

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

Orchid Lawns

Steppingley Hospital Grounds, Ampthill Road,
Steppingley, MK45 1AB

Tel: 01525713630

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Respecting and involving people who use services

✓ Met this standard

Staffing

✓ Met this standard

Details about this location

Registered Provider	Health & Care Services (NW) Limited
Overview of the service	Orchid Lawns is registered with the Care Quality Commission to provide accommodation, treatment and care for up to 24 older people with dementia and needs relating to their mental health.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Orchid Lawns had taken action to meet the following essential standards:

- Respecting and involving people who use services
- Staffing

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 25 June 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We visited Orchid Lawns on 25 June 2013, to review improvements within the home following the enforcement action we took against the provider in April 2013. On arrival at our last inspection, we had found there were insufficient staff available to protect the health and well-being of people at Orchid Lawns, because two of the three staff on duty were asleep. On this visit, we were made aware that some staff changes had been made to address this incident. We looked at the staff rota and found that the ratio of staff was appropriate to meet the needs of people.

During our last inspection, we found that although people's personal preferences for daily living had been detailed within the records, these were not always considered when care was delivered. Therefore to ensure this took place, we observed the engagement and interactions between staff and people who used the service. We found these were achieved in a relaxed and calm manner. Staff considered people's choices, took their time to explain what they were going to do and respected people's decisions. Staff were observed to be attentive to the needs of people and could tell us about individual likes, dislikes and preferences within people's daily routines.

Staff told us that since our last visit, the home had made improvements which had benefitted people. We found that all care staff on duty had been provided with training to use the bath equipment safely and effectively.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

When we last visited Orchid Lawns in April 2013, we observed that people's individual preferences and wishes had been sought and recorded within the care records. These were however, not always taken into consideration when care was delivered. The practice of staff offering people choices on an ongoing basis was not consistent. We judged that this was having a minor impact on the people using the service and required the provider to write and tell us how compliance would be achieved.

We received a detailed action plan, that addressed each area of concern, and we found that on our visit on 25 June 2013, the action plan had been implemented. We were told by staff that the recent issues raised in our last inspection, in respect of people's choice and dignity, had been discussed at staff meetings, supervisions and handovers. We saw documented evidence to confirm this and noted that the subject of choice and decision making had been discussed recently with all staff. The registered manager informed us that this subject would be revisited on a regular basis to ensure that it remained a high priority for staff.

Throughout the home we observed that staff engaged with people and had meaningful conversations with them, treating them with dignity and respect. This engagement continued over the course of our visit and we saw that staff offered people full explanations of what they were doing, gaining consent where appropriate, before undertaking any aspect of care. They ensured that people were treated individually and maintained dignity when appropriate.

Two of the people we spoke with told us that staff asked them to make decisions about what time they got up and went to bed and what they wore. We found from our observations, that staff were conscious to give choice options to people. One member of staff said, "I would want my family to be offered choices and to make decisions so why should the people here not be given the same."

On our last visit, we saw that some people were got out of bed, dressed and then returned to bed in their clothes until they wished to get up. The registered manager told us that letters had been sent to all night staff, confirming that this behaviour was not appropriate and that people should have the choice to get up when they wanted to. The staff we spoke with confirmed that they had either seen this letter or were aware of it, and knew that people had the right to be given options with all aspects of their life.

Staff told us that although some people were early risers, this did not mean they had to get up early all the time. One member of staff said, "We are all different. Just because we do one thing on one day, does not mean we want to do the same the next day. People must have choices." We observed from the records that people had sleep care plans in place, which detailed any specific needs throughout the night and stated possible times that people may wake up. Some people became agitated or restless at night, meaning they were awake early and we saw the records to confirm that appropriate care had been delivered in line with their care plans.

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

At our previous inspection in April 2013, we identified concerns with the staffing levels and staff competencies to provide the required care and support to people living in the home. Two of the three night staff on duty, had been asleep which meant that people were not protected from potential harm and that staff could not react in an emergency situation, should this have arisen.

We found that during our inspection on 25 June 2013, there was sufficient qualified, skilled and experienced staff rostered on duty to appropriately care for the 18 people who lived at Orchid Lawns. During the day there were six care staff, including at least one qualified nurse on each shift. They were supported by the home manager, domestic, kitchen and administration staff. During the night, three staff, including one qualified nurse, was rostered on duty.

We looked at the staffing rotas on the day of our visit and found that the number of staff on duty matched what was expected. We spoke with four staff on duty during our visit, all of whom told us they were happy working at the home. We noted that the manager had changed the working schedule to ensure that people worked both night and day shifts, where appropriate so as to ensure that staff had an effective working knowledge of people's care requirements at all times of the day. This meant staff were familiar with people they provided care for, and continuity of care was maintained.

Staff told us they felt supported, had now received relevant training in respect of the equipment and supervision to enable them to perform in their role. They told us they enjoyed being part of the team. We saw from records within recent staff meetings, supervisions and handovers that training on the safe use of equipment had been discussed.

We were provided with further evidence which confirmed that staff had been trained to use the bathroom equipment safely.

The four care staff and one registered nurse that we spoke with, were able to demonstrate the safe use of the manual bathroom chair and electric bath. They all explained the procedure they would use when giving people personal care using this equipment. This meant that people were now protected because staff had the correct skills to deliver

appropriate care to them.

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.

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