Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Orchard Lodge

22 Orchard Road, Havant, PO9 1AU

Tel: 02392471913

Date of Inspection: 23 September 2014

Date of Publication: October 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Dolphin Homes Limited
Registered Manager	Mr Martin Rowe
Overview of the service	Orchard Lodge is registered with the Care Quality Commission to provide the regulated activity: Accommodation for persons who require nursing or personal care. The service is registered for a maximum of six people. The home cannot provide nursing care.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 September 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

During our inspection we spoke with two of the six people living at the home, the registered manager, a senior member of the staff team and two members of staff.

We used this inspection to answer our five key questions; is the service safe, effective, caring, responsive and well led?

Below is a summary of what we found. The summary describes what we observed, the records we looked at and what people who used the service told us.

Is the service safe?
People were treated with respect and dignity by the staff. People told us they felt safe. Safeguarding procedures were robust and staff understood how to safeguard the people they supported.

We saw systems were in place to help ensure the manager and staff learnt from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This reduced the risks to people and helped the service to continually improve.

The home had policies and procedures in place in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Relevant staff had been trained to understand when an application should be made and how to submit one. This meant people were safeguarded as required.

The registered manager was responsible for arranging staff rotas and took people's care needs into account when making decisions about numbers, qualifications, skills and experience of staff required. This helped ensure that people's needs were met.

Policies and procedures were in place to help make sure unsafe practice could be identified and people were protected.

Is the service effective?
There was an advocacy service available if people needed it. This meant people could

access additional support when they required it.

People's health and care needs were assessed with them as much as possible and they were involved in the development of their plans of care. Specialist dietary, mobility and equipment needs had been identified in care plans where required. We saw that care plans reflected people's current needs and wishes.

People's needs were taken into account with appropriate signage. The layout of the service enabled people to move freely and safely around the home. The premises had been sensitively adapted to meet the needs of people who lived there.

Is the service caring?
People were supported by kind and attentive staff. One person was able to tell us the staff were "Kind" to them. We saw staff were patient and gave encouragement when they supported people. Staff engaged and involved people in decision making processes and went about their duties in a relaxed and unhurried and manner.

People's preferences, interests, aspirations and diverse needs had been recorded and care and support was provided in accordance with people's wishes.

Is the service responsive?
People had a wide range of daily activities available to them both inside and outside of the home.

Details of the complaints procedure was clearly displayed in written and pictorial format and easily accessible to everyone. We saw there was a complaints log and entries had been recorded in detail and actioned appropriately. We saw there was a comments and suggestions log freely available for people to use. We saw positive comments about the service had been made. This showed us people were happy with the service they received.

Is the service well led?
People who used the service, their relatives, friends and other professionals involved with the service completed a service satisfaction survey twice a year. Comments and ideas were listened to and acted upon in a timely manner.

The service worked well with other agencies and services to help ensure people received their care in a cohesive manner.

The service had a quality assurance system and records showed notes for action were addressed promptly. As a result, the quality of the service continued to improve.

Staff told us they were clear about their roles and responsibilities. Staff had a good understanding of the ethos of the home and quality assurance processes which were in place. This helped to ensure people received a good quality service.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

We observed the care and treatment of two people currently living in the home. We saw staff consulted people and respected their choices. For example, we saw that people were offered choices about what they would like for their lunch and what activity they wished to take part in on that day. To help people make decisions about what they wished to do staff used a variety of communication aids such as picture cards and signs. This showed that staff understood the needs of people they supported.

Records we reviewed showed that where people did not have the capacity to consent, the provider acted in accordance with legal requirements. Some people using the service were unable to give their consent to certain aspects of their care. We saw that consent had been, or was in the process of being obtained under the relevant sections of the Mental Capacity Act 2005. In line with new legislation, Deprivation of Liberty Safeguards referrals were now being sought for each person living at the home during the capacity assessment process.

There were records of best interest meetings being held and decisions agreed by relevant people such as; key workers, relatives, the person's doctor, and social worker. The registered manager told us best interest meetings were held as and when required and people were given time to think about things before decisions were made. In the event of an important decision having to be made, there would be as many meetings as necessary involving all relevant people. In the event of any decision not being able to be made by relevant people, independent executor services would be used. We found consent to treatment had been effectively documented in people's care and support plans.

We looked at staff training records and found all members of staff had received training in Mental Capacity and the Deprivation of Liberty Safeguards and that training was updated

appropriately. Staff we spoke with were able to demonstrate a clear knowledge and understanding of these subjects. This meant people were being supported by staff who were appropriately trained.

Policies and procedures were kept under regular review. This meant staff had access to information that was up to date and relevant. Staff had signed to say they had read and understood the policies and procedures.

The registered manager told us consent to care was reviewed each month by a suitably qualified member of the staff team such as the person's designated key worker. The registered manager told us consent to care was also included in the audit cycle conducted by the area manager each quarter. Records we looked at confirmed reviews had taken place.

During our inspection we observed people being given choices and being encouraged to make their own decisions about things however small, such as how they spent their day and what they ate.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights. People's needs were assessed and the care plans reflected identified needs.

Reasons for our judgement

We reviewed three care plans and saw they were based on an individual needs assessment and reflected personal preferences. We saw people's care and treatment was planned and delivered in line with their care plan and where possible people had signed an agreement to their plan of care.

Care plans were indexed, easy to follow and contained detailed information which included; personal, medical and social information such as, medication, body maps, communication needs, behaviour strategies, visiting professional information and risk assessments. The registered manager explained to us that care plans were in the process of being updated to become more person centred. We were shown care plans that had been updated. These included sections entitled 'Circle of support' and 'Life history'. This meant staff had access to further information that would enable them to communicate and understand people better. Additional care plan records we looked at were entitled 'Health action plans' and contained detailed information about people's daily routine such as, what they had to eat and drink, who visited, details of personal care and what they had been doing for the day.

We saw care and support was planned and delivered in a way that was intended to help ensure people's safety and welfare. Individual risk assessments were detailed and had been included in each care plan we reviewed. Risk assessments covered areas such as equipment, nutrition, medication, communication and mobility.

We saw care plans were reviewed on a monthly basis or as necessary. The review was carried out by a suitably qualified member of staff. Staff told us people were involved in their care plan reviews as much as possible and could make appropriate changes at any time.

From the review of records and from observations during our visit, we saw care and support being delivered matched the programme of care as described in the care plan. For example, on the day of our visit two people were in the kitchen helping staff bake cakes for afternoon tea. Four people living in the home were at day centre. This corresponded to people's plan of care.

We found a variety of activities were available for people to enjoy. Each person had an individual activities board which was presented in written and pictorial format so that everyone could understand them. Staff told us each morning staff and people used the magnetic pictures to help people choose and plan their daily activities. Activities available included things to do both inside and outside of the home. These included, going to the day centre, shopping, swimming, arts and crafts, singing and visiting the sea life centre. This demonstrated to us people were involved in local community events. The registered manager told us about a recent tea party that had been held at the home and neighbours had attended. This helped maintain good relationships with the local community.

Throughout the home we observed a variety of sensory items available to people. Items included fiddle boxes, coloured lights, room projectors with themed discs such as jungle scenes, animals and flowers, bubble jars and films. Staff told us these items helped provide a stimulating and interesting environment for people living at the home. During our visit we observed people interacting with the items available.

Staff we spoke with were well trained and knowledgeable about the people they supported. One member of staff we spoke with was able to tell us in detail about the person they were supporting and clearly understood the person's needs and wishes. This meant people were supported by a staff team who understood their needs and wishes and were able to deliver appropriate care, treatment and support. The registered manager told us every member of staff was assigned as a lead person to a specific subject allocation such as, manual handling, infection control, fire safety, first aid and health and safety. This helped promote good lines of communication between members of staff and meant people knew who to go to for advice and help if needed.

We spoke with staff about ways in which people were encouraged to maintain their independence. Staff told us people were given choices about as many aspects of their daily routine as possible. This included whether they preferred a bath or a shower, what time they went to bed at night and what they would like to eat each mealtime. We saw rooms were personalised with family photographs, pictures and favourite things such as soft toys, beads and craft models.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse form happening. Staff were aware of how to identify abuse and how this should be reported.

Reasons for our judgement

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to prevent abuse from happening.

We asked members of staff if they received training in safeguarding adults from abuse and they confirmed they had. Records we reviewed showed us members of staff received safeguarding training during their induction and that it was updated regularly.

Staff we spoke with were able to identify different types of abuse and knew the correct procedures to follow if they had any concerns. Staff told us they would report any concerns to the manager immediately.

Copies of the local multi-agency policies and procedures were kept in the office and easily accessible to staff to refer to if needed. The policies and procedures were dated 2014. We saw the policies and procedures had recently been updated and scheduled for the next annual review in 2015. Records we looked at showed staff had signed to say they had read and understood them. This meant staff had access to information that was up to date and kept under regular review. The home had policies and procedures in place in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Relevant staff had been trained to understand when an application should be made and how to submit one. This meant people were safeguarded as required.

Staff records we reviewed demonstrated to us appropriate measures were taken during the recruitment process to help ensure the safety and well-being of people living at the home. The registered manager told us checks taken by the provider included DBS (Disclosure and Barring Service) checks, a photograph of the applicant and at least three professional references which showed staff were fit.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We looked at staff rotas and talked with three members of the staff team. We saw there were sufficient staffing levels to meet the needs of people they supported. On the day of our inspection there were two staff on duty, one shift lead member of staff, one senior member of staff and the registered manager. The registered manager told us they were always counted as supernumerary, but would help support people if and when it was ever needed. Six people lived at the home. On our arrival at the home one member of staff was in the home with two of the people who lived there. The remaining four people who lived at the home were at the day centre. A senior member of staff was on duty, but had gone out on an errand. They returned shortly after our arrival.

The registered manager told us staffing levels were based upon the dependency levels and needs of people and as the result of a thorough risk assessment. Staff rotas we reviewed confirmed current staffing levels reflected the individual needs of people living at the home.

We asked staff how shifts were covered in the event of unforeseen circumstances such as sickness or bad weather conditions. We were told shifts were covered by members of their own staff team wherever possible. A senior member of staff told us the home had it's own team of bank staff they could call upon if needed. This meant staff and people knew each other and were able to provide continuity of care.

The registered manager told us staff sickness levels were low and records we reviewed confirmed this. We looked at the staff rotas for the past four weeks and saw there had been only one incident of staff sickness recorded. This demonstrated to us staffing levels were stable. This meant people received support from a staff team which was consistent and cohesive.

One member of staff told us, "It's really nice here, it's a lovely place to work" and another member of staff said, "We always have enough staff to spend time with people, I like that, it's really important".

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

From looking at records and talking with people we saw the service had systems in place to monitor and evaluate the quality of service it provided.

The registered manager told us they carried out regular audit checks. Records we reviewed included quality audits for health and safety, review of care plans, medication, the home environment, fire safety checks, infection control and risk assessments. We found the records kept were up to date and recorded and actioned appropriately. The registered manager told us spot checks were carried out every six months or as necessary to maintain the quality of service provided. Records we reviewed confirmed spot checks had taken place.

Risk assessments we looked at had been reviewed every month or as required. The assessments were carried out by a suitably qualified member of the staff team. A senior member of staff explained to us people were involved as much as possible in every aspect of the review process. Parents of people and members of the family were also invited to attend review meetings where appropriate and their input was welcomed.

We looked at the accidents and incidents folder and saw each person living at the home had their own personal section in the file. The senior member of staff on duty told us this helped staff and others find important information about people quickly and easily. We saw the last entry dated September 2014 had been recorded and actioned appropriately. Details of the incident included what had happened, who was involved, time and date of the incident and actions taken. Where appropriate a follow up letter had been sent to the people involved. This meant people had been kept informed. We saw there was an area for reflective learning opportunities to be recorded and target dates for progress meetings and achievements had been set.

The senior member of staff told us every member of staff was a lead person for a particular subject such as, fire safety, manual handling, infection control, medication and the home environment. This meant staff were able to develop good working relationships with each other, maintain close lines of communication and provide continuity of care to the people they supported. This demonstrated to us the provider was aware of and

understood the importance of quality service provision.

Staff we spoke with were aware of the whistle blowing and no secrets policies and procedures and knew how and when to report any concerns. Policies and procedures we looked at were dated September 2014. This meant staff had access to information that was up to date and kept under regular review.

Records we reviewed showed resident's meetings were held weekly and were up to date. We saw the meetings had an agenda and minutes had been taken. Items discussed at the last meeting included; menu planning, activities, action points and the home environment. This meant people living at the home were involved in the standards of service provision.

Records we reviewed showed us staff meetings were held four times a year. We looked at minutes of the last meeting dated June 2014 and saw they included an agenda, attendances and apologies. Items discussed included; the tidiness of the garden, proposed shift changes, fund raising events and people's needs. The registered manager told us meetings were arranged at various times to include all members of the staff team. This meant some meetings were held during the evening or early in the morning for the benefit of night staff.

Quality survey questionnaires were sent out to people living at the home twice a year. The last survey was dated June 2014. We saw comments were positive and rated the service overall at 'Very good'. One of the questions on the survey asked people if they could change one thing about the home, what would it be. The answer was, 'Nothing'. This showed overall, people were happy with the service they received.

We looked at the complaints, concerns and compliments log. We saw that where appropriate, entries made had been recorded in detail and actioned appropriately. Comments made included; 'So nice to see .....is so well care for' and another comment was, '....newly decorated room was a lovely demonstration of your care and thoughtfulness'. Details of the complaints procedure was clearly displayed on the wall in the hallway and was presented in written and pictorial format. Copies of the complaints procedure was also included in each person's care plan. This meant information about the complaints procedure was easily accessible to everyone and in a format that everyone could understand. This demonstrated to us the home promoted open practice and followed best practice protocols.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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