

Friends of the Elderly

# Orford House Residential Care Home

## Inspection report

32 Crown Lane,  
Morden  
SM4 5BL  
Tel: 02085408660  
Website: [www.fote.org.uk](http://www.fote.org.uk)

Date of inspection visit: 25 August 2015  
Date of publication: 05/10/2015

### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection took place on 25 August 2015 and was unannounced. The last Care Quality Commission (CQC) inspection of the home was carried out on 7 July 2014, where we found the service was meeting all the regulations we looked at.

Orford House is a care home that can accommodate and provide personal care for up to 29 older people. At the time of our visit, there were 25 people using the service, of whom approximately half were living with dementia.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Although people told us they were happy with the standard of care provided at the home and always spoke

# Summary of findings

positively about the staff who worked there; we found not enough staff were suitably deployed in the main dining room during lunch, and when staff were visible, they did not spend enough time interacting and socializing with people. This meant people's needs may not always be fully met during lunch and nor was their mealtime experience as pleasant as it could have been.

People told us staff looked after them in a way which was kind and caring. Our discussions with people using the service and their relatives supported this. People's rights to privacy and dignity were also respected. When people were nearing the end of their life they received compassionate and supportive care.

People were safe living at the home. Staff knew what action to take to ensure people were protected if they suspected they were at risk of abuse or harm. Risks to people's health, safety and wellbeing had been assessed and staff knew how to minimise and manage these risks in order to keep people safe. The service also managed accidents and incidents appropriately and suitable arrangements were in place to deal with emergencies.

We saw people could move freely around the home. The provider ensured regular maintenance and service checks were carried out at the home to ensure the environment was safe. The building was well maintained and safe.

Staff were suitably trained, well supported and knowledgeable about the individual needs and preferences of people they cared for. The registered manager ensured staffs' knowledge and skills were kept up to date.

People were supported to maintain social relationships with people who were important to them, such as their relatives. There were no restrictions on visiting times and we saw staff made peoples' guests feel welcome.

Staff encouraged people to participate in meaningful social, leisure and recreational activities that interested them. We saw staff actively encouraged and supported people to be as independent as they could and wanted to be.

People were supported to keep healthy and well. Staff ensured people were able to access community based

health and social care services quickly when they needed them. Staff also worked closely with other health and social care professionals to ensure people received the care and support they needed. There was a choice of meals, snacks and drinks and staff supported people to stay hydrated and to eat well. People received their medicines as prescribed and staff knew how to manage medicines safely.

Consent to care was sought by staff prior to any support being provided. People were involved in making decisions about the level of care and support they needed and how they wanted this to be provided. Where people's needs changed, the service responded by reviewing the care and support people received, which included their care plan.

Managers understood when a Deprivation of Liberty Safeguards (DoLS) authorisation application should be made and how to submit one. This helped to ensure people were safeguarded as required by the legislation. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

The service had a clear management structure in place. We saw the registered manager led by example and was able to demonstrate a good understanding of their role and responsibilities.

The views and ideas of people using the service, their relatives, professional representatives and staff were routinely sought by the provider and used to improve the service they provided. People and their relatives felt comfortable raising any issues they might have about the home with staff. The service had arrangements in place to deal with people's concerns and complaints appropriately.

There were effective systems in place to monitor the safety and quality of the service provided at the home. The registered manager took action if any shortfalls or issues with this were identified through routine checks and audits. Where improvements were needed, action was taken.

# 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?

Some aspects of the service were not safe.

There were not always enough staff suitably deployed in the main dining room during lunch, and when staff were visible, they did not spend enough time interacting and socializing with people. This meant people's needs may not always be fully met during lunch and nor was their mealtime experience as pleasant as it could have been.

People told us they felt safe living at the home. There were robust safeguarding and staff whistleblowing procedures which staff were aware of. Staff understood what abuse was and knew how to report it. There were enough staff to meet the needs of people using the service.

Risks were identified and appropriate steps taken by staff to keep people safe and minimise the risks they might face. Management consistently monitored incidents and accidents to make sure people received safe care. The environment was safe and maintenance took place when needed. People were given their prescribed medicines at times they needed them.

**Requires improvement**



### Is the service effective?

The service was effective.

Staff were suitably trained and were knowledgeable about the support people required and how they wanted their care to be provided.

The provider acted in accordance with the Mental Capacity Act (2005) to help protect people's rights. The registered manager and staff understood their responsibilities in relation to mental capacity and Deprivation of Liberty Safeguards (DoLS).

People received the support they needed to maintain good health and wellbeing. Staff worked well with health and social care professionals to identify and meet people's needs. People were supported to eat a healthy diet which took account of their preferences and nutritional needs.

**Good**



### Is the service caring?

The service was caring.

People told us that staff were caring and supportive and always respected their privacy and dignity.

Staff were aware of what mattered to the people using the service and ensured their needs were always met. People's views about their preferences for care and support had been sought. People were fully involved in making decisions about the care and support they received.

**Good**



# Summary of findings

People also received compassionate and supportive care from staff when they were nearing the end of their life. Staff were warm and welcoming to visitors and there were no restrictions on when they could visit their family members.

## Is the service responsive?

The service was responsive.

The support people received was personalised and focussed on an individual needs and wishes. People's needs were assessed and care plans to address their needs were developed and reviewed with their involvement.

People had opportunities to participate in activities that reflected their social interests. People were encouraged to maintain relationships with the people that were important to them.

People felt comfortable raising issues and concerns with staff. The provider had arrangements in place to deal with complaints appropriately.

Good



## Is the service well-led?

The service was well-led.

The views of people who lived at the home, their relatives, staff and external health and social care professionals were welcomed and valued by the provider.

The registered manager demonstrated good leadership and they were proactive in making changes and improvements that were needed in the home. People using the service, their relatives and staff spoke positively about the registered manager and the way they ran Orford House.

The provider regularly monitored the care, facilities and support people using the service received. Ongoing audits and feedback from people were used to drive improvement.

Good



# Orford House Residential 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 inspection took place on 25 August 2015 and was unannounced. It was carried out by a single inspector.

Before the inspection we reviewed the information we held about the service. This included the provider information return (PIR). The PIR is a form that asks the provider to give

some key information about the service, what the service does well and improvements they plan to make. We also reviewed information about the service such as notifications they are required to submit to the CQC.

During our inspection we spoke with ten people who lived at the home, two people's visiting relatives, the registered manager and four care workers.

We spent time observing care and support being delivered in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also looked at various records that related to people's care, staff and the overall management of the service. This included six people's care plans and six staff files.

# Is the service safe?

## Our findings

There were not always enough staff suitably deployed in the home to meet people's needs. During lunch we observed staff were not always present in the main dining room. This meant an incident that occurred on one table where a few people had becoming increasingly agitated with the behaviour of another person had gone unnoticed by staff for over five minutes. This incident should have been noticed and dealt with by staff much sooner than it actually was. Furthermore, when staff were visible in the main dining room during lunch they tended to focus on serving people their meals, which meant they did not spend any time sitting and engaging with people who were having their lunch. We discussed the way staff were deployed in the home at mealtimes and the lack of interaction with people who tended to eat their meals in the main dining room with the registered manager. They agreed that mealtimes were an important social occasion and people's mealtime experience would be improved if staff spent more time sitting and socialising with people who ate in the main dining room.

However, despite what we observed in the main dining room during lunch people told us there were usually enough staff available when they needed them. One person said, "There's usually plenty of staff around", while another person's relative told us, "I think the home is well staffed. I've never known there to be any problem with staffing levels whenever I've visited." During our inspection we observed staff responded promptly to verbal or call bell alarm requests for assistance from people. We also saw staff were highly visible in communal areas throughout our inspection. The duty rosters showed us staffing levels were determined according to the number and dependency levels of the people using the service. Staff told us staffing numbers had been increased on the day of our inspection to ensure there were enough staff available in the care home to accompany people who had hospital appointments arranged that day, which the registered manager confirmed.

People told us they felt safe living at Orford House. One person said, "I feel safer here than I do in my own house", while another person's relative told us, "I am very confident that the staff do their utmost to keep my [family member] safe here".

The provider had a policy and procedure in place which set out the action staff should take to report any concerns they might have. This was displayed on the staff noticeboard along with contact numbers of people and organisations to report their concerns to. Staff knew how to protect people from the risk of abuse, neglect or harm. They had received regular training in how to safeguard adults at risk. Staff talked to us about actions they would take to ensure people were protected. This included being alert and aware of signs that could indicate someone may be at risk and the steps they would take to protect them. Several staff we spoke with said they would follow their employer's whistle blowing procedure and report any concerns they had to the registered manager or to another appropriate authority such as the local council or the CQC.

Records showed safeguarding concerns were dealt with appropriately by the service. Where a safeguarding concern had been raised in the past, the registered manager had taken appropriate action to report this to the local authority. An action plan had been developed following the investigation which had been closely monitored and reviewed by the registered manager to ensure that the individual was protected from the risks of the incident reoccurring.

The service took appropriate steps to ensure risks to people were minimised. There were plans in place which instructed staff on how to minimise these risks when providing people with care and support, for example, if staff needed to use hoists when providing people support with aspects of their personal care. There was detailed guidance for staff on how to do this in such a way as to ensure people were kept safe. Staff demonstrated a good understanding of the specific risks each person faced and how they could protect people from the risk of injury and harm. For example, we observed staff on two occasions use the appropriate moving and handling techniques and equipment to help transfer people safely from one place to another.

The service managed accidents and incidents appropriately. We saw care plans were immediately updated in response to any accidents and incidents involving people using the service. This ensured care plans and associated risk assessments remained current and relevant to the needs of people. A member of staff

## Is the service safe?

explained how they kept the environment free from obstacles that may represent a tripping hazard to minimise the risk of people falling when they moved around the home.

There were arrangements in place to deal with foreseeable emergencies. We saw the provider had developed a range of contingency plans to help people using the service, visitors and staff deal with unforeseen emergencies and events. For example, we saw everyone had their own personal emergency evacuation plan (PEEP) which made it clear how that individual should be supported to evacuate the home in the event of a fire. Other fire safety records indicated people using the service and staff regularly participated in fire evacuation drills, which staff confirmed. Records showed staff had received fire safety and basic first aid training. Staff demonstrated a good understanding of their fire safety roles and responsibilities and told us they had recently received fire safety training.

The premises were also well maintained which contributed to people's safety. Maintenance records showed systems and equipment, such as fire alarms, extinguishers, emergency lighting, mobile hoists, water storage and the

central heating had been regularly checked and/or serviced in accordance with the manufacturer's guidelines. We saw chemicals and substances hazardous to health were safely stored in locked cupboards when they were not in use.

People were supported by staff to take their prescribed medicines when they needed them. We saw medicines were safely stored in medicines cabinets, trollies and fridges which remained securely stored away in the locked clinical room when they were not in use. Each person had their own medicines administration record (MAR sheet) which included a photograph of them, a list of their known allergies and information about how the person preferred to take their medicines. We found no gaps or omissions in these records. Our own checks of medicines in stock confirmed people were receiving their medicines as prescribed. We checked the controlled drugs administration and saw it reflected current guidelines and practice. Staff had been trained to manage medicines safely. Training records showed staff had received training in safe handling and administration of medicines and this was refreshed annually.



# Is the service effective?

## Our findings

Staff received training and support to enable them to meet people's needs. One person's relative told us they thought Staff were good at their jobs. Records showed staff had attended training courses in topics and areas that were relevant to their work, which had included an induction and how to support older people living with dementia. Records also showed managers monitored when staff were due to receive refresher training to keep their knowledge and skills up to date.

Staff confirmed with us that they received regular training to help them in their roles. One care worker said, "The training we receive is excellent. Its compulsory that we attend a certain number of courses a year to update are skills".

Staff were appropriately supported by managers and senior staff. Records showed staff received regular support from managers through individual one to one meetings and group team meetings. Through these meetings staff were provided opportunities to discuss work performance, issues or concerns and any learning and development needs they had. Staff confirmed they had regular meetings with managers or senior staff and felt well supported by them. One care worker told us, "I feel I get all the support I need from the managers who are always around to offer their advice."

Appropriate arrangements were in place to ensure people could give consent to their care and support before this was provided. Care plans showed information about people's capacity to make decisions about specific aspects of their care was obtained through assessments and regular reviews of an individual's care and support needs. This gave staff the information they needed to understand people's ability to consent to the care and support they received. We saw staff always offered people a choice and respected the decisions they made. Where people were not able to make complex decisions about specific aspects of their care and support, best interests meetings had been held with their relatives and all the relevant health and social care professionals involved in their lives. Staff we spoke with demonstrated a good understanding and awareness of people's capacity to consent and to make decisions about their care and support.

All staff had received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards ensure that a care home only deprives someone of their liberty in a safe and correct way, when it was in their best interests and there was no other way to look after them. Managers had a good understanding and awareness of their responsibilities in relation to the MCA and DoLS and knew when an application should be made and how to submit one. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body.

Staff ensured people ate and drank sufficient amounts to meet their needs. People spoke positively about the quality of the meals and the choice of food and drink they were offered at the home. Typical feedback we received included, "The food is good. Lots of choice everyday", "we eat well here" and "The food's alright. They ask me every day what I would like to eat for my lunch". People's nutritional needs were assessed by staff as part of the planning of their care and support. People's care plans indicated their likes, dislikes and preferences for their food and drink as well as the level of support they required for eating and drinking. Where people had specific nutritional needs there was guidance for staff on how this should be met. For example, some people had difficulty eating and swallowing so staff ensured they ate a diet of soft and pureed foods.

Records showed where people had been assessed as being at risk of malnutrition staff monitored these individuals' food and fluid intake to ensure they were eating and drinking enough. People's weights were also regularly monitored to ensure they were maintaining a healthy weight. Where there were concerns about people's food and drink intake we noted staff had taken prompt action to involve the appropriate healthcare professionals to seek specialist advice and support. Where this was provided, we saw staff made the changes and improvements suggested.

People were supported by staff to maintain their health. One person told us, "The staff would always ring the doctor for me if I said I was feeling unwell", while another person's relative said, "The staff always let the GP know if my [family member] is not feeling great." All the relatives we spoke with told us they were kept updated about any changes to their family member's health and wellbeing. Records showed staff recorded and monitored daily, information about people's general health and wellbeing. Care plans



## Is the service effective?

contained important information about the support they needed to access healthcare services such as the GP, district nurse, dentist and chiropodist. People's health care and medical appointments were noted in their records and the outcomes from these were documented. Where there was a concern about an individual we noted prompt action was taken by staff to ensure these were discussed with

managers and the appropriate support from the relevant health care professionals. Care plans also contained important information about people's individual health and support needs which could be quickly shared medical staff in the event of a person being admitted to hospital in an emergency.

# Is the service caring?

## Our findings

People spoke positively about the staff and typically described them as “kind and caring”. Comments we received included, “The staff treat me like family”, “The staff are lovely. They treat us very, very well here” and “I haven’t got a bad word to say about any of the staff. They’re fabulous”. Feedback we received from relatives was equally complimentary about the standard of care and support provided by staff at the home. One relative told us, “It’s a beautiful home. I would recommend it to anyone”, while another said, “All the staff talk so nicely to people. I can’t fault the place. Very happy with the excellent standard of care all the staff provide my [family member].” We saw staff deployed in the smaller dining area helped people eat their lunch in a way that was relaxed and respectful. For example, staff sat with people and ensured they were seated in such a way that they could maintain good eye contact with them. Throughout our inspection we heard conversations between staff and people living at the home were characterised by respect, warmth and compassion. People looked at ease and comfortable in the presence of staff.

Staff ensured people’s right to privacy and dignity was upheld. People told us staff were respectful and always mindful of their privacy. We observed when people needed privacy they were given the space and time they needed in their room. Staff always asked for people’s permission before entering their room. Staff demonstrated good understanding and awareness of how to support people to meet their specific needs and wishes in a dignified way. Staff told us about the various ways they supported people to maintain their privacy and dignity. This included ensuring people’s bedroom doors were kept closed when staff were supporting people with their personal care.

People were supported to maintain relationships with their families and friends. A relative told us they were free to visit their family member whenever they wanted and were not aware of any restrictions on visiting times. They said, “The staff always make you feel so welcome when I visit [family member].” Care plans identified all the people involved in a person’s life and who mattered to them.

People were supported to express their views regarding how their needs should be met. These were listened to and

respected by staff. Three people told us they felt able to tell staff what they wanted in terms of their care and support and they were supported by staff to make decisions about what happened to them. Another person said they had regular meetings with the manager and staff. The registered manager and staff gave us a good example of changes the home had made to the way the staff took people’s food orders based on feedback from people using the service and their relatives who attended a recent meeting. People told us in the past staff usually asked them to decide what meals they would like to eat a day in advance, which meant most people either had forgotten what meal they had ordered or had changed their mind about what they originally ordered altogether. During our inspection we saw staff helped people choose in the morning what they would like to have for their lunch that day.

People were encouraged and supported to be as independent as they wanted to be. People told us they could move freely around the home. We observed staff on numerous occasions walking with people in an unhurried way along corridors accompanying them to other parts of the building or to the garden. During lunch we also saw people who needed additional support to eat and drink were offered suitably adapted plates, cutlery and cups, which ensured they maintained the ability to eat independently without the assistance of staff.

When people were nearing the end of their life they received compassionate and supportive care. People told us they had been able to take part in discussions with staff about the end of life care they wished to receive. One person said, “Staff asked me what I would like to do when I was nearing the end of my life. My family and I were fully involved in the whole process, so I’m happy with what we agreed.” We saw what people had decided about how they wanted to be supported with regards to their end of life care was reflected in their care plan. Records showed community based palliative care specialists regularly visited the home. We saw a certificate the home had been awarded having been accredited by the Gold Standards Framework (GSF), which is a nationally recognised programme that aims to improve the quality of care for people nearing the end of their life. Staff told us they had received end of life care training. This was confirmed by discussions we had with the registered manager.

# Is the service responsive?

## Our findings

People told us they had been invited to visit the home in order to help them decide whether or not Orford House was the right place for them. One person's relative told us, "The manager asked us to come and have a look around the home before [my mother] moved in, which helped us make up our minds." The registered manager told us they were responsible for assessing people's abilities and needs before they were offered a place at the home. Staff told us this information was then used to develop personalised care plans for each person who used the service.

People told us they were involved in helping staff develop their care plan. One person's relative said, "I was very much encouraged to get involved in helping staff learn about my [family member] needs and developing her care plan. Care plans we looked at reflected people's needs, abilities, preferences and goals and the level of support they should receive from staff to stay safe and have their needs met. Care plans also included people's daily routines and how they liked to spend their time, food preferences, social activities they enjoyed, social relationships that were important to them and how they could stay healthy and safe. It was clear from discussions we had with staff that they were familiar with people's life histories and preferences. For example, one member of staff was able to tell about the various jobs people had held before they had retired or whether or not they were married or had children.

People's needs were regularly reviewed to identify any changes that may be needed to the care and support they received. People told us they were encouraged by staff to be involved in reviewing their care plan. One person's relative said, "I'm always invited to attend my [family member] annual care plan review." We saw care plans were regularly updated by staff to reflect any changes in that individuals needs or circumstances. This helped to ensure care plans remained accurate and current. Staff ensured any changes in a person's care plan was promptly shared with managers and senior staff, particularly where changes to people's needs were identified. A formal annual review was also carried out of each person's care and support needs.

We saw people's wishes and preferences were respected in relation to the care being provided. People told us they could choose what time they got up, went to bed, what they wore, what they ate and what they did during the day. Two people told us staff always asked them what they wanted to wear and how their hair was done. Another person relative gave us a good example of how the service respected their family members expressed wish to only have female staff provide their personal care. We saw staff offer to make someone an omelette for lunch after they had said they did not fancy any of the hot meal choices that were available on the day of our inspection.

People were supported to pursue activities and interests that were important to them. Several people told us they liked the activities they were offered at the home. One person said, "The staff make sure I always get my daily newspaper", while another person told us, "There's usually something happening here." During our inspection we saw staff initiate a sing-a-long in the main lounge. Hairdressers and musicians regularly visited the home, which people told us they enjoyed. Care plans reflected people's specific social interests and hobbies people enjoyed. We saw an easy to understand programme of activities in a pictorial format was available in the main entrance hall for people to refer to.

The provider responded to complaints appropriately. People told us if they had any concerns or issues they would feel confident and comfortable raising these with the registered manager. One person's relative told us, "As you can see the manager's door is always open and when I haven't been happy about something at the home the manager has always addressed it quickly." People also told us they had been given a copy of the provider's complaints procedure when they first came to live at the home. We saw the provider had a procedure in place to respond to people's concerns and complaints which detailed how these would be dealt with. We saw a process was in place for the registered manager to log and investigate any complaints received which included recording all actions taken to resolve these.

# Is the service well-led?

## Our findings

The registered manager demonstrated good leadership of the home. People using the service, their relatives and staff all gave us positive feedback about the home and felt it was well- managed. People talked positively about how approachable and supportive the registered manager was. One relative told us, “It doesn’t matter how busy the manager is she always makes time to see you.” Another person’s relative said, “I like the hands on approach of the manager. She’s often here and the office door is always open”.

The service had a management team with clear responsibilities and lines of accountability. It was clear from discussions we had with staff that they felt the home had an effective management structure in place. Typical feedback we received from staff included, “This is such a good place to work. I think that’s why staff turnover is so low” and “The manager is very supportive and often helps us out on the floor”. Staff told us they felt well supported by the registered manager and had enough opportunities to express their views about the home through regular contact with the registered manager and team meetings with their colleagues. From our discussions we had with staff, it was clear that staff were people focused and had a good understanding and awareness of their priorities and objectives for ensuring that not only did people receive the care and support they needed, but this was provided to a high standard.

The registered manager ensured there was an open and transparent culture within the service which encouraged people to share their views about what the home did well and suggestions about how it could be improved. People told us they had opportunities to express their views about the home through regular contact and meetings with the registered manager. Records showed these meetings were well attended by people using the service and their relatives where topics such as meals and social activities were regularly discussed. People’s relatives also told us the manager and senior staff were good at communicating with them and always kept them up dated about any

changes in their family member’s wellbeing. It was clear from the findings of the home’s latest annual satisfaction survey carried out in 2014 that people using the service and their relatives felt the standard of care provided at Orford House was either ‘very good’ or ‘excellent’.

The provider had established good governance systems to routinely monitor and improve the quality and safety of the service people received at the home. Records we looked at showed the service had a comprehensive programme of checks and audits which helped the provider monitor the quality of care and support people received, the accuracy of people’s care plans, management of medicines, cleanliness and safety of the environment, staffing levels and staff training and support. Other records also showed the area manager visited the home on a monthly basis to carry out audits, the outcomes of which were feedback to the registered manager. We saw the registered manager developed action plans and made the necessary improvements where the area manager had made recommendations.

Records of accidents and incidents involving people using the service showed us an analysis of what happened was carried out by staff so that lessons could be learnt and improvements made to prevent or minimise the risk of similar events reoccurring. Staff told us any accidents, incidents and allegations of abuse were discussed at their team meetings so that everyone was made aware what had happened and the improvements that were needed.

The registered manager demonstrated a good understanding and awareness of their role and responsibilities particularly with regard to CQC registration requirements and their legal obligation to notify us about important events that affect the people using the service, including incidents and accidents, allegations of abuse, authorised safeguards to deprive a person of their liberty and events that affect the running of the home. It was evident from CQC records we looked at that the service had notified us in a timely manner about a safeguarding incident. A notification form provides details about important events which the service is required to send us by law.