

Mrs Milijana Kiss

Orchard Lodge Care Home

Inspection report

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Date of inspection visit: 3&4 December 2015
Date of publication: 12/02/2016

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection of this service on 22 April 2015 when six breaches of legal requirements were found. The breaches of regulations were because we had some concerns about the effective recruitment of staff; the need to gain consent to care and treatment; the lack of action regarding the assessing and preventing the risks to people's health and safety especially the spread of infection in the home, and the overall effectiveness of management systems to regularly assess and monitor the quality and safety of service that people received.

We asked the provider to take action to address these concerns.

We also found that the provider [owner] had not sent us notifications telling us about incidents at the home.

These are required by law. We had not been informed about deaths at the home or other incidents such as serious injuries. We served the provider with enforcement notices for these breaches of regulations.

After the comprehensive inspection, the provider wrote to us to tell us what they would do to meet legal requirements in relation to the breaches. We undertook a focused inspection on 3&4 December 2015 to check that they had they now met legal requirements. This was an unannounced inspection.

This report only covers our findings in relation to these specific areas / breaches of regulations. They cover three of the 'domains' we normally inspect; 'Safe', 'Effective', and 'Well led'. The domains 'caring' and 'responsive' were not assessed at 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.

Summary of findings

Orchard Lodge is a privately owned care home, registered to provide accommodation and care for older people. The home can accommodate 26 people in 20 single bedrooms and three double bedrooms. 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. There were 20 people living in the home at the time of the inspection.

The service had a registered manager in post. 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 found that improvements had been made in the areas we had concerns about and two of the the previous breaches had been met; these were the effective recruitment of staff and the need to gain consent to care and treatment.

We also found that the provider had been submitting regulatory notifications to us (the Care Quality Commission) so the enforcement notices we issued were also met.

Although there were improvements we still found concerns regarding assessing and preventing the risk of spread of infection in the home. We also found continued failings in the effectiveness of management systems to regularly assess and monitor the quality and safety of service that people received.

The manager showed us the arrangements in place for checking the environment to ensure it was safe. There were auditing and checking systems now in place and the remedial issues identified on the previous inspection, regarding infection control, had been addressed. However, we found further concerns regarding infection control and identified further environmental hazards that had not been acted on.

You can see what action we told the provider to take at the back of the full version of this report.

At the last inspection we found there was a lack of formal process such as effective audits and systems to ensure the quality and safety of the home was monitored. This included a lack of regular input and support from the registered provider. On this inspection we found improvements had been made. There were improved management audits in place to both monitor and improve the service ongoing.

We were able to improve the judgment rating for the 'Well led' domain from 'inadequate' to 'requires improvement'.

We were still concerned however that there were gaps remaining in the current management systems so that some remaining shortfalls in the safe running of the home had not been effectivity identified.

You can see what action we told the provider to take at the back of the full version of this report.

We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. We found that necessary checks had been made to ensure staff were suitable.

We reviewed staffing with the registered manager as we had had a concern raised prior to our inspection. The registered manager responded positively to ensure there were enough staff on duty at all times to maintain safe care.

There were improvements to the way the service complied with the Mental Capacity Act 2005. Staff sought the consent of people before providing care and support. When we looked at people's care files we saw that people had been asked for their consent at various stages of care and that the care plans were signed by people where possible. We saw that the manager and staff were following the principals in the way important information was recorded.

There was a lack of knowledge with some aspects of the MCA and staff had not undergone training in this area.

We made a recommendation regarding this.

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 not always safe.

There was a lack of consistent and thorough monitoring of the home's environment to ensure all areas were safely maintained.

The home's laundry was in need of upgrade to ensure it was fit for purpose.

Staff had been checked thoroughly when they were recruited to ensure they were suitable to work with vulnerable adults.

There was enough staff on duty at all times to maintain safe care.

Requires improvement



Is the service effective?

The service was not always effective.

There were improvements to the way the service complied with the Mental Capacity Act 2005 (MCA). Staff sought the consent of people before providing care and support. We saw that the manager and staff were following the principals in the way important information was recorded.

There was some lack of understanding regarding the use of mental capacity assessments and staff had not received training in the fundamentals of the MCA 2005.

Requires improvement



Is the service well-led?

The service was not always well led.

There were improved management auditing processes in place for the monitoring of the service. We were concerned that these were not developed enough to effectively identify some shortfalls or improvements needed.

There was a registered manager for the service. This was an improvement from the last inspection.

There were systems in place to get feedback from people so that the service could be developed with respect to their needs and wishes. This was an improvement from the last inspection.

Issues requiring the service to notify the Care Quality Commission had been made. This was an improvement from the last inspection.

Because of the improvements we have rated this domain 'requires improvement' from the previous rating of 'inadequate'.

Requires improvement



Orchard Lodge Care Home

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 was an unannounced inspection which took place over two days on 3&4 December 2015. The inspection team consisted of an adult social care inspector.

We received and reviewed the provider's action plan following our last inspection of the service. We also reviewed other information we held about the service and contacted other stakeholders such as the contracts monitoring officer at social services.

During the visit we were able to speak with three of the people who lived at the home.

We spoke with three staff members including care/support staff and the manager for the service. We looked at the care records for four of the people living at the home, three staff recruitment files and other records relevant to the quality monitoring of the service. These included safety audits and quality audits, including any feedback from people living at the home, professional visitors and relatives. We undertook general observations and looked round the home, including some people's bedrooms, bathrooms and the dining/lounge areas.

Is the service safe?

Our findings

At our last inspection in April 2015 there were breaches of regulations where no action had been taken following identified health and safety issues which exposed people living at the home to unnecessary risk. In particular these related to a lack of adequate monitoring, assessing and preventing the risk of spread of infection in the home. The provider's action plan following the inspection told us that 'comprehensive health and safety checks and audits have been introduced to identify and rectify any shortcomings'. There was also a list of improvements made in terms of rectifying previous observations regarding infection control in the home.

On this inspection we found there had been improvements made in these areas but there remained some concerns that further improved monitoring was needed.

We checked examples of monitoring of the environment that the home had failed to complete to a safe standard previously. For example, we saw there was improved monitoring of hot water temperatures to ensure people were not at risk of scalds. The manager showed us other arrangements in place for checking the environment to ensure it was safe for people who live in the home. For example, a health and safety 'walk about' was completed by the manager on a daily basis where hazards could be identified. We saw examples of these checks. We also saw a monthly audit carried out by the registered manager; one seen dated 16 November 2015. This covered; accident reporting, building maintenance, food hygiene, water safety, equipment in use and fire safety. Another audit had been completed by the provider on 10 June 2015. This evidenced an improved assessing and monitoring of the environment in terms of basic health and safety.

We looked at how infection control was managed. We toured the home and checked bathrooms/toilets, communal areas and some bedrooms. We found these to be clean and hygienic. There were suitable hand wash facilities available in all shared bathrooms and toilets. These facilities had also been decorated and were now easier to clean. The provider had also purchased some new furnishings for the conservatory area and these were also easy to maintain in terms of cleanliness. A new carpet had been purchased for the lounge.

The home employed domestic staff. We looked at cleaning schedules and these covered all areas and were up to date. The home smelled fresh and clean with no malodour detectable.

We saw the home had a pet dog belonging to a person living in the home. We were concerned as the dog was seen to wander into the kitchen area on two occasions. The home's infection control policy has a section on pets in the home which states 'The manager should carry out a risk assessment on each animal'. The registered manager had not made any assessment of this to help negate any risk of contamination.

The current audit tools available for health and safety contained some elements of checks of the environment for cleanliness but there was no audit tool in use covering all aspects of infection control. A thorough audit tool which referenced best practice would help ensure standards were maintained.

We were shown a recent fire safety inspection dated 17 November by the Merseyside Fire and Rescue Service. This listed a number of works that needed to be completed to meet fire safety regulations. The registered manager was able to update us on progress with these which needed to be completed over a period of three to four months; for example fire training had been arranged for all staff to attend. As part of our inspection we saw one bedroom door had been 'wedged open' so that it could not close in case of fire. We were concerned this rendered the door ineffective in the eventuality of an emergency and exposed people to unnecessary risk. The registered manager explained the person had requested this and an assessment in the person's care plan had covered the risk [which we saw]. The registered manager told us all staff were aware of the need to remove this in the event of an emergency. We discussed the need to review this and to make arrangements so the door self-closed in the event of the fire alarms being activated. The manager reviewed this with the provider and the provider confirmed by telephone following the inspection that action had been taken.

Although the assessing of risks to the health and safety of people living at the home had improved in some areas we remained concerned that some key elements of risk had not been appropriately identified or assessed.

Is the service safe?

These findings were a breach of Regulation 12(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we also inspected the home's laundry. This is situated in the basement and not accessible to people living in the home. We saw the laundry was in need of upgrading to make it fit for purpose. The surfaces in the laundry including floor and walls were pitted with flaking paint making it difficult to clean effectively. We saw that the laundry was not maintained in a clean state. We observed a high level of dust collected on surfaces behind the machines and on exposed water pipes. There was also an obvious hazard as the light fitting was situated in a position where it was for easy staff to hit their head against it. We discussed these findings with the provider following the inspection visit. The provider state that the laundry would be upgraded as a priority.

These findings were a breach of Regulation 15(1) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the previous inspection in April 2015 we were concerned there was a lack of effective recruitment and selection processes in place. This had meant a staff member had been recruited without the necessary checks to ensure they were fit to work with vulnerable people. The provider action plan, following the inspection told us the recruitment policy had been revised and now met regulations.

We looked at three staff files on the inspection. These were well referenced and contained all of the necessary information and checks required. This was an improvement from the previous inspection and would help ensure staff employed were 'fit' to work with vulnerable people. The regulation was now met.

The most notable omission from the previous inspection however was a lack of any record of the one person's Disclosure and Barring Service [DBS] check. This checks an applicant's police record and is an important to help ensure staff suitability. All staff had undergone a new DBS record check. We asked the registered manager about the process they would carry out if a prospective staff member presented with a risk in terms of their DBS record. The manager said they would ensure they were asked about

this and assessed in terms of suitability. We discussed an example of this from a past staff record seen but could find no evidence of an assessment having been completed and recorded. The homes recruitment policies were seen and did not contain any reference to risk assessments in this area.

We would recommend that the homes policies and procedures are updated to include best practice on employing ex-offenders.

We spoke with two people living in the home who said they found the service to be safe and very good at managing any risks so that they felt as independent as possible. Other people, who had risks associated with their health, were also supported appropriately. When we reviewed the care of one person who had experienced a fall in the home we found that risks assessments had been appropriately made and there was a care plan which addressed the person's needs before and following the fall. Other care records we saw included monitoring of falls and risk of pressure sores [for example].

We looked at the home's system for recording incidents, near misses and occurrences along with the accident recording system. The registered manager showed us how accidents were recorded and following each individual incident there was a detailed follow up analysis of the accident and any actions resulting to reduce the risk of reoccurrence. We discussed the need to carry out an overall analysis/audit of accidents and incidents to further identify any overall patterns or lessons that may need to be learnt for the home.

We reviewed staffing numbers at this inspection as we had a concern reported to us before our inspection. This related to staffing at the weekends where staffing was reduced. The concern was that staff 'were very rushed'. Staffing levels were confirmed by the registered manager as two care staff rostered at the weekend as opposed to three in the week. We discussed this with the registered manager and agreed that the 'workload' for staff was no different at weekend in terms of personal care and associated tasks. The manager said she would review staffing and then, following the inspection, confirmed that there would be an additional staff at the week end.

Is the service effective?

Our findings

We looked to see if the service was working within the legal framework of the Mental Capacity Act (2005) (MCA). The 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.

At the last inspection in April 2015 we found we found breaches of regulations as, in some instances, the provider did not have full regard for upholding the rights of people regarding consent. We received an action plan from the provider which told us how they were going to meet regulations.

The provider's action plan told us, 'A new MCA assessment tool has been introduced; better to record powers of attorney and in what capacity, together with wishes at the end of life'. This included reference to DNACPR ('do not attempt cardiopulmonary resuscitation').

We reviewed aspects of this with the registered manager. For example there were three people living in the home who had Lasting Power of Attorney (LPA's) in place for relatives or legal representatives to act when making decisions relating to finances or health. We saw that details of these were recorded on peoples care files. This was an improvement from the last inspection.

Most of the people living at Orchard Lodge had capacity to make their own decisions. We saw examples where staff had been careful to ask and record peoples consent for various 'key' decisions and these were evidenced in care files. These included; signed consent to share people's information if needed, signed care plans and assessments indicating peoples consent to care. There was a risk assessment for the use of bedrails for one person and this was agreed and consented to by the person concerned. We also saw that people had been asked to consent regarding their plan of care for medication administration.

We saw there was a mental capacity assessment tool for use if required for people who may lack capacity to consent for certain decisions. This was important if staff were to act in the person's 'best interest'. We could not directly find evidence for this as there were no current examples of people lacking capacity in this respect. There were also no examples of people on a DNACPR during the inspection. We noted however the current mental capacity assent tool did not have a section to record the specific decision being made. The registered manager said they would review this and was able to produce a new assessment tool while we were inspecting which they said would be used if needed.

We were told, at the time of our inspection, the home did not support anybody who was on a deprivation of liberty safeguards authorisation [DoLS]. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. We found the manager was aware of the process involved if a referral was needed.

These improvements evidenced the provider had met the breach.

We asked about staff training with respect to understanding the MCA. The manager was able to demonstrate that three staff had undertaken a course called 'principals in mental health awareness' and told us there had been a section on this course which covered the MCA. There had been no other training however. The manager had a copy of a training set from the Department of Health covering the MCA but had not used this. The MCA Code of practice was not available for reference.

The manager told us they would seek to update themselves as soon as possible so they were in a position to organise and lead training needs in the MCA 2005. Following the inspection we were sent a copy of a certificate showing an update course the manager had attended.

We would recommend that the manager arrange for staff to undergo training in the MCA 2005 in line with best practice.

Is the service well-led?

Our findings

Following the last inspection in April 2015 we found a breach of regulation as the provider did not have an effective system to regularly assess and monitor the quality of service that people received. Also there was not a wholly effective system in place to assess and manage risks to the health, safety and welfare of people using the service. The provider sent us an action plan and this outlined how the regulation would be met.

We found the service had made improvements and met the first part of the breach but there were still some concerns that effective monitoring of risks to health and safety needed more consistency.

At the last inspection we had been concerned because there were no effective systems in place to record the views and opinions of people who used the service. This also applied to visitors and professionals who could provide feedback so that the service could better develop with respect to people's needs. These systems also provide a way to make people feel involved in the running of the home. We saw this had improved. There were a range of surveys that had been undertaken to canvas people's opinions. In addition we saw that regular meetings had been held with people living at Orchard Lodge and these were recorded.

We reviewed comments from the 'resident's survey' which were wholly positive. One commented, "We have residents meetings to tell us what is going on in the home." Another said, "I'm really happy here, the staff are like family." A relative had commented, "I feel so content to leave my husband here. I'm so lucky to have found Orchard Lodge."

Similarly the home had canvassed the views of seven visiting professionals. Again these were positive and provided useful feedback for the manager and staff; one commented, " (The staff) deal sensibly with issues and problems."

We asked whether there had been any developments or changes as a result of feedback from people. The manager explained that one key element was the provision of activities which staff were working on. The registered manager had also been working with the contract monitoring officer from the local authority to improve care planning documentation.

We saw there had been a range of audits introduced to help assess and monitor the health and safety and welfare issues that may affect people living in the home. Although these were improved from our previous inspection we were concerned that they had still failed to identify some key issues. For example the issues with the laundry had not been identified and there were no plans to develop the facility. The health and safety audit conducted by the provider in June 2015 had not included any assessment of the laundry and none of the audits conducted since had highlighted any issues. On this inspection we also found easily identifiable hazards regarding fire risk and infection control that had not been either identified, or appropriately assessed with the current auditing in place.

The service had a registered manager in post. We asked the manager about plans for further developments in the home. The registered manager told us that there was a development plan but this was not available at the inspection. We were told the provider visited at regular intervals following the last inspection. We asked for any written evidence of this. We were told the provider completes a document referred to as a 'regulation 26 report'. None of these were available to the registered manager. There was no documented feedback for the manager from the provider with respect to developing the home. We discussed the need for these to be available for the registered manager. The registered manager sent copies of these documents following the inspection visit.

These findings were a breach of Regulation 17(1) (2) (b) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

We found on the last inspection that issues requiring the home to notify the Care Quality Commission had not been made. These included notifications about deaths, serious injuries to people living in the home and a safeguarding investigation at the home. We served enforcement notices requiring the provider to ensure these were submitted.

Following the inspection in April 2015 we have received notifications and these were found to be complete to date. The enforcement notices were therefore met.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met

There was a lack of consistent and thorough monitoring of the homes environment to ensure all areas were safely maintained.

Regulation 12(2)(a)(b)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not met:

The provider did not have a wholly effective system in place to assess and manage risks to the health, safety and welfare of people using the service.

Regulation 17(1)(2)(b)(f)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

How the regulation was not met:

The homes laundry was in need of upgrade to ensure it was fit for purpose.

Regulation 15 (1) (c)