Health & Care Services (NW) Limited

Orchid Lawns

Inspection report

Steppingley Hospital Grounds
Ampthill Road
Steppingley
Bedfordshire
MK45 1AB

Tel: 01525713630
Website: www.craegmoor.co.uk

Date of inspection visit:
18 August 2016

Date of publication:
21 September 2016

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

This unannounced inspection took place on 18 August 2016. At our previous inspection in January 2015, we found that relatives and staff were not happy about the management changes. During this inspection, relatives and staff now welcomed the management changes that had been made because they could see improvements to the service.

Orchid Lawns provides nursing care and support for up to 24 older people living with dementia and needs relating to their mental health. At the time of our inspection there were 23 people who lived at the home.

The home had a registered manager, as is required by the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

During our inspection we found that people were safe at the home. Staff were aware of the safeguarding process. Personalised risk assessments were in place to reduce the risk of harm to people, as were risk assessments in relation to the running of the home. These were reviewed regularly. Accidents and incidents were recorded and the causes of these analysed so that preventative action could be taken to reduce the number of occurrences. There were effective processes in place to manage people's medicines and referrals to other health and social care professionals were made when appropriate to maintain people's health and well-being.

There were enough skilled, qualified staff to meet people's needs. Staffing levels had been based on the dependency levels of the people who lived at the home. There were no permanent staff vacancies at the home, although the registered manager was recruiting for bank staff to cover when permanent staff were absent. Robust recruitment and selection processes were in place and the provider had taken steps to ensure that staff were suitable to work with people who lived at the home. Staff were trained and supported by way of supervisions.

People or relatives acting on their behalf had been involved in determining their care needs and the way in which their care was to be provided. Their consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met. Relatives were involved in the regular review of people's care needs and were kept informed of any changes to a person's health or well-being.

People had a choice of good nutritious food that they liked and their weight was monitored, with appropriate referrals made to other healthcare professionals when concerns were identified.

There was an up to date complaints policy in place and a notice about the complaints system was on display at the entrance to the home. The registered manager had introduced more informal methods of

gaining feedback form visitors and healthcare professionals who attended the home. Actions taken as a result of any feedback were shared with people. A number of leaflets on the notice boards around the home included information about the service and organisations that could be contacted for support or to report concerns.

There was a very friendly, family atmosphere at the home. People, relatives and staff were able to make suggestions as to how the service was provided and developed. The home had forged links with a number of local organisations which provided support to the development of the service.

An effective quality assurance system was in place.

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.

Staff were aware of the safeguarding process and appropriate referrals had been made to the local authority.

Personalised risk assessments were in place to reduce the risk of harm to people.

People's medicines were administered safely and as it had been prescribed. Arrangements for the ordering, storage and disposal of medicines were robust.

There were enough skilled, qualified staff to meet people's needs

Is the service effective?

Good

The service was effective.

People had a good choice of nutritious food and drink

Staff and managers were trained and supported by way of supervisions and appraisals.

The requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

Is the service caring?

Good

The service was caring.

Staff were kind and caring.

Staff promoted people's dignity and treated them with respect.

People were provided with information about the service.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed before they were admitted to the home to ensure that these could be met.

People and relatives had been involved in the development of care plans which took account of people's preferences and were reviewed regularly.

There was an effective complaints policy in place and changes were made to the service provided to prevent the recurrence of a similar complaint.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in place.

The registered manager was visible and approachable. The provider was involved in the overall management of the home.

There was an effective quality assurance system in place.

Orchid Lawns

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 18 August 2016 and was unannounced. The inspection was completed by one inspector.

Before the inspection we reviewed the information available to us about the home, such as notifications. A notification is information about important events which the provider is required to send us by law. We also reviewed information about the home that had been provided by staff and members of the public.

During the inspection we spoke with four relatives of people who lived at the home, three care workers, a nurse, the activities coordinator, the manager and the area manager, who was supporting the manager. We spoke with the provider's Operations Director by telephone. We carried out observations of the interactions between staff and the people who lived at the home.

We reviewed the care records and risk assessments for four people, checked medicines administration and reviewed how complaints were managed. We also looked at three staff recruitment records and looked at how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

Relatives of people we spoke with told us that they felt their relative was safe and secure living at the home. One relative told us, "I know [relative] is safe. It is the environment and that staff are well trained that makes me think that." Another relative said, "It is very safe. I've got no worries at all about [relative]'s safety."

We saw that the exits to the building were protected by way of a numbered key code so that people at risk were unable to leave the building unless they knew the key code or were accompanied by a relative or member of staff. Visitors were required to sign in and out of the building. It was explained that this information would be used if there was an emergency that required the building to be evacuated to ensure that everybody was accounted for.

The provider had up to date policies on safeguarding and whistleblowing. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace without fear of the consequences of doing so. Information about safeguarding was displayed on a noticeboard in the entrance hall together with details of the telephone numbers to contact should people wish to. The staff we spoke with told us that they had received training on safeguarding procedures and were able to explain these to us, as well as describe the types of abuse to be aware of. Records showed that the staff had made relevant safeguarding referrals to the local authority and had appropriately notified the Care Quality Commission (CQC) of these. Staff said that they were aware of and understood the provider's whistleblowing policy. One member of staff told us, "I did it on a previous job and even though life was difficult afterwards as other staff knew I had done it, I would still do it again if I had to."

Risks posed to people by the care and support they received had been assessed, and personalised risk management plans put in place to minimise potential risks to people. For example, one person had risk assessments which included how to manage risks associated with their mobility, the risk of them falling and the use of bedrails. Where people had been assessed as at risk of falling, a record was kept of every fall that the person experienced to enable potential causes to be identified. The control measures for each of the identified risks were detailed in order for the staff to know how to support people in a way that minimised risks. We saw that people or their relatives had been involved in developing and reviewing their risk assessments, which had been reviewed monthly or when people's needs had changed. Staff told us that they were made aware of the identified risks for each person and how these should be managed by looking at people's risk assessments, their daily records and by talking at shift handovers. Staff therefore had up to date information and were able to reduce the risk of harm. Each person had a personal emergency evacuation plan (PEEP) in place, which had been reviewed and updated as people's needs had changed.

The registered manager had carried out annual assessments to identify and address any risks posed to people by the environment. These had included fire risk assessments and the handling of potential hazardous substances. Checks were also carried out to ensure that equipment had been serviced and portable appliances had been tested. There was an emergency plan in place, which included information of the arrangements that had been made for major incidents such as the loss of all power or water supply. Accident and incident forms were completed appropriately and were analysed monthly to identify any

trends or changes that could be made to reduce the risk of harm to people who lived at the home.

Relatives told us that there was always enough staff on duty to care for people. One relative said, "They have got enough people to cope." Another relative said, "Things have very much improved. There are some language problems, sometimes things are misunderstood, but things are top notch." We saw that the staffing levels were sufficient to care for people appropriately, including the provision of one to one support for three people during various hours of the day. Staff seemed to have time to spend with people without appearing to be rushed or stressed.

Staff told us that there were always sufficient staff on duty and the manager would engage agency staff if the permanent staff complement could not cover all of the shifts. There had also been a successful recruitment exercise and the staff vacancies had been filled. A new nurse was completing their induction during the inspection. The service had also introduced an initiative to encourage permanent staff to cover additional shifts so that any member of staff who covered eight additional shifts received a bonus by way of vouchers. The registered manager told us that this initiative had been very successful and showed us the vouchers that were to be distributed to staff. This had meant that people were cared for and supported by staff who knew and understood their needs well.

We looked at the recruitment files for three members of staff who had recently started work at the home. The provider had robust recruitment and selection processes and we saw that appropriate checks had been carried out. These checks included Disclosure and Barring Service Checks (DBS), written references, and evidence of their identity. This assisted the provider to make safer recruitment decisions and confirm that staff were suitable for the role to which they were being appointed.

We saw that people received their medicines as prescribed and that medicines were stored and administered in line with current guidance and regulations. Only qualified nurses administered medicines and they confirmed they had received regular training updates. We observed a medicines round and saw that medicines were administered correctly. We saw that the nurse ensured that people had safely taken their medicines before signing to confirm the medicines had been administered.

Each medicines administration record (MAR chart) included information about any 'as required' (PRN) medicine or homely remedies a person took, including information about the medicine and any possible reaction with their regular medicines. There was also some additional documentation for those people who had medicine administered by way of patches applied to their skin. We looked at the MAR charts for all of the people living at the home and saw that these had been completed correctly and medicines taken by people had been recorded. We checked stocks of medicines held which were in accordance with those recorded. There were robust processes for auditing medicines administration.

Good

Is the service effective?

Our findings

Relatives we spoke with were confident in the ability of the staff to provide effective care for the people who lived at the home. One relative told us, "They know how to look after [name]." Another relative said, "Things have improved tremendously. I have not come across a better care home." A third relative said, "They are good staff, all of them."

Staff told us they had received induction training and had on-going training to help them undertake their roles. One member of staff said, "My induction was good. I had been doing care for [number of] years. I am learning something different all the time as no two hours are the same." They told us that they were supported to gain more qualifications in health and social care. They said, "I am just starting doing my level three to become a team leader." Another member of staff explained how the training they had received on the care of people living with dementia had helped them support people better. They told us, "The one day course helped me to understand how someone feels when they have dementia. It gave me an insight on how to help them and their relatives when they come to visit."

Records demonstrated the variety of training available to staff which was provided by both internal and external trainers. The registered manager and the area manager told us of the financial investments that had been made in improving staff training since our last inspection. The registered manager had obtained a detailed training system which covered all aspects of care delivery. They held a number of training sessions with staff using the tools provided with the system, including visual aids, DVDs and questionnaires that were used to test staff's understanding of the training that they had received. The registered manager checked that members of staff were up to date with their training during their supervision meetings and could evidence this by producing reports from the on-line training system and the records of the training sessions they had held.

Staff told us that they had regular supervision meetings. One member of staff told us, "I have regular supervision and am offered training. I don't have to ask. I get recognition for my skills all the while." Another member of staff said, "I have supervisions during which I can talk about staffing levels, my performance, any changes I have seen in the residents or anything I want to get off my chest." We saw that supervisions and appraisals for staff were scheduled throughout the year.

People's capacity to make and understand the implication of decisions about their care were assessed and documented within their care records. 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. Where people had an advocate, we saw that their advocate had been included in the decision making processes that affected them. In one care record we saw that decisions had been made in the person's best interests following meetings attended by the person's next of kin, the GP and the nurse at the home.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We looked at the home's records around the requirements of the Mental Capacity Act 2005, and the associated Deprivation of Liberty Safeguards and saw that these had been followed in the delivery of care. Applications for the deprivation of liberty had been made for all the people who lived at the home as they were not safe to leave unaccompanied by staff and were under continuous supervision. This made sure that these decisions, which impacted on their rights to liberty, were made within the legal framework to protect people's rights.

Staff told us of ways in which they gained consent from people before providing care. They explained that they used non-verbal methods of communication by using gestures, pictures and showing people items to gain consent and give them choices. Our observations confirmed that these methods were used effectively to gain consent and understand people's needs.

People appeared to enjoy the food that they received. One relative told us that the quality of the food had improved. They told us, "The chef is better." Another relative said, "The food is nice. It is home made. My [relative] has a good weight. The food has come up in standard." We observed the lunchtime experience for people who lived at the home. The tables were set nicely with mats and cutlery before people were seated. There was good interaction between staff and people using the service at lunchtime in order to make it a social occasion. Staff involved family members who were visiting and liked to help their relatives at mealtimes. Staff chatted to people and their relatives throughout the lunch period. Staff encouraged people to sit at the dining table and offered support appropriately. People were offered a choice of food and where they did not want either of the choices offered, alternative choices were available. A list of people needing food supplements was provided by care staff and retained in the kitchen. The registered manager told us that fresh ingredients were used for all the meals and these were ordered on a weekly basis.

We saw that drinks were always available in the communal areas and that staff encouraged and supported people to drink frequently. Hot drinks and snacks were provided both mid-morning and mid-afternoon, but staff were happy to make people a hot drink at any time. Care records included nutrition assessments and associated eating and drinking care plans. People's weight was monitored and food and fluid charts were completed for people where there was an identified risk of them not eating or drinking enough. This provided detailed information on what they had consumed. Where required, appropriate referrals had been made to the GP and Speech and Language Therapists (SALT) for advice on how to support people effectively with their nutrition.

People were assisted to access other healthcare professionals to maintain their health and well-being. When healthcare professionals visited people at the home, the reason for the visit and the outcomes had been recorded. There was evidence that staff had appropriately responded to people's needs as they arose, such as making referrals to their GP, a podiatrist or mental health services.

Good

Is the service caring?

Our findings

The relatives we spoke with told us that the staff were kind and considerate. One relative told us, "The ones I've seen are quite nice." Another relative said, "They look after [relative] very well. I like the staff very much."

Positive and caring relationships had developed between people who used the service and the staff. Staff were able to demonstrate that they knew the people they cared for well, were aware of their life histories and were knowledgeable about their likes and dislikes. We observed the staff interacting appropriately and continually with people throughout the day. Staff told us that they also observed body language and other non-verbal forms of communication, such as facial expressions to understand people's needs. One member of staff told us, "You have to assess people day to day, minute by minute, as they are so changeable."

We saw that people were able to make decisions about their care. People could choose where they sat or if they wanted to take part in any of the activities that were on offer. We heard staff asking people if they wanted to use the sensory room which was in operation during the morning of our inspection. Some people chose to do this, whilst others wanted to return to their room or watch the television in the lounge.

Relatives told us that the staff protected people's dignity and treated them with respect. One relative told us, "I have never seen anything that was inappropriate." Another relative told us, "[Name] is always kept clean and tidy."

Staff told us of how they respected people's privacy and dignity by knocking on their door and, where possible, waiting for permission before they entered. They also ensured that before personal care was provided, doors and curtains were drawn. We saw that when staff spoke with people about whether they needed support with personal care in the communal areas, this was done discretely.

People were encouraged to be as independent as possible. We saw that people were repeatedly shown how to do things, such as put food in a spoon, and encouraged to do it themselves. Staff told us that people were encouraged to wash themselves by being given a flannel and prompted to wipe their face and hands. We saw people were prompted to do this after their meal.

Staff and relatives told us that relatives were free to visit at any time during the day and evening. One relative told us, "I come every day."

Information about the service, safeguarding, the complaints policy and fire evacuation instructions was clearly displayed on notice boards around the home. There was an activities timetable and photographs of activities that people had taken part in to enable relatives and visitors to the service to understand how people spent their time. We were told by the registered manager that these were updated on a monthly basis. The photographs on display at the time of the inspection were of a recent garden party that had been held for the Queen's birthday.

Good

Is the service responsive?

Our findings

Relatives told us that they had been involved in assessing their relatives' needs before they were admitted to the home. One relative said, "My [relative] and I were both involved. We had input into what [their] needs were and their likes and dislikes." Records showed that people and their relatives had been involved in deciding what care they required and how this was to be given. They had been visited by one of the managers who had assessed whether the provider could provide the care they needed before they moved into the home. They undertook a thorough pre-admission assessment that determined the care plans that were necessary to meet their needs.

These care plans followed a standard template which included information on their personal history, their individual preferences and their interests. Each plan included a 'Life history information gathering tool' which staff asked relatives to complete so that they had a better understanding of the people they cared for. They also included a 'person-centred dementia care pathway tool' which reflected how dementia affected the well-being of the person living with it. One document detailed that the person would get distressed if cared for by a male care worker and their care plans reflected this. There were individualised care plans to reflect people's needs and included clear instructions for staff on how best to support people with specific needs. One member of staff told us, "There are person-centred plans. We look at their needs. One plan does not fit all." There was evidence that relatives had been involved in the regular review of people's care needs and were kept informed of any changes to a person's health or well-being.

We spoke with the activities coordinator who told us that there were more activities that everybody could join in with, even though each person was affected differently and at a different stage of their illness. The provider had made monies available to buy new equipment and resources to encourage people to participate in new activities, as well as maintain their interests as much as possible. In addition, a number of local organisations had begun to support the home and had provided items, such as rummage boxes and 'fiddle cuffs' to keep people occupied. A number of people were enjoying using the recently purchased lights, sounds and fragrances in the sensory room. These had a particularly calming effect on a person who had been continually shouting before entering the room. The peaceful atmosphere appeared to soothe them and they were seen to quietly explore the equipment. Another person who had not been communicating with staff earlier in the morning was expressing their pleasure with the light show in the room.

People took part in a number of activities in the dining room, two people were playing cards and one person who liked to read, was given a magazine. The registered manager showed us some of the equipment that had been purchased. These included boards of locks and letter boxes on the walls in corridors that people could explore. The corridors had been decorated so that people could more easily identify where they were. Nameplates and memory boxes outside of rooms reminded people which room was theirs.

The activities coordinator advised that they had been working with a local supermarket which had agreed to make improvements to the garden at the home as part of a community project. This had included building a new paved area, the work for which was underway, and the activities coordinator was to request additional

funding to make an existing shed into a themed café which could be used by people as an 'outing' away from the main building. The registered manager told us that funds were available to make improvements to the outside spaces to make them more accessible for people.

There was an up to date complaints policy in place and a notice about the complaints system was on display in the home. Relatives told us that the registered manager listened to complaints and acted upon them. One relative told us that they had complained about the carpet in one of the rooms because it had a slightly unpleasant odour. The registered manager had arranged for it to be replaced with laminate flooring which could be cleaned more effectively.

People and visitors were prompted to make entries in a comments book, introduced by the registered manager in February 2016. This was headed 'What is working and what is not working at Orchid Lawns'. We saw that the registered manager reviewed the entries in this on a regular basis. One entry made in April 2016 identified a concern about a person's care. The registered manager had identified this as a complaint and the comments book showed that the formal complaints process was started. We saw that the registered manager had carried out a thorough investigation. They had made changes to the individual's care plan to ensure that their care was appropriate to meet their needs, and had advised the complainant of the outcome of their complaint. Another complaint had been received on 16 May 2016 about ants being found in the premises. The registered manager called a pest control officer out on 17 May 2016. The complaint was withdrawn after the pest control officer identified that the ants had been attracted by biscuits and fruit kept in the person's room. The registered manager made alternative arrangements for the storage of the food to prevent a recurrence of the issue.

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Good

Is the service well-led?

Our findings

People and staff told us that the registered manager, who had been newly appointed at the time of our last inspection, had settled well into the position, and was liked and found to be approachable. A relative who had made negative comments about the registered manager at our last inspection told us, "Things have improved a lot. They have spent a lot of money and the manager is very, very approachable." Another relative said, "I like the manager." A third relative said, "The manager is very approachable. She comes and talks to me." We saw that the registered manager knew all the people who lived at the home and their relatives well, and spoke with them as they passed them in communal areas.

Many of the staff who had been unhappy with the management changes had left the service. The vacancies that this had caused had been filled. Staff we spoke with told us that they got on well with the registered manager and found them to be very supportive. A member of staff who had previously been unhappy at the service told us, "I love coming to work now." Another member of staff said, "We have a good staff team." A third member of staff said, "There is still a lot for people to learn. We are all from different cultures but it has got better and people have more understanding. It is now so much better and is a nice place to work."

We noted that there was a very friendly, family atmosphere about the home. There was good rapport between staff, relatives and the people using the service which gave a very homely feel and helped to stimulate people.

The manager held meetings with the relatives of people who lived at the home to enable them to contribute ideas for ways in which the service could be improved. In addition, relatives are sent questionnaires on a regular basis to gain feedback on the service and improvements that people wished to see. The last set of questionnaires had been sent in April 2016 and suggestions, such as changes to the menus, had been actioned.

Visitors were also encouraged to comment each time they visited by completing a comment card. In addition, the service had an incentive scheme for staff to provide excellent care. Visitors and staff were invited to nominate members of staff for a monthly award and give the reasons why they deserved this. Staff were advised of the monthly winner and why they had won at the monthly staff meetings

There were regular meetings with staff which all staff were encouraged to attend. These meetings gave staff the opportunity to make suggestions as to how the service could be improved and the registered manager also used them to update staff on policies and procedures. In February 2016, the registered manager had reminded staff of the Safeguarding policy and questioned them on it to establish that they had read and understood it. An 'employee engagement consultation' had been undertaken in June 2016 in which staff were invited to comment on the service and the management of it. The results of this had been circulated to all staff in July 2016.

The provider had also introduced an incentive scheme for staff in which the registered manager had seen improvements. Staff received awards by way of vouchers that they could spend in shops or online. The

registered manager told us that 13 staff were to receive these awards. A further eight staff were to receive awards for introducing new members of staff. This showed that people were supported by staff who were determined to drive improvements to the service

The manager had carried out a number of audits of the quality of the service. These had included checks on their infection control measures, the environment, care plans and the kitchen. We noted that action plans were devised following these audits where improvements had been identified. In addition, the provider's Operations Director carried out monthly quality audits of the service during which they spoke with people, their relatives and staff. They also reviewed management records, care documentation, medicines management, maintenance and internal and external compliance with standards. The Operations Director confirmed that these actions were monitored to ensure they had been regularly completed. This showed that the provider was committed to improving the service.

The service had established many links with the local community and other healthcare professionals. The registered manager told us that they had recently worked with the local tissue viability service to trial the use of antiseptic wipes as an alternative to creams and lotions to treat and prevent pressure ulcers. The service had also formed links with local groups who provided equipment and regular entertainment for people. A local supermarket had also agreed to accept the home into its community projects programme.

People's records were stored in a locked cupboard within an office used by staff that was accessible only by using a key pad. This meant that people's records were secure and could only be accessed by persons authorised to do so.