

Mrs Milijana Kiss

Orchard Lodge Care Home

Inspection report

30-32 Gordon Road
Seaforth
Liverpool
Merseyside
L21 1DW

Tel: 01514746375

Date of inspection visit:
02 February 2017

Date of publication:
30 March 2017

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service in July 2016. We found the home to be rated 'Requires improvement' and we found four breaches of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The breaches of regulations concerned; safe care and treatment, because infection control was not being effectively monitored; receiving and acting on complaints; staff training and support; and the overall governance of the home.

We asked the provider to take action to address these concerns. After the comprehensive inspection, the provider wrote to us to tell us the action they would take to meet legal requirements in relation to the breaches.

We undertook a focused inspection on 2 February 2017 to check that they had they now met legal requirements. This report only covers our findings in relation to the specific areas / breach of regulations. This report therefore covers four of the five questions we normally asked of services; 'Is the service safe, effective, responsive and well led?' the other question; whether the service is 'caring', was not looked at on 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.

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.

A new manager had started in post in October 2016 and had applied to the Commission for registration. 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.

At the last inspection we identified a concern relating to the management of infection control and environmental hazards. During this inspection we saw that some specific improvements had been made but we saw other environmental hazards that had not been effectively identified and monitored; these related to the management of the laundry and the overall lack of health and safety audit / checks being carried out. The provider was still in breach of this regulation.

During the previous inspection we identified a breach of regulation in relation to the overall governance of

the home; there was a lack of guidance for staff through established policies and procedures. On this inspection the new manager had made improvements in many areas of the running of the home; however, we found there was a lack of established and routine audit which meant some areas of the running of the home were not being effectively monitored. The provider was still in breach of this regulation.

At the last inspection we found that the provider was in breach of regulations relating to the receiving and acting on complaints. On this inspection we saw a complaints procedure in place. This breach had been met.

At the last inspection we found that the provider was in breach of regulations relating to the training and support for staff. On this inspection we saw progress had been made by the new manager. Staff were in receipt of planned training and felt supported by the new manager and a regular programme of supervision. This breach had been met.

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

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.

People were not fully protected from the risk of infection.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff were trained in topics which were relevant to the needs of the people living at the home. There was an on-going assessment and training schedule in place and this was complimented by on-going supervision for staff.

While improvements had been made we have not revised the rating for this key question. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'effective' at the next comprehensive inspection.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Information regarding compliments and complaints was displayed in the home. There had been no complaints since the last inspection.

While improvements had been made we have not revised the rating for this key question. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'responsive' at the next comprehensive inspection.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Some previous requirements had not been met. We found there was a lack of established and routine audit which meant some

Requires Improvement ●

areas of the running of the home were not being effectively monitored.

Some policies and procedures still needed to be reviewed to ensure up to date information for staff.

The provider had systems in place to establish feedback from people using the service.

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 was planned to check 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 2 February 2017 and was unannounced.

The inspection was conducted by an adult social care inspector.

This was a 'focussed' inspection in that we were following up on breaches of regulations from the last comprehensive inspection in July 2016. The breaches of regulations concerned; safe care and treatment because infection control was not being effectively monitored; receiving and acting on complaints; staff training and support; and the overall governance of the home.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the local authority who provided information. We used all of this information to plan how the inspection should be conducted.

We also looked at any action plans and updates received from the provider.

We spent time with the new manager of the home and also spoke with four staff members. We also spent time looking at records relating to the management of the service.

We spoke with a health care professional who was visiting at the time of the inspection to ask for their views.

On the day of the inspection we spoke with four people living at the home.

Is the service safe?

Our findings

At the previous two inspections in April 2015 and July 2016 we identified concerns relating to cleanliness, infection control and environmental hazards. The inspection in April 2015 raised concerns regarding the management of the laundry and in July 2016 we were concerned that previously unidentified risks regarding the use and management of the sluice room was exposing staff and people living at the home to the risk of infection. We told the provider to take action.

At the inspection on 2 February 2017 we checked to see if arrangements for managing and controlling the risk of infection had been improved. We received an action plan which specified some action to be taken to address the concern and meet the breach of regulations.

On this inspection we found the home to be clean and free from strong odours. We saw that planned upgrading work to the kitchen was being undertaken. The issue identified at the last inspection regarding the management of the sluice facility had been addressed. We saw the sluice was clean, had hand wash facilities and the hazardous substances previously stored there had been moved to a safe storage area in the basement. The sluice had also been made secure and was not accessible to people living at the home. Cleaning equipment such as mops were stored appropriately. Staff had also undergone recent training in infection control to raise their awareness.

We found, however, that there remained infection control issues that still were not being effectively monitored and addressed. For example the sluice facility was still being used as a staff toilet facility but the planned separation from the sluice, by way of a screen, had still not been fitted. Staff were, therefore, still unnecessarily exposed to the risk of contact with infected waste products.

The main concern however still related to the laundry facility. We found that despite work completed, the brick and paint work in the laundry was exposed and flaking in parts and was in need of further maintenance to ensure it was easy to clean. The laundry was not clean. Top surfaces of machines looked like they had not been cleaned for some time; the sink in the laundry had a broken seal where it was attached to the wall with harboured dirt and bacteria. The bin was dirty and had no top exposing staff to unnecessary risk of being in contact with waste. There were no soap or paper towels for staff to wash hands and no immediately available gloves or aprons [personal protective equipment (PPE)] for staff use. We also saw that people's clean clothing, waiting to be returned to bedrooms, was now being stored in the laundry, as oppose to previously a small area just outside; the lack of separation posed further risk of cross infection from dirty laundry.

We spoke with the manager regarding the general management of infection control. The manager pointed out that PPE was available and would move this to the laundry room to make it more immediately accessible. We discussed the fact that there was no designated laundry staff and all care staff carried out laundry duties each day; this again increased the risk of cross infection. The manager told us a designated laundry staff would be identified each shift which would reduce the risk of cross infection and also enable better daily accountability for cleanliness in this area. The laundry room was not on any cleaning schedules

for the home and the manager told us this would be addressed.

We asked how infection control monitoring [audit] was being carried out. The manager showed us a daily audit [walk round check of the environment] but this did not include the areas we had identified, including the laundry. The only other audit conducted that included any reference to environmental infection control was a monthly 'health and safety' audit but this had not been carried out since July 2016 by the previous registered manager; therefore other environmental hazards such as hot water temperatures had also not been monitored since this date. There was no other audit tool being used for infection control at the time of the inspection apart from a weekly check by the manager of the cleaning schedules being carried out. The cleaning schedule did not include the laundry room.

A previous developmental plan sent by the provider as far back as 2015 had specified a new audit tool for infection control to be in place by 21 December 2015. It also specified an 'outbreak management policy' would be in place by December 2015 to advise staff in the event of an infectious outbreak in the home; this could not be located by the new manager and was not available in the main infection control policy we saw. We discussed the need to make contact with the local infection control professionals for further advice regarding policy and audit tools.

The new manager had started work at the home four months previously and explained that they were in the process of updating themselves and reviewing all areas of management. Following the feedback from the inspection we were sent an update by the manager to explain measures had been put in place to reduce the risk of infection in the laundry; 'Since your visit, a deep clean has been undertaken in the laundry, shelving for clean clothes have been moved to other room. I have put in place a daily cleaning schedule for the laundry with a deep clean once a week. This will be audited weekly by myself'.

The manager had also re-introduced and carried out the monthly health and safety audit following our visit and carried out a full audit of health and safety which looked at all areas of the home including the laundry.

This is a breach of Regulation 12(2) (a) (b) (d) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service effective?

Our findings

At the previous inspection completed in July 2016 we found there was a lack of training and support for staff regarding the working of the Mental Capacity Act 2015 (MCA). This meant staff lacked knowledge and awareness of the MCA and the implications for the provision of care. We had previously recommended this training but it had still not been carried out. We told the provider to take action.

On this inspection we reviewed the training and support for staff. We found good standards and this breach had been met.

The providers action plan told us, 'A training matrix is now being put together which will enable staff to observe exactly what training has been completed and what training is due/coming up' and 'All staff members have now undertaken and completed training related to mental capacity and deprivation of liberty safeguards'.

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. The new manager showed us the training that had been undertaken by staff and most staff had attended for updates following the last inspection in July 2016.

Staff were trained in a range of subjects which were relevant to the needs of people living at the home including; infection control, administration of medicines and safeguarding adults. Training was primarily facilitated by external, specialist providers. The new manager showed us some certificated training undergone recently including, moving and handling, equality and diversity and adult safeguarding.

Staff we spoke with told us the new manager was very keen on training and they had received a lot of training over the past three months. The training matrix on display in the manager office confirmed this. One staff said, "We've had lots of training. The new manager is very good and the training organised has been really good quality."

The new manager advised they were also an assessor under the Qualifications Framework (QCF) for NVQ / Diploma in Health and Social care. All of the staff working at Orchard Lodge had at least a level 2 qualification. This evidenced a strong base of staff knowledge.

Staff told us that they received regular supervision and appraisal from the new manager. There had been a gap in this following the previous registered manager leaving but this had recommenced under the new manager. All staff we spoke with commented positively on the support they received.

The home had recruited one staff member recently who was undergoing induction mapped to the principles of the Care Certificate (CC). The CC requires new staff to complete a programme of training, be observed in

practice and then signed-off as competent by a senior colleague. The new manager was aware of the need to continue to develop induction standards around this.

Is the service responsive?

Our findings

At the last inspection in July 2016 we found information regarding compliments and complaints was not clearly displayed. Not all of the people that we spoke with said that they knew what to do if they wanted to make a complaint or what response they could expect. We told the provider to take action to address this.

On this inspection we found improvements had been made and the breach had been met.

The providers action plan stated, 'We have now provided a notice board that displays our complaints procedure and also complaints forms are available for those service users who may feel they need to complain about the service. We have now put a suggestion box in the entrance area to provide the opportunity to service users and families to give us suggestions of how we can continually improve the service'.

On this inspection we saw a compliant procedure displayed in the main lounge and the hallway to the home. We discussed how more attention could be drawn to this as the lettering was quite small to read. The manager showed us the available 'complaints forms' and plans they had for developing a 'welcome pack' for new admissions to the home which would include the complaints procedure.

We spent some time generally talking to people who lived at Orchard Lodge. Two people we spoke with said they felt happy at the home and if they had any issues of concern they would discuss with staff. People recognised and said they could report things to the new manager.

The manager told us there had not been any complaints made since they had been appointed.

Is the service well-led?

Our findings

A registered manager was not in post. However, the new manager had commenced working at Orchard lodge four months previously in September 2016 and had applied for registration which was currently being assessed by the Commission [Care Quality Commission]. We spoke extensively with the new manager throughout the inspection.

At the last inspection in July 2016 we found that the provider was in breach of regulations relating to good governance. Specifically, the provider had failed to act on recommendations from the fire service, and the Commission, without good reason and had not provided staff with sufficient guidance through policies and procedures. We told the provider to take action. We had found this was a continued breach of regulations as similar concerns had been identified at the inspection in April 2015. At that time the provider had not been monitoring the home effectively and had not provided the previous registered manager with important information about planned developments or feedback from quality audits.

At this inspection we checked to see if improvements had been made to the governance of the home. We found improvements had been made in some areas but there were continued failings of monitoring of the home and the breach had not been met. There was a continued failure to meet regulatory requirements and provide safe care and treatment regarding infection control. The service had met two of the four previous breaches from the inspection in July 2016 and this continued to potentially expose people to risk.

We reviewed some of the current quality assurance systems in place to monitor performance and to drive continuous improvement.

The provider's action plan stated, 'We are currently undertaking a review of our auditing procedures which will be implemented without delay once they are finalised. These will include regular audits related to infection control, medication/competency checks, care plans and the environment'.

The manager showed us some of the audits in place which were currently being used to monitor the home. For example, a daily health and safety check covering 12 basic observations of the environment and a medication audit that had been conducted on 26 January 2017. There were also a number of routine safety checks such as fire safety checks.

However, we were concerned that the auditing in the home was not fully developed and embedded which meant the some key areas had not been monitored. The infection control issues in the laundry had not been identified on any of the audits. The development plan for the home, sent to us by the previous registered manager said that a new audit tool for infection control and outbreak management policy was to be in place by the end of December 2015 but these could not be found.

We saw that some important checks such as monitoring of hot water had not been made for a number of months. We were shown a more detailed monthly health and safety audit but this had not been completed since July 2016. Accidents were being recorded and we saw there was good detail and follow up for

individual accidents but there was no schedule in place for auditing these for further analysis of trends to identify if further management input was needed to decrease any risk. We saw there had been a rise of accidents in the home in December 2016, from four the preceding month to 11, but there was no analysis of why this might be. The manager told us all care files had been audited but there was no record of this and no on-going audit tool or schedule for further monitoring.

We asked about provider visits and how these were carried out. The manager said the provider visited regularly – at least monthly. We saw an action plan dated January 2017 from the provider which listed four areas for the upgrading of the environment. We were told that the provider does a full walk around inspection of the home as well as talk to staff and people living at Orchard Lodge. We could find no written report of this however and no evidence of any feedback to the manager.

We discussed the need for a full audit schedule / cycle to be implemented so that all areas of the home are being effectively monitored.

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

We received positive feedback regarding the new manager at Orchard Lodge. Staff we spoke with said they felt the home was better managed overall and they felt better supported in their role by the improved training and supervision. One staff member said, "It's a lot more relaxed and staff feel better at their work." Staff felt the culture of the home had changed and needed to be further embedded. A staff said, "I think things will continue to improve now." We saw a previous 'development plan' for the home which was due to be reviewed and updated in February 2016. Most of the planned development had been actioned; mainly developments to the environment which we also saw on our inspection. The targets around training had also been met. The new acting manager dealt with the questions and issues arising out of the inspection process openly and honestly.

We spoke briefly with some of the people living at Orchard Lodge as well as a visiting health professional. All knew who the new manager was and found them very approachable. One person allowed us to see their newly decorated bedroom and was pleased how this had been managed.

We saw the manager had introduced some good systems for getting feedback for people living at Orchard Lodge. These included some recent surveys sent out to people and their relatives. We saw the feedback was positive with people saying they felt the home was a good place to live. Some comments included, "My mother is very happy and well cared for" and "It's a good care home." We saw that one issue had arisen from the feedback and this was being dealt with.

The manager was aware of incidents in the home that required The Care Quality Commission to be notified of. Notifications had been received to meet this requirement.

From April 2015 it became a legal requirement for providers to display their CQC (Care Quality Commission) rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection for Orchard Lodge was displayed for people to see in the main entrance / hallway.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not fully protected from the risk of infection.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance We found there was a lack of established and routine audit which meant some areas of the running of the home were not being effectively monitored. Some policies and procedures still needed to be reviewed to ensure up to date information for staff.