

Mrs Milijana Kiss

# Orchard Lodge Care Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service:

Orchard Lodge is a private residential care home providing personal care for up to 26 people aged 65 and over. At the time of the inspection there were 23 people living at the home.

People's experience of using this service:

The registered manager was described as supportive and approachable. They demonstrated a good understanding of their roles and responsibilities as a registered person. They worked in partnership with other agencies to ensure people received care and support that was consistent with their assessed needs.

The home was clean and the environment was well maintained. During the inspection we identified an action the home had highlighted in a recent health and safety audit requiring replacement radiator covers. We asked the manager to send us evidence that these have been ordered which was sent to us the following day.

People had access to appropriate equipment where needed. Staff showed a good understanding of their roles and responsibilities for keeping people safe from harm. Medicines were managed safely and people received their prescribed medicines at the right time. This was an improvement since our last inspection. Where issues were identified during this inspection, these were immediately addressed by the registered manager.

There were sufficient numbers safely recruited and suitably qualified and skilled staff in place to meet people's individual needs. The manager was proactive in adjusting staffing levels based on the needs of the people living in the home. Staff received a range training and support appropriate to their role and people's needs.

Staff knew the needs and preferences of people living in the home well. People were treated with kindness, compassion and respect. Staff had developed positive relationships with people and were seen to display kind and compassionate support to people. People's needs had been assessed and their health needs were understood and met.

People's privacy and dignity was respected and independence promoted. People had access to a selection of activities.

The registered provider complied with the principles of the Mental Capacity Act (MCA) 2005. Staff understood and respected people's right to make their own decisions where possible, and encouraged people to make decisions about the care they received. Consent had been sought before any care had been delivered in line with legal requirements.

People received personalised care and support which was in line with their care plan.

People knew how to make a complaint and they were confident about complaining should they need to.

Rating at last inspection:

At the last inspection, the home was rated "requires improvement" (17 April 2018).

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the home until we return to visit as per our reinspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Orchard Lodge Care Home

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection team consisted of two adult social care inspectors 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. This expert of experience had expertise in older people's care.

#### Service and service type:

Orchard Lodge is a residential care home. People in this care home receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at on this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

Prior to our inspection, we asked the provider to complete a Provider Information Return (PIR). Providers are required to complete this if requested and the document contains key information about their service, what they do well and improvements they plan to make.

We also reviewed statutory notifications that had been received from and about the home and contacted the commissioners who help arrange and monitor the care of people living at Orchard Lodge. We used this information to populate our planning tool. This helps us to plan how the inspection needs to be carried out.

During the inspection we looked at a range of information. This included the care records of five people,

resident meeting minutes and satisfaction surveys. We examined three staff recruitment records, documentation relating to health and safety, audits, a training and supervision matrix and records of accidents, incidents, safeguarding and complaints.

We spoke to five people living at the home, one visitor, as well as four staff including the registered manager.

We also 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 to us.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

### Assessing risk, safety monitoring and management

- People told us they felt they felt safe living in the home. One person said; "During the night you have staff on and the front door has a code to get in and out so I feel safe". All of the people we spoke to said they would raise any concerns with staff.
- There were risk assessments in place. The risk assessments viewed were written specifically with the need of each person at the forefront. For example, we saw risk assessments around mobility, risk of falls and risks of malnutrition.
- Risk assessments were reviewed regularly and held up-to-date information for staff to follow.
- There was a process in place to record and monitor incidents and accidents.
- There were robust checks on the environment
- People living at the home had Personal Emergency Evacuation plans in place (PEEPS). We suggested to the manager that photographs would be beneficial on these in case there were unfamiliar staff on shift.
- We saw that a recent health and safety audit identified that radiator covers were needed to reduce the risk of people receiving burns. The manager provided us with evidence following the inspection that these had been ordered.

### Systems and processes to safeguard people from the risk of abuse

- There was a policy in place to ensure that people who lived at Orchard Lodge were protected from the risk of harm and abuse.
- Staff completed training in safeguarding and were able to discuss with us the action they would take if they felt someone was being harmed or abused.
- Staff were also aware of the whistleblowing process and stated that they would feel confident to raise concerns.
- The registered manager described recent safeguarding incidents and the actions that had been taken by them.

### Staffing and recruitment

- Recruitment procedures were safe. Pre-employment checks were carried out on all staff before they were offered a job.'
- Rotas showed there were enough staff and the manager told us there were no staff vacancies. Staff told us they felt there were enough staff on shift. People we spoke to confirmed this. One said; "I get enough care, I have no complaints, they work hard. I have a buzzer in my room and if I use it they come really quickly".

### Using medicines safely

- Medication procedures had improved since our last inspection.

- Medications were stored securely in a lockable cabinet. The temperatures of the medication cabinet and the fridge were checked daily.
- There was a procedure in place in relation to controlled drugs (CD's). These are medications with additional controls placed on them. These were counted each day and after each time they were administered to people and were being managed correctly.
- Where people required medication to be given as and when required, often referred to as PRN medication, they had a separate protocol in place for this.
- Medication was only administered by staff who had the correct training to do so.
- One person's allergies were not accurately recorded on the pre-printed MAR however; were recorded throughout the care plan. We also found that the administration of thickening agent in drinks was not being adequately recorded for one person. Thickener is a prescribed product and is used to reduce the risk of choking for people with swallowing difficulties. We raised both issues with the registered manager who with the senior carer took immediate and appropriate action during the inspection.

#### Preventing and controlling infection

- Staff followed cleaning schedules and the home was visibly clean and tidy.
- Throughout the inspection, we saw staff using personal protective equipment (PPE) appropriately. There were suitable storage facilities for cleaning products, and an effective infection control system was in place.
- The home has had a scheme of redecoration. The registered manager explained a new laundry room was being fitted out and a new shower room had been completed.

#### Learning lessons when things go wrong

- There was a system in place to monitor and review accidents and incidents. Our inspection identified a specific pattern of events in the night time. We discussed this with the registered manager who confirmed that appropriate actions had been taken with the introduction of assistive technology such as sensor mats in people bedrooms to reduce the risk of falls.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed when they moved into the home. This information was used to develop the support plans and risk assessments.
- People, relatives of their choice and healthcare professionals were involved in the assessment and planning of people's care.

Staff support: induction, training, skills and experience

- New staff were supported to complete an induction process which was aligned to the principles of the care certificate, which is a nationally recognised health and social care induction.
- Staff demonstrated that they were skilled and knowledgeable when supporting the people who lived at the home.
- The training matrix evidenced that the staff received the necessary training and we also saw refresher training had been arranged.
- Staff received an appropriate level of support for their role through regular supervision.

Supporting people to eat and drink enough to maintain a balanced diet

- The dining room had been recently refurbished and this created a relaxing environment for people to have their meals. People chose which area of the home they ate their meals in.
- The food was freshly prepared. People were served their choice of food and any dietary requirements were met. There was a menu displayed which offered a choice, however we saw that alternatives were available when requested.
- Kitchen staff were aware of people's specific dietary needs and how to cater for these.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager worked consistently with district nurses and other agencies to ensure that support was provided in a safe way. For example, we saw Speech and Language Team (SALT) guidance and district nurse information was reflected in care files.
- Staff arranged specialist health referrals when required. This was confirmed by people living in the home. One person said; "If you feel unwell they stay with you, and if you need one they would call the doctor. I have my feet done when the podiatrist comes here. They take me to the dentist or he will come and see you. The optician comes here as I need glasses"
- The registered manager arranged for healthcare services such as chiropody to be available for people.

Adapting service, design, decoration to meet people's needs

- Orchard Lodge was clean and tidy, and people had personalised their own bedrooms.
- There was a newly fitted shower room which was having a positive impact on the independence of people living at the home. We were told; "It is better now they have changed the shower to a walk in one, the one before was too high, as I have problem with my left leg. I fell once and they got it sorted soon after and they had two people to help me until it was sorted. With the new shower I can step in and sit on the chair".
- There has been an ongoing scheme of redecoration including the communal areas however, some areas still required further modernisation, such as the lounge carpet and the conservatory furniture. We discussed this with the manager who informed us that the lounge carpet replacement is being arranged and also told us about plans to further refresh the decoration in the home including the hallways.
- There was directional signage displayed at appropriate places in the home. This assists people who are living with dementia.

Ensuring consent to care and treatment in line with law 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's care records contained assessments of their capacity to make decisions. Where people were assessed to lack capacity, best interest decisions were made and recorded in their care plan. Capacity assessments were decision specific, in accordance with the principles of the MCA.
- The registered manager had made appropriate applications for DoLS authorisations.
- Staff received training in the MCA and DoLS. During the inspection we observed staff asking people for consent before they delivered care.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- One person told us; "[staff] are a laugh and they bring you out of yourself" and another person said; "I can get up and go to bed when I want, and I can choose my meals".
- A visitor described the staff as "outstanding" and added they were "always made to feel welcome".
- An Equality and Diversity policy in place which had been reviewed to reflect current legislation and staff had received training.
- Support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination.
- People were treated well and with respect.

Supporting people to express their views and be involved in making decisions about their care

- Care plans demonstrated that people were involved in making decisions about their care and that their views were recorded. Where people were unable to express their views, we saw that families had been involved when appropriate. People confirmed they had seen their care plans and they were involved in the reviews.
- People had access to advocacy services to ensure their views were represented.

Respecting and promoting people's privacy, dignity and independence

- One person told us; "When I first came here I couldn't do anything for myself and now I can do anything, I have come a long way". Another person said; "I have a three wheeler when I go out, it is in my room. I used to have it down here but [staff] encouraged me to learn to do without it inside so now I don't need it indoors".
- Staff told us how they respected people's privacy and dignity by asking permission before providing care and closing doors to maintain privacy and dignity. People confirmed this.
- People were supported to maintain their independence. For example, the registered manager encouraged people to self-administer their own medication where appropriate and support needs were clear in care plans.
- People were encouraged to participate in daily living tasks such as hanging out laundry.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were person centred and detailed, accurately capturing personal preferences as well as the choices and decisions that people could make for themselves. This was particularly evident in plans concerning how people were supported to manage their own medication and being supported to eat and drink. In one care plan it was written 'Please remember I am independent, and that I can do some things for myself'.
- Care plans and risk assessments were consistently reviewed on a monthly basis and care plans were amended where needed.
- Where people were newly living at the home or returned to the home from hospital, care plans had been fully reviewed and written in a timely manner to ensure staff had the correct information to support people.
- The Accessible Information Standards (AIS) were being met. The standards were introduced by the government in 2016; ensuring that people with a disability or sensory loss were provided with information in a way they could understand.
- Activities were planned and available activities were on display in the home. The manager explained they had met with people to discuss activities and gather their feedback and had arranged activities people had asked for.

Improving care quality in response to complaints or concerns

- People told us they would speak to the manager if they wanted to raise a complaint.
- There were no formally recorded complaints however; there was a complaints procedure clearly visible around the home and as well as a number of ways people could express their views including resident's meetings, satisfaction questionnaires and formal complaints forms. The manager said they had an open-door policy (confirmed to us by staff) which meant it was easy for people to raise any issues.
- The Manager had supported people to raise concerns external to the home and they spoke positively about this.

End of life care and support

- Staff worked closely with the community palliative care team and district nurses when people were at the end of their life.
- People had been supported to discuss and record their wishes and feelings in the event of receiving end of life care and we saw clear guidance in care plans to ensure people received any specialist support and medicines they needed to remain comfortable and pain-free. The care plans also referenced whether the person had a Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) order in place.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection in April 2018 we made a recommendation to review their approach to quality assurance in respect of medication management. We found that the necessary review had been made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had an effective system of governance. The registered manager regularly completed audits including health and safety, infection control, care plans and medication. These had identified areas of improvement and actions had been taken as a result.
- The registered manager was working with a consultant to further develop governance systems to improve quality. This has led to additional audits being introduced such as a new safeguarding audit. Completion of this audit has resulted in the safeguarding policy being updated.
- The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager was aware of the statutory Duty of Candour which aims to ensure that providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open and honest when untoward events occur.
- The registered manager was clear about the vision and direction for the service and was committed to improving the quality of care as well as the living environment for people living at the home.
- Staff told us that the manager was approachable and had an open-door policy if there were any concerns.
- A visitor also told us that they feel the home is well led and the manager is approachable.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Team meetings were held regularly and staff were kept fully informed of all areas of improvement
- Staff told us their views were encouraged and welcomed by the management team.
- People and their relatives participated in the running of the home through informal chats with the registered manager as well as through satisfaction questionnaires and resident's meetings.

Working in partnership with others

- The registered manager worked in partnership with a range of different health services and professionals to help make sure people received the right support.

- Feedback was also sought from visiting external agencies. One district nurse recently recorded 'Orchard Lodge always makes the district nurses feel welcome'.
- The registered manager had developed a key working relationship with another nearby care home when developing its business continuity plan in the event of an emergency evacuation situation.