

## Orchard Care Homes.com (3) Limited

# Laureate Court

### 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?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

We carried out an unannounced comprehensive inspection of this service on 18, 19 and 25 November 2014 in which breaches of the legal requirements were found. This was because people were not protected against the risks associated with the unsafe use and management of medicines, did not receive care or treatment in accordance with their wishes and there was not always enough staff on duty to meet people's needs. During that inspection we also issued four warning notices for breaches in relation to regulations in the areas of monitoring the quality of service, cleanliness and infection control, meeting nutritional needs, and respecting and involving people who used the service.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook a focused inspection on 3 March 2015 to check that they had made the improvements in regard to the warning notices issued. We did not look at other breaches at this inspection as the provider was still in the process embedding these improvements into practice. At the focused inspection we found that action had been taken.

# Summary of findings

You can read the report from our last inspections, by selecting the 'all reports' link for 'Laureate Court' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This unannounced inspection took place on 9, 10 and 15 June 2015. Laureate Court provides accommodation and nursing care for up to 82 people who have nursing needs and people living with dementia. There were 59 people living at the home when we visited. Laureate Court is divided into three units. Keats unit provides accommodation for up to 33 people who require residential care. Byron and Shelly units provide accommodation and nursing care for up to 49 people.

At our inspection of the 9, 10 and 15 June 2014 we found that the provider had followed their plan which they had told us would be completed by the 28 February 2015 and legal requirements had been met.

There should be a registered manager for the service. 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. There was a manager employed by the service who was not registered with the Care Quality Commission. The manager had been employed at the home since February 2015. We spoke with the project manager who told us the process for registration had commenced.

We checked to see if medicines were ordered, administered, stored and disposed of safely. We looked at the MAR sheets (Medicine Administration Records) and found them to be accurate. Medication was ordered and disposed of safely and the service had a returns book for recording medicines which had been returned to the

pharmacy. We looked in the medication room and found two store cupboards and a fridge storing medicines all unlocked. This meant that some medicines were at risk of inappropriate storage.

Some risk assessments did not state what the hazards were or how to minimise the risk occurring. We spoke with the project manager about this and were told that these would be reviewed as part of the care plan audits.

We found there were sufficient numbers of qualified, skilled and experienced staff to meet the needs of people who used the service. We saw staff were available to respond to people's needs in a timely and appropriate manner.

We spoke with staff about their understanding of protecting vulnerable adults. We found they had a good knowledge of safeguarding adults and could identify types of abuse, signs of abuse and they knew what to do if they witnessed any incidents.

We saw some care records had a generic best interest decision covering all aspects of care. This was not in line with the Mental Capacity Act 2005 which informs that best interest decisions should be time and decision specific.

People felt able to raise concerns and felt listened to. Relatives we spoke with said they would speak to staff or the management team if they had a concern.

We found that people's health care needs were assessed. However, some care plans were not clear. People were supported to eat and drink enough to meet their nutrition and hydration needs.

We found staff were kind, caring and compassionate and understood how to communicate with and support people who had complex needs. Staff were aware of how to respect people's privacy and dignity.

The service had several staff who were dignity champions and would address issues if they arose.

# 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 still needed some improvements to make it safe.

There were enough staff with the right skills and knowledge to meet the needs of people who used the service.

Risks associated with people's care were identified but care records did not always give clear direction on how to prevent the risks from occurring.

We checked to see if medicines were ordered, administered, stored and disposed of safely. Some medicines were stored in a locked room but the cupboard was not locked.

Staff knew who to inform if they witnessed any abuse taking place.

Requires improvement



### Is the service effective?

The service still needed some improvements to make it effective.

Care staff had received training that allowed them to support people safely. For example, infection control, moving and handling and dementia care. We saw staff putting their skills and competencies into practice.

People who used the service were supported to have sufficient to eat and drink and to maintain a balanced diet.

We saw some care records had a generic best interest decision covering all aspects of care. This was not in line with the Mental Capacity Act 2005 which informs that best interest decisions should be time and decision specific.

Requires improvement



### Is the service caring?

The service was caring.

We found staff were kind, caring and compassion and understood how to communicate with and support people who had complex needs. Staff were aware of how to respect people's privacy and dignity.

The service had several staff who were dignity champions and would address issues if they arose.

Good



### Is the service responsive?

The service still needed some improvements to make it responsive.

We looked at some care records and found each file contained a care needs assessments and a summary of the person's needs. Most care plans were evaluated on a monthly basis, however this was not always effective.

People felt able to raise concerns and felt listened to.

Requires improvement



# Summary of findings

## Is the service well-led?

The service still needed some improvements to make it well led.

All the relatives we spoke with knew there had been changes in management recently. People knew who the manager and the deputy was and felt they led the home well.

The provider had systems in place to assess and monitor the quality of service that people received. The manager and others nominated by her had completed audits in areas such as care records, infection control, medication, and the environment.

**Requires improvement**



# Laureate Court

## 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.

The inspection took place on 9, 10 and 15 June 2015 and was unannounced on the first day.

The inspection team consisted of a adult social care inspector and an expert by experience who had experience of older peoples care services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed information we held about the home, which included incident notifications they

had sent us. We contacted the commissioners of the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the visit we spoke with two people who used the service and eleven relatives. We also spoke with the project manager, two nurses, two senior carers, three care staff, cook, activity co-ordinator and operations manager. We also spoke with two visiting professionals. We observed care and support in communal areas and also looked at the environment.

We reviewed a range of records about people's care and how the home was managed. These included the care plans for six people. 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.

# Is the service safe?

## Our findings

At our previous inspection we found the management of medicines was not safe. This was a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider to send us an action plan. The provider did this and said they would be compliant by 28 February 2015. At this comprehensive inspection we found improvements had been made.

We looked at the systems in place for managing medicines in the home. This included the storage, handling and stock of medicines and medication administration records (MARs) for five people.

We checked to see if medicines were ordered, administered, stored and disposed of safely. We looked at the MAR sheets (Medicine Administration Records) and found them to be accurate. Medication was ordered and disposed of safely and the service had a returns book for recording medicines which had been returned to the pharmacy. We looked in the medication room and found two store cupboards and a fridge storing medicines all unlocked. This meant that some medicines were at risk of inappropriate storage. We looked at the record in place for recording temperatures of the medication room and medicines fridge for June 2015 and found that records for three days had not been maintained. This meant that no record of temperature was available for three days. (2, 4 and 8 June 2015). We saw a tube of eye drops which had been opened on 6 May 2015 and should have been disposed of after 28 days. The eye drops remained in the fridge 6 days after they should have been discarded. We spoke with the nurse who told us the person had been refusing the eye drops.

We noted that some people were taking medication on an 'as required' basis (PRN). We saw that people who required this type of medication had a care plan explaining why and what to do. Some of these had not been evaluated since May 2014, making it difficult to establish if the care plan was still correct.

The service had a controlled drug cabinet that complied with law. We saw that staff checked the balance of controlled drugs each time one was administered and this was recorded so that there was a clear audit trail.

We observed a nurse on Shelly unit whilst they administered medication. The staff member was aware of people's needs and how they preferred to take their medication. The staff member explained what they were doing and signed the Medication Administration Record (MAR) following each administration.

At our previous inspection we also found there were insufficient numbers of qualified, skilled and experienced staff to meet people's needs. This was a breach of Regulation 22 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider to send us an action plan. The provider did this and said they would be compliant by 28 February 2015.

Through our observations and discussions with people we found there were enough staff with the right skills, experience and knowledge to meet the needs of people living at the service. We spoke with people's relatives and one person said, "The staff are great and there are plenty of them." Another relative said, "They are pretty busy but they are there when you need them."

We spoke with staff and they told us they felt there were enough staff to meet the needs of the people who used the service. Staff expressed that numbers of staff would need to increase when more people move in to the service. We spoke with the project manager about this and we were told that numbers of staff would increase to reflect the numbers of people they were supporting.

During our observations we found there were sufficient staff on duty to provide care and support which met people's needs. We saw staff were available to respond to people's needs in a timely and appropriate manner.

We looked at care records and found they included assessments which had been completed to help staff identify risks associated with the person's care. Where risks were identified, the assessment indicated that a care plan should be devised detailing how care and support was to be provided to minimise the risk and protect the person

## Is the service safe?

from the risk of harm. We saw care plans were in place to address these issues but risk assessments did not always provide clear detail on how to prevent or minimise risks and did not specify how the person should be supported. For example, one person who was at risk of falls had a risk assessment stating they were at medium risk of falling. This person's risk assessment did not state what the hazards were or how to minimise the risk occurring. We spoke with the project manager about this and were told that these would be reviewed as part of the care plan audits.

We spoke with staff about their understanding of protecting vulnerable adults. We found they had a good knowledge of safeguarding adults and could identify types of abuse, signs of abuse and they knew what to do if they witnessed any incidents. Staff we spoke with told us that they had received training in safeguarding adults.

We spoke with people who used the service and their relatives who told us they felt the home was safe. One relative said, "Oh yes my relative is safe – and they have even put a mattress on the floor by the bed in case he falls." Another person said, "I feel my relative is very safe here."

The service had a staff recruitment system which was robust. Pre-employment checks were obtained prior to people commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. DBS checks helps employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable adults. We spoke with the project manager who told us that new starters were initially on a probationary period. New starters were able to shadow experienced staff as an introduction to their role. We spoke with a new starter who told us they had completed an induction which included training and shadowing experienced staff. They felt confident to do their role and felt staff worked as a team.

# Is the service effective?

## Our findings

At our last comprehensive inspection we found that staff were not supported. This was a breach of Regulation 22 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider to send us an action plan. The provider did this and said they would be compliant by 28 February 2015. At this comprehensive inspection we found improvements had been made.

We looked at the systems in place for supporting staff and ensuring staff received appropriate training to ensure they were competent.

Staff we spoke with told us they felt supported by the management team. Staff told us they have supervision sessions with their line manager. Supervision sessions are one to one meetings with their line managers. We saw records which showed a plan was in place for supervision sessions.

We also saw evidence that annual appraisals had commenced. Annual appraisals provide a framework to monitor performance, practice and to identify any areas for development and training to support staff to fulfil their roles and responsibilities. Although not all staff members had received an appraisal a plan was in place to address this.

One member of staff said, "It is so much better now, I feel valued and I know who to speak with if I have a concern."

We looked at staff training records and saw that care staff had received training in their role. For example, infection control, moving and handling and dementia care. We observed staff and found that they were able to display a good level of knowledge which showed evidence of their training.

We spoke with the manager and were told that the service had been approached by the lead McMillian nurse, to pilot a training programme for people with dementia. Staff were due to attend a presentation of this training in June 2015.

Staff received an induction before starting work at the home. This included training in mandatory subjects such as moving and handling, food safety, and safeguarding.

Staff were also able to shadow an experienced member of staff and worked a few shifts supernumerary. This was to enable the new starter to get to know people and the systems in the home. We spoke with a new starter who had worked at the home for three weeks. They told us they were enjoying their role, felt supported and the staff worked as a team.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We used this tool to observe people who were residing on Byron unit, over lunch. We also observed lunch on Shelly unit. We saw meals were nutritious and looked appetising. Whilst observing lunch on both units we saw there was interaction between staff and people who used the service. Staff gave people choices, and respected the person's decision.

We spoke with the cook who was knowledgeable about people's diets and preferences relating to food and nutrition. The cook told us that fresh vegetables are used most of the time and meals are home cooked. We spoke with people who used the service and their relatives and people who used the service. One person said, "The food is well cooked and it is the type of stuff I like. During the evening you can have a piece of cake or a scone with a hot drink if you like." One relative said, "Quality of food depends on which cook is on duty, but generally meals are good. There are plenty of drinks and snacks offered throughout the day."

We saw that menus were not displayed very well. For example the menu boards were written. Good practice would have been to display pictures of the food on offer so that people living with dementia could relate to them. We spoke with the project manager who told us that pictures were available. One person said, "They (the staff) don't usually put the menu on the board but they have today."

We spoke with staff about what they would do if they identified any concerns associated with a person's diet. They told us they would raise issues with the nurse or the deputy manager who would contact the GP or other professionals such as the dietician and the speech and language therapist.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in



## Is the service effective?

people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

We saw some care records had a generic best interest decision covering all aspects of care. This was not in line with the Mental Capacity Act 2005 which informs that best interest decisions should be time and decision specific. We spoke with the project manager about this and were told that this had been replaced with a new form and each decision should now be on a separate sheet. We saw some evidence that this process had commenced but old paperwork was still in use in some care plans. This made it difficult for staff to follow.

We asked nurses and senior staff if anyone was subject to a Deprivation of Liberty Safeguard (DoLS). Apart from one team leader who clearly knew who had a DoLS in place, the

others asked were unsure. We spoke with the project manager about this and were told that two people had a DoLS in place. We saw one of these files and it contained appropriate paperwork such as a standard authorisation.

We looked at how people consented to and were involved in their care. We saw care plans included a consent forms which were signed by the person or their representative.

We saw that one person was given medication covertly. We asked what process was in place to support this decision. The project manager told us that the company policy was that a mental capacity assessment and best interest decision should be completed. We saw a letter from the person's GP which informed staff to give medication covertly. There was a mental capacity assessment and best interest decision to support this. These arrangements had been made in accordance with the Mental Capacity Act 2005.

# Is the service caring?

## Our findings

At our last comprehensive inspection we found that people were not respected and involved in the service. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider to send us an action plan. The provider did this and said they would be compliant by 28 February 2015. At this comprehensive inspection we found improvements had been made.

We spent time observing staff interacting with people and found that improvements had been made in this area. We observed positive interactions on all units in the home and staff took time to sit with people and engage in meaningful conversations. Staff were very discreet when offering personal care and respected people's dignity.

We spoke with relatives who were visiting and we received some positive feedback about all three units. People's relatives told us staff were kind, caring and patient. One relative said, "The staff treat my relative as an individual and with respect." Another relative said, "The staff know my relative very well."

Relatives told us they could visit at any time. One relative told us how they had stayed at the home all night when their relative was ill. Another relative said, "The staff are very accommodating, really nice and seem to care about my relative."

We looked at six individual's care records and saw they gave some background information about the person. We

saw a life history document which identified people that were important to them, their life history and likes and dislikes. We spoke with staff about how they delivered care to the people that they were keyworker to. It was clear that staff knew the people very well. They also knew relatives that visited very well and we saw that staff spoke to people using their preferred names.

People's dignity and respect was promoted. We spoke with staff who gave examples of how they would respect someone's dignity. One staff member said, "I always make sure doors and curtains are closed to preserve dignity." Another member of staff said, "I treat people with respect, the same as I would expect for my loved ones."

We saw people's bedrooms and saw they were personalised with items they had brought from home. One relative we spoke with told us about how they had been involved in making their relatives room more homely and a place that they recognised. Another relative commented about the new chairs and said, "It is much better now, the new chairs are lovely and it has made a big difference when visiting. The lounge is much more homely."

The service had six staff who were dignity champions, which meant they were responsible for ensuring dignity was respected. We saw that dignity champions had meetings to discuss promoting dignity within the home.

We spoke with the manager and were told the provider was keen to introduce 'super champions' in specific areas, for example, action on hearing loss, men's wellbeing, diabetes, sight loss and eat well be well. It was anticipated that a 'super champion' would act as an advocate for each initiative. Each 'super champion' will have two hours supernumerary time per week to manage this role.

# Is the service responsive?

## Our findings

At our last comprehensive inspection we found that proper steps were not taken to ensure people received safe and appropriate care. This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider to send us an action plan. The provider did this and said they would be compliant by 28 February 2015. At this comprehensive inspection we found improvements had been made.

At this inspection we found improvements had been made in this area. We looked at care documents belonging to six people. Each file contained care needs assessments and a summary of the person's needs. Most care plans were evaluated on a monthly basis, however this was not always effective. For example we saw one person had two care plans in place for medication they received. One plan stated the person would take medicines from a spoon with a glass of orange juice. The other plan stated that the person was to be given medicines covertly. The latter was not a clear care plan but reflected more as daily notes, however this was the plan staff were following. Both plans were being evaluated as though both were in place. This meant that clear guidelines were not available. We spoke with the project manager about this who asked the deputy manager to make the necessary changes to the care plan..

We asked people's relatives if they felt involved in the care of their family member. We were told they did. One relative said, "They always involve me and keep me updated if my relative is ill."

People received personal care which was responsive to their needs. People's needs were assessed, but care plans did not always reflect their most current needs.

The service had two activity co-ordinators in place. One of which was on duty at the time of our inspection. On the first day of our inspection there did not appear to be a lot of interaction from the co-ordinator. The second day of our inspection we saw much more in the way of activities. In the morning there was a coffee morning and in the afternoon entertainers visited the home. We saw that everyone living on all units were invited to take part.

We spoke with the activity co-ordinator who told us about different trips out. For example out for meals, and trips to the local park. They were also looking at arranging day trips for the summer.

The service had a complaints procedure and people knew how to raise concerns. People we spoke with told us they would talk to staff if they had a worry, and felt they would sort it out. We saw a log of complaints which had been addressed in an effective manner. The project manager also told us that lessons learnt from concerns were used to develop the service.

Relatives we spoke with were positive about how concerns were dealt with and had no problem in raising issues with staff and the management team. One person said, "I used to have problems with my relatives laundry going missing. Everything is fine now." Another person said, "I feel listened to and cared about."

# Is the service well-led?

## Our findings

At our last comprehensive inspection in November 2014, we found the provider did not have effective systems to regularly assess and monitor the quality of service that people receive. The provider did not have effective systems in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others. This was a breach of Regulation 10 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider to send us an action plan. The provider did this and said they would be compliant by 28 February 2015. At this comprehensive inspection we found improvements had been made.

Orchard Care had employed a new manager who commenced in post at Laureate Court in February 2015. There was also a deputy manager who had commenced in post in April 2015. Both these positions were supernumerary to the care hours provided. All the staff and relatives we spoke with spoke positively about the manager and deputy. People felt they worked together well and were committed to making positive changes.

Relatives we spoke with knew there had been changes in management recently and had seen other positive changes throughout the home. For example new furniture. The relatives we spoke with also said they had been invited and had attended a new meeting called, 'Our Voice.' This was held monthly and gave people who used the service and their relatives the opportunity to discuss issues relating to the home and care received. One relative said, "I like the meetings, they make me feel valued." Another relative said, "At each meeting we discuss the issues raised at the last meeting and the manager gives an update on what has been achieved. It makes it worthwhile raising things."

We saw evidence that people had been asked to comment on the quality of the service provider. For example a social and cultural survey had been carried out in February 2015. Following this an action plan had been developed and we saw evidence that most points had been addressed. For example, people had requested input from local churches. The activity co-ordinator had arranged this and the home now had a monthly church service. In March 2015 a survey had been completed regarding the laundry service. People made it clear they were not happy with the length of time it was taking for clothes to return from the laundry. This was addressed by the manager who completed supervision sessions with the staff concerned.

Through observations we saw staff had leadership and direction. On the residential unit (Keats), staff were supported by a unit manager. The other units were supported by nurses with the deputy manager overseeing both units as a clinical lead. This meant staff knew how to deal with situations and there were senior staff around to guide and direct them.

The provider had systems in place to assess and monitor the quality of service that people received. The manager and others nominated by her had completed audits in areas such as care records, infection control, medication, and the environment. The company compliance manager had completed an audit on a monthly basis. This audit looked at areas such as the environment, infection control, care plans, medication, staffing and complaints. The last audit was completed in March 2015 and improvements were noted. However, we felt these required further embedding in to practice in order to make them effective. For example, we saw care plans which were out of date and no longer appropriate to the persons care. We also saw some minor concerns with medication, as stated in the safe domain.