

Review of compliance

Health & Care Services (NW) Limited Orchid Lawns	
Region:	East
Location address:	Steppingley Hospital Grounds Amphill Road Steppingley Bedfordshire MK45 1AB
Type of service:	Care home service with nursing
Date of Publication:	April 2012
Overview of the service:	Orchid Lawns is registered with the Care Quality Commission as a Care Home with Nursing (CHN). It is registered to provide the Regulated Activities, Accommodation for persons who require nursing or personal care, Treatment of disease, disorder or injury, and Diagnostic and screening procedure. This home provides accommodation,

	care and support for up to 24 Older People.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Orchid Lawns was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review to check whether Orchid Lawns had made improvements in relation to:

Outcome 04 - Care and welfare of people who use services

Outcome 16 - Assessing and monitoring the quality of service provision

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 13 March 2012, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

When we visited Orchid Lawns on 13 March 2012 we noted that everyone living at the home, had conditions which affected their cognitive functioning. This meant that their ability to communicate with, and understand us was very limited. We observed that people looked content and comfortable, and where they required attention and support this was recognised and addressed by staff. However the shortage of staff on the day of our visit meant that there was sometimes a delay in responding to people's needs.

We saw staff interacting with people in a positive way and observed a number of different activities being delivered very effectively during the course of the day.

There was a continuous flow of visitors at Orchid Lawns at the time of our visit, and we spoke with several of them. All were complimentary about the care people received in this home, and they spoke highly of the staff in general. However some commented on how low staff moral had been over recent weeks. They indicated that this had had a negative impact on the atmosphere in the home.

What we found about the standards we reviewed and how well Orchid Lawns was meeting them

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The Provider is compliant with this outcome.

The improvements that have been implemented by the provider ensure that appropriate steps are taken to ensure that people in the home are protected against the risks of receiving care or treatment that is inappropriate or unsafe.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

The Provider is non compliant with this outcome.

Staffing levels are inconsistent and do not always effectively meet the health and welfare needs of people in this home safely. The staff interact with people in a positive way that reflects their understanding of the needs of people with dementia. However they lack the confidence to advocate for people in this home to ensure their health and safety is protected at all times.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The Provider is compliant with this outcome.

The improvements that have been implemented by the provider ensure that there are robust systems in place to monitor all areas of health and safety in the home. This includes care documentation and the environment.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

In a previous review, we found that improvements were needed for the following essential standards:

- Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

In a previous review, we suggested that some improvements were made for the following essential standards:

- Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People who lived in this home had a range of conditions that affected their cognitive functioning. This meant that their ability to communicate with, and understand us was very limited. However we observed that staff were caring in their approach to people, and when they engaged with people verbally, this was done slowly and clearly to help people understand them more easily

Other evidence

Following our last review of Orchid Lawns in January 2012 we issued the provider with a Warning Notice. This asked them to make improvements, so that appropriate steps were taken to ensure that people in the home were protected against the risks of receiving care or treatment that was inappropriate or unsafe. This was specifically related to care plans and risk assessments, which we had seen and had not accurately reflect people's needs. We had also found that other care documentation such as fluid intake charts, were not being appropriately completed.

We carried out a further review on 13 March 2012 to monitor what actions the provider had taken, and to consider whether the necessary improvements had been made. We reviewed the care files of three people who lived at the home. This involved looking at all of the care documentation for each person, to ensure it had been reviewed and reflected the needs of the individual at this time.

We found that the care plans we looked at had been rewritten since our last visit in January 2012. They had been very clearly written in a personalised way, and referred to the individual's personal choices and preferences. Some people had 'life stories' in place that had been written by families. This assisted in providing personal information

that could be integrated into the individual's care plans.

Some people's families had signed their care plans which indicated that involvement had been encouraged by the home, and people understood and agreed with the care that was required. The care plans contained specific information regarding the level of support people required. For example a particular bed height for one person, and a pureed diet and thickened fluids for another. They gave staff clear guidance to follow when giving support and care, so that it was done with continuity. We found that care plans were all being regularly reviewed and amended where people's needs changed, and short term care plans were introduced as and when required. For each of the files we looked at we found that risk assessments had been completed with regards to nutrition, falls and pressure area care. These had been reviewed at least monthly, and where a score which indicated high risk had been identified, additional processes and documentation had been introduced. This included increased weight monitoring, turn charts and dietary intake charts. These all provided a system to monitor people at a higher risk more closely. We found that these had been appropriately introduced and completed as required.

Where care plans indicated that people required periods of bed rest to relieve pressure areas, we saw documentation that indicated specialist healthcare professionals had been involved and consulted.

The manager had introduced a very detailed audit tool to monitor care documentation. They explained to us that this would provide a working document to ensure documentation remained up to date. More work is needed to ensure this practice is embedded and developed further. We will continue to monitor progress in this area. The CQC consider that the provider has taken the necessary actions, and is now compliant with their Warning Notice.

Our judgement

The Provider is compliant with this outcome.

The improvements that have been implemented by the provider ensure that appropriate steps are taken to ensure that people in the home are protected against the risks of receiving care or treatment that is inappropriate or unsafe.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

There are major concerns with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

We did not speak with the people who lived at Orchid Lawns about staffing as part of this review; however we noted that people were relaxed and comfortable in the company of the staff who were caring for them.

There was a continuous flow of visitors at Orchid Lawns at the time of our visit, and we spoke with several of them. All were complimentary about the care people received in this home, and they spoke highly of the staff in general, however commented on how low staff moral had been over recent weeks. They indicated that this had had a negative impact on the atmosphere in the home.

Other evidence

At our last review in January 2012 we did not have concerns with regards to the number of staff on duty. However when we visited Orchid Lawns on 13 March 2012 we noted that the number of staff on duty had been reduced.

When we arrived at 11am, we found that the morning medication round was still in progress, and care staff were still getting people washed and dressed for breakfast. We met the newly appointed activity coordinator, who told us that they had been asked to do 'one to one' with someone, because there was a shortage of care staff on duty. They told us this was not usual practice; however it meant that the activities that had been arranged for the morning were not implemented as planned.

We later observed that a number of different activities were delivered very effectively during the course of the day.

We spoke with numerous staff and visitors in the home, and as our visit progressed, it emerged that four members of staff who were expected on shift on the morning of 13

March, including the manager, had not attended for duty. This was because they had allegedly been in the home voluntarily until 3 am. We were also told that someone who was not employed by the company had been involved in this activity, and had also been on the premises on at least one other occasion recently. This person did not have the appropriate authority to be on the premises, and we believe they may have had access to confidential files.

CQC considered this to be unacceptable, and brought it to the providers' attention immediately. They advised us that they would look into this matter immediately, and take action to ensure it did not happen again.

We looked at the staff rotas which showed that six staff were allocated to each day shift, and three at night. However we found both shifts on the day of our visit were short, and furthermore, particularly on the afternoon shift, no one was willing to assume responsibility for the home.

We found that some of the staff lacked confidence, enthusiasm and drive, which was not reflective of our previous visits to the home. The qualified nurses told us they were not permitted to obtain extra staff to cover shortages without authorisation. They could not access contact details to gain authorisation and consequently were prepared to work with insufficient staff, which presented a potential risk to people's health and safety.

Following this visit CQC had significant concerns, and contacted the provider in this regard before we left the premises. They gave immediate authority for additional staff to be obtained for forthcoming shifts, and assured us that they would investigate this matter in full. We have received daily updates from the provider with regards to progress.

Our judgement

The Provider is non compliant with this outcome.

Staffing levels are inconsistent and do not always effectively meet the health and welfare needs of people in this home safely. The staff interact with people in a positive way that reflects their understanding of the needs of people with dementia. However they lack the confidence to advocate for people in this home to ensure their health and safety is protected at all times.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We did not speak with the people who lived at Orchid Lawns, about the systems that were in place for the provider to assess and monitor the quality of service provision.

Other evidence

Following our last review of Orchid Lawns in January 2012 we issued the provider with a Warning Notice asking them to make improvements to the systems that were in place to assess and monitor the quality of service provision in this home. This was specifically related to the poor completion of care plans and related documentation, and the failure to identify that environmental safety issues had not been addressed.

We carried out a further review on 13 March 2012 to monitor what actions the provider had taken, and to consider whether the necessary improvements had been made. The home manager, who had been employed at the home since mid February, showed us an audit tool that they had introduced to specifically monitor the completion of the care files.

This was a document that addressed all care documentation, and identified any anomalies, such as missing signatures or review dates. At the time of this visit the manager had completed these audits in relation to nine people who lived at the home.

We were advised us that this was work in progress and would provide an effective working document and an ongoing monitoring system. This was additional to the provider audit that was carried out monthly by one of the company's compliance managers. This also involved checking individual's care files.

We also looked at the 'Recovery Action Plan' for Orchid Lawns, which had been updated weekly by senior management who visited the home. It included records,

which demonstrated that the provider was checking a set number of the care files as part of their audit each week. The records showed that care plans had been checked, and that related documentation such as fluid charts and turn charts were being completed appropriately. A monthly environmental audit had also been introduced since our last visit.

A new form called the 'Managers Daily Governance Check' had also been introduced since our last visit. This provided a further opportunity for the manager to identify any shortfalls in clinical practice and related documentation.

The CQC consider that the provider has taken the necessary actions, and is now compliant with their Warning Notice.

Our judgement

The Provider is compliant with this outcome.

The improvements that have been implemented by the provider ensure that there are robust systems in place to monitor all areas of health and safety in the home. This includes care documentation and the environment.

Action we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	<p>How the regulation is not being met: Staffing levels are inconsistent and do not always effectively meet the health and welfare needs of people in this home safely. The staff interact with people in a positive way that reflects their understanding of the needs of people with dementia. However they lack the confidence to advocate for people in this home to ensure their health and safety is protected at all times.</p>	
Diagnostic and screening procedures	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	<p>How the regulation is not being met: Staffing levels are inconsistent and do not always effectively meet the health and welfare needs of people in this home safely. The staff interact with people in a positive way that reflects their understanding of the needs of people with dementia. However they lack the confidence to advocate for people in this home to ensure their health and safety is protected at all times.</p>	
Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated	Outcome 13: Staffing

	Activities) Regulations 2010	
	<p>How the regulation is not being met: Staffing levels are inconsistent and do not always effectively meet the health and welfare needs of people in this home safely. The staff interact with people in a positive way that reflects their understanding of the needs of people with dementia. However they lack the confidence to advocate for people in this home to ensure their health and safety is protected at all times.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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