when communicating with others. However staff, both agency and permanent, who were in the same room did not respond to them at the time to provide the assurances they needed. We had highlighted this concern to the provider at a previous inspection at Orchard Lodge in November 2017. Where staff had not consistently demonstrated caring values and considered people's needs when providing care.

The above evidence demonstrates staff did not consistently treat people with dignity and respect at all times. This is a continued breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also observed staff speaking and interacting with people in a polite, friendly and caring way. This included smiling to people as they asked them how they were, asking them how they wished to be assisted and intervening when people were in discomfort or needed help with something. For example, we heard a person in their bedroom who sounded distressed. Staff responded quickly and sensitively and were able to de-escalate the person's mood. Relatives told us staff were kind and caring. Relatives said staff treated people with dignity and respect and promoted their privacy. They also told us there were no restrictions on visiting times. A relative said, "I can visit whenever I want". They also said, "Staff are lovely and calm with my [named person]".

People's care plans provided details about the times people preferred to get up and go to bed along with other daily lifestyle choices such as their religious or faith choice. The care plans were personalised and showed how people liked to be supported with personal care and those areas of care they could do themselves so they could maintain their independence.

We observed people were consulted when staff assisted them with daily routines. Staff told us how they encouraged people to be involved in their care and promoted their independence. This included when they were supporting a person with washing themselves and choosing their own clothes. A staff member said, "We help them to feed themselves". This meant the staff member considered the person's feelings before taking over and doing it for them.

We also observed staff knocked and waited before entering people's rooms. A staff member told us they were, "Always explaining to them, knocking on the doors before entering, covering them up after having a shower". Another staff member told us, "People should be covered up when supporting them with showering". The staff team respected the need for information relating to people to remain confidential. This included ensuring personal information such as care plans were stored lockable drawers in office areas.

Resident meetings and care plan reviews provided people and their relative's opportunities to discuss what was important to them. Resident meetings placed a specific importance on gaining feedback on the activities offered and provided at the home. We discussed the resident meeting minutes with the manager as we noted they were presented in a written format which was not necessarily accessible to people living at the home who may be reliant on pictorial images. We have written more about improvements needed to ensure information is accessible for all people living at the home within the Responsive section of this report. The new manager had yet to attend a residents meeting so could not comment on whether they were effective. However, they told us they were in the process of booking a tea, coffee and cake event. They told us this was to invite all people's representatives, such as relatives to the home with the aim to have an open discussion about their views on how the home developed and get to know people and their families better.

Is the service responsive?

Our findings

Each person had a care record which included a care plan, risk assessments and other information relevant to the person they had been written about. We looked at a range of care plans in relation to people's care and support needs.

We checked to see if any people were using specialist equipment to aid their communication needs. We found inconsistencies regarding how people were being supported to communicate with others. For example, one person had limited verbal communication. Their relative described how they used a pictorial communication book and a computer tablet to take photographs to show others. Another person's care plan wrote about a piece of equipment that enabled them to communicate more effectively with others before they moved into Orchard Lodge. Staff told us it was no longer used as it was an ineffective device. However, this was not reflected within the person's care plan and no consideration had been given in seeking alternative options to support the person to communicate. We were also told they had used Makaton in the past. Makaton is a type of sign language. We did not observe any staff using Makaton with them or anybody else living at the home. Considering people living at the home had complex communication needs, opportunities had been missed to explore options available to enhance people's ability to communicate with others.

The Accessible Information Standard (AIS) is a requirement of NHS and adult social care services to ensure that people with a disability or sensory loss are given information in a way they can understand. In one care plan we found a copy of information relating to the AIS. Following this, information was provided about the person's way of communicating and how staff should communicate with the person. In some parts of the care plan, information in summary had been written in short, simple sentences. However, no assessment had been completed to show how information should be recorded or shared with the person in an accessible way that specifically met their communication needs. Reasonable adjustments had not always been made to ensure that people's information needs had been identified or met according to their needs. There was no AIS plan in place to show how people's specific needs had been identified, assessed or met. This meant that people could not contribute fully, or as much as they were able to, with planning their care and support. We spoke with the newly appointed unit managers of Orchard East and the Boldings. They told us they had been given the responsibilities of ensuring all care plans were personalised. However, at the time of this inspection further work was required to ensure this was achieved.

The 'need to be involved in community activities' was recorded in some care plans. However, opportunities to engage or participate in the wider community were limited. We asked staff whether people accessed the community as much as they could. One staff member said, "Probably not". They also told us, "We used to go out in the evenings" and referred to a period of time when the home was managed by a previous registered manager in 2015. They told us all staff would be prepared to support people out in the evenings more often. We looked at the records of the activities that people engaged with and these were often restricted to activities offered at the home or at another of the provider's facilities. However, regular outings, for some people away from the home were more limited according to the availability of staff that could drive the providers transport. Some people visited their families on a regular basis. Staff told us they hoped this would

now improve as an additional care staff member was now able to drive one of the larger minibuses owned by the provider.

Activities offered to people were not consistently person-centred or planned in accordance with people's individual needs and wishes. Whilst people's likes and dislikes were recorded, the activities organised on site were generic, for example, cooking and arts and crafts. We also observed some staff failed to engage with people when carrying out an activity. For example, we observed a cookery session taking place. Some people seemed to enjoy the sensory experience. However, others were sat at the table and not engaged. We also observed an arts and crafts session. An activity co-coordinator was leading the session. Six people were sat around a table. The activity consisted of the activity co-coordinator painting for people rather than them joining in.

Orchard Lodge was set within spacious grounds, yet throughout the inspection, very few people were supported to access the garden/patio area for a walk. We heard staff use poor weather conditions as a reason as on the first day of the inspection it rained heavily. However, this did not change on the second day when the weather was sunny. This was a missed opportunity to support people in enjoying some fresh air and for people to familiarise themselves with the surroundings of their own home. The need for people to have routine and regular access to the outside gardens and patio areas had been discussed with the provider before, during other inspections at other locations owned by the provider.

Information about people had been transferred into communication passports. This was a document usually attached to a person's wheelchair to explain to the reader information about the person and how they communicated. However, we did not observe agency and/or permanent staff using the information within people's communication passports to meet their needs. We also did not see permanent staff encouraging new or agency staff to use the information available to them. For example, one person's communication passport informed us if they grabbed a staff member's hand it meant they wanted to make contact with them and required reassurances. However, we observed an agency staff member failing to respond in accordance with what was written. This meant staff failed to utilise the guidance available and respond to people that were trying to communicate with them.

Care plans noted that each person had a named nurse and keyworker. Care plans included information about people's medical conditions and health needs. Pre-admission assessments were completed before people came to live at Orchard Lodge. However, we have discussed some inconsistencies in how risks were assessed and managed within people's care records within the Safe section of this report.

The above evidence demonstrates that the provider had failed to ensure that people received care or treatment that was personalised specifically for them. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We fed back our concerns to the new management team, including the new manager. They agreed the culture surrounding how activities were managed, would need to change. These included ensuring activities were varied and met people's individual needs. They told us there were no restrictions on how people spent their day and would be making it a priority to address this. The manager told us they should be providing, "Meaningful activities. It has to improve, it will improve". They added, "They (people) should be accessing the community facilities".

Since November 2017 the National Early Warning Score (NEWS) was being used by the staff team. This is a standardised system for recording and assessing baseline observations of people to promote effective clinical care. For example, it will include a baseline for what a person's temperature, pulse rate and oxygen

saturations should be and what actions nurses should take if physiological checks they take are outside of the baseline and a person's health deteriorates further. This had been implemented due to an allegation of concern raised in October 2017, as to whether staff responded in a timely manner when a person became unwell.

Orchard Lodge staff also continued to use a detailed handover sheet to share information with other staff. This included the main key health needs of a person such as how they received their nutrition, hydration and medicines. This was a quick reference guide to ensure all staff had the same relevant information to enable them to support people safely.

Complaints were looked into and responded to in a timely manner. There was an accessible complaints policy in place available for both people living at the home and their relatives. There was a clear log of all complaints and the actions taken by the management team. There were no formal complaints open at the time of our inspection.

At the time of the inspection, there was no one who was being supported at the end of their life. However, procedures were in place with the GP so that people would receive a comfortable, dignified and pain free death. This included access to pressure relieving equipment and pain relief medicines.

Is the service well-led?

Our findings

At the last inspection in January 2018 we found there continued to be inadequate systems in operation to assess, monitor and improve the quality and safety of the services provided to people. The provider had failed to identify the areas of poor care we found at the last inspection. This included the potential risks to people's safety. The provider sent us an action plan to tell us how they would make the urgent and necessary improvements to protect people from harm.

At this inspection we found the provider had failed to make the necessary improvements to ensure they were not in breach of Regulations. They had not ensured adequate oversight of the service, particularly as there was no registered manager in post, to ensure improvements were made when providing care to all people. The provider had not driven improvements sufficiently enough and actions they had told us they were taken, had not met all legal requirements. This was the fourth inspection whereby the provider was in breach of regulations associated with safe care and treatment. This was also the fourth inspection where the provider had not checked all agency registered nurses used by the service had received essential training. This placed people at continued risk of receiving unsafe care.

We identified a culture whereby personalised care was not being consistently provided and individual needs were not always being met. Checks the provider was carrying out had not assessed whether a caring and responsive approach was being used by staff at all times when people were trying to communicate with staff. The provider had failed to assess whether people's communication needs were being fully explored and met. Improvements were also required to ensure people's right to access and be part of their local community were upheld. We have discussed this further in the Responsive section of this report.

Some records were not accurate which meant that the provider could not assure themselves that people had received the care and support they needed. We read activity monitoring charts. These were completed by staff daily to demonstrate how people had been spending their time. Activity monitoring charts did not accurately reflect what people had attended or achieved. For example, we observed a person baking shortbread then attending a physiotherapy session. The activity chart stated they had baked then played a board game, therefore this was not an accurate reflection of what they actually did. We observed another person watched and sang along to a film of their choice. However, their activity chart said they had been for a walk in and outside of the home.

The above evidence demonstrates that the provider had failed to ensure there were appropriate systems implemented to assess, monitor and improve the quality of the service. The provider failed to maintain accurate records. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

The home had been through a period of instability. Whilst we recognised the new management team, including the new manager, were making changes to improve the quality and care provided to people, further time was needed to ensure any improvements made would be sustained and embedded over a period of time.

Although we highlighted concerns about the effectiveness of the provider's systems to assess, monitor and improve quality at Orchard Lodge, there were some aspects of quality assurance measures that had resulted in planned improvements. This included an audit conducted in March 2018 which identified that further work was needed in relation to some people's care plans for specific health needs. These were similar issues we had found at previous inspections. This had been carried out by a member of the provider's new quality team. An action plan had been devised from the checks carried out and the new management team were in the process of completing what was needed at the time of this inspection.

People, their relatives and staff spoke positively about the new manager. A relative told us, "The new manager came in with enthusiasm". Another relative told us, "Staff are more motivated since the new manager has started". One staff member was pleased the new manager was recognising people needed to go out more into the community. They said, "At this time I am very happy". Another staff member said, "I enjoy my job", and added, "[Named manager] has put life into the home". They also told us, [Named manager] is very much for them (people) and staff. They always asks if you are ok". Another staff member said, "[Named manager] listens".

We observed the manager was hands-on in their approach and checked in with people and staff throughout the inspection. The manager expressed the importance of offering quality of care to people. They told us there was a, "Good team (staff) here. It needs somebody to guide them. I feel I have started". They told us they recognised there had not been enough checks carried out previously on the care provided to people. They also told us it was important to act on findings from checks to ensure the, "Needs of people are being met". The manager had introduced a, 'daily walk around' the home. This included a record of their findings such as how medicines systems were managed and how staff presented at the time. For example, comments included the action they had taken about a person's bed, which they assessed as unsuitable.

Staff meetings took place every 6-8 weeks and minutes demonstrated staff were provided with opportunities to discuss all matters relating to the home. This included changes in people's needs and other changes such as best practice guidance and legislation. The new manager told us they were about to hold their first staff meeting as they wanted to involve all staff with how the home developed.

The management structure had changed since the last inspection. The two units had recently appointed unit managers who were both registered nurses. One had been working at Orchard Lodge for many years and knew people and staff well. The area manager was also relatively new to the home. They were keen to support the manager to ensure improvements to care provided continued. Shortly after the inspection, they wrote to us and said, "I have discussed the short, medium and long-term goals for the home and I am confident that [named manager] will continue to move the home forward."

The manager had knowledge about when they formally had to send the Commission notifications. A notification is information about important events which the provider is required to tell us about by law. On the 1 November 2017 amendments to the Key Lines of Enquiry (KLOE) came into effect with five new KLOE and amendments to others that all regulated services are inspected against. The manager was aware of the changes. They also shared with us communications by the provider that were sent to them routinely. This included discussions about any changes within the organisation which impacted how care should be delivered to people.

We checked how the provider gained people and relative's views of the quality of care provided. In addition to resident meetings, care planning reviews and informal discussions with people and their representatives, surveys were also sent out monthly from the providers head office to relatives. The ones we read were all positive and demonstrated the staff team offered an open door policy which helped promote an inclusive

atmosphere. A relative told us, "I am guided by how my [named person] is and they are fine".

The manager and area manager told us they worked alongside other health and social care professionals and partner agencies and were keen for this to continue to benefit the people living at the home. The West Sussex local authority safeguarding team had remained in regular contact with the management team at Orchard Lodge. An enquiry manager told us they had been pleased with the way the new manager had responded to any concerns raised and complimented the positive changes since they had started working at Orchard Lodge.

Shortly after the inspection, we wrote to the provider to signpost them to the local authority moving and handling team of assessors. The manager made contact with them to seek further advice regarding what we had discussed at the time of the inspection. The manager told us they were kept updated regarding new legislation via information they received on training, attending manager meetings and internal provider led communications.