

Orchid Woodlands Healthcare Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Orchid Woodlands is a residential care home located in Atherton, Greater Manchester, who are registered to accommodate up to 38 people. They are registered to support older people, younger adults, people living with dementia, mental health needs, physical disability and sensory impairment. At the time of inspection 27 people were living at the home.

People's experience of using this service and what we found

Improvements were required with medicines management, record keeping and the audit and governance process. Medicines were not managed safely, required safety checks had not been completed consistently, accidents and incident recording lacked detail and the audit and governance process was not robust, with auditing not completed consistently.

People told us they felt safe living at the home. People and relatives felt enough staff were deployed to keep people safe, although were concerned about the high use of agency staff. Staff had completed safeguarding training and knew how to report concerns; however, the home did not currently have a log onto which referrals were documented. The home was clean, with effective cleaning and infection control processes in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The home did not currently have a fully operational kitchen, with pre-made food being purchased and warmed up in the home. People told us they received enough to eat and drink and received a choice of meals. The environment was suitable for the people living at the home, with pictorial signage in place. However, the home required redecoration and updating throughout. A plan was in place to complete this work.

People and relatives told us they were happy with the care provided. They were complimentary about the staff who supported them, who they described as kind, patient and caring. People confirmed they were treated with dignity and respect and offered choices each day. Staff supported people to maintain their independence by only providing help and support where needed.

The quality and quantity of information in people's care plans varied, although each one explained how they wanted to be supported. The home did not have an activity schedule and as a result, activity completion was inconsistent. People told us they would like to do more. People had communication care plans in place, to ensure staff knew the best way to communicate with them. People and relatives told us they knew how to complain but had not needed to.

Resident and relative meetings were not held regularly. However, people and relative's views had been sought through planned annual surveys, with blank questionnaires left out in the home should anyone wish

to provide additional feedback. People told us they liked living at the home and would recommend it.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 29 December 2021 and this is the first inspection under the current provider. The last rating for the service under the previous provider was good, published August 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service and to provide a rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Orchid Woodlands Healthcare Ltd on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to medicines management, record keeping and the home's audit and governance process at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below

Requires Improvement ●

Orchid Woodlands Healthcare Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by an inspector, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Orchid Woodlands is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Orchid Woodlands is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there

was a registered manager in post.

Notice of inspection

The inspection was unannounced. Inspection activity started on 25 January 2023 and ended on 31 January 2023 by which time we had received and reviewed evidence provided after our visits to the home. We visited Orchid Woodlands on 25 and 26 January 2023.

What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 7 people, 2 relatives and a residents' friend about the home and the care provided. We also spoke with 7 members of staff, which included the registered manager, care and auxiliary staff.

We reviewed a range of records and other documentation. This included 4 people's care records, risk assessments, safety records, supplementary charts, audit and governance information. We also looked at medicines and associated records for 4 people.

After the inspection

We requested and reviewed additional evidence from the provider. This included monitoring data for 2 people, the provider's dependency tool, training records, accident and incident data, complaints log, survey data and a selection of policies.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not managed safely. Controlled drugs (CD's) are prescription medicines which are subject to strict legal controls to prevent misuse. The home's CD register stated 10 Morphine injections should be in the home, but these could not be found. No stock check of this medicine had been completed for at least 6 months and the registered manager was unaware they were missing. We told the registered manager to report the loss to the appropriate bodies, which they did following the inspection.
- Medicines were not stored safely. The keys for the controlled drug cabinet were not kept with the person authorised and trained to administer medicines. Unwanted and waste medicines were not safely locked away as recommended in current guidance.
- Records relating to the use of thickening powder, prescribed creams and transdermal medicated patches were inconsistent and not completed accurately. As such, we could not confirm these had been consistently used or administered in line with guidance.
- Medicines which needed to be given at specific times were not given at those times. This meant they may not have worked properly.
- Some people needed to have their medicines given covertly, such as by disguising them in food or drinks. There was no information available from an appropriate healthcare professional about what food and drink each medicine could be safely mixed with.

Systems, processes and record keeping relating to the management of medicines were not robust. This placed people at the risk of harm. This is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- We identified gaps in the completion of required safety checks, and some certificates; to demonstrate equipment had been checked by a trained professional and was safe and fit for purpose, were out of date. The provider took action following the first day of inspection to ensure all certificates were up to date.
- There was no contingency plan in place to cover the absence of the maintenance person, who was responsible for completing safety checks. This had resulted in the gaps we found in records. For example, no checks had been completed between January and May 2022, as no maintenance person was in post.
- Records of accidents and incidents lacked detail. The accident log shared during the inspection, contained data about the type and location of accidents and incidents and the person involved. However, there was a lack of detail about what had actually occurred and no information relating to actions taken, outcomes and what was done to mitigate risks moving forwards.

Systems to assess, monitor and mitigate risks to the health, safety and welfare of people using the service had not been completed consistently. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- The provider did not have a safeguarding log in place, on which any referrals, actions taken and outcomes had been recorded. The registered manager told us safeguarding referrals could be evidenced by the notifications submitted to CQC, which were kept on file. However, they agreed not all safeguarding alerts resulted in a safeguarding notification to CQC, and as such the current system was not a comprehensive record.
- People told us they felt safe living at the home. One person stated, "I am happy here and well looked after." Relatives we spoke with also had no concerns about their family members safety.
- Staff told us they had received training in safeguarding and knew how to identify the different types of abuse and report any concerns.

Staffing and recruitment

- Staffing levels were allocated in line with the provider's dependency tool. This is a system which determines how many staff are needed to meet people's assessed needs. Staff rotas were compiled based on this information.
- The majority of people, relatives and staff told us enough staff were deployed to meet needs and keep people safe. However, some relatives queried the high use of agency staff and whether the care they provided was of the same standard as permanent staff members.
- The registered manager confirmed there had been high staff turnover over the last 12 months, and agency staff were being used, whilst recruitment was underway. The registered manager told us they were committed to finding the right calibre of people for the role, rather than just employing anyone, which is why the process was ongoing.
- Safe recruitment processes had been followed when new staff commenced employment. This included seeking references from former employers and completing checks with the Disclosure and Barring Service to ensure applicants were of suitable character to work with vulnerable people.

Preventing and controlling infection, visiting in care homes

- The home was clean with effective cleaning and infection control processes in place. We observed staff wearing and disposing of PPE appropriately.
- Infection control policies and procedures were up to date and reflected current national guidance.
- Staff confirmed they had received the necessary training, guidance and support to keep people and themselves safe and follow infection control procedures.
- Government guidance around visiting had been followed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider's supervision policy stated the frequency of supervision meetings would be discussed individually during each staff's appraisal. However, we found no evidence this information had been sought and only 7 staff were recorded as having completed an appraisal.
- The supervision matrix showed meetings had been completed with the majority of staff in August and December 2022. As the matrix provided only commenced in August 2022, we could not confirm how many meetings had been held prior to this. We discussed with the registered manager the importance of having a clear schedule and accurate recording in place, to ensure all staff received the correct support. We will follow this up at the next inspection.
- Staff training was monitored via a spreadsheet. This showed the majority of experienced staff were up to date with required training, with newer staff needing to complete a number of sessions, as part of their induction. Staff felt enough training was provided. One stated, "There is a lot of online training and some practical in-house training, these sessions cover everything."
- The home had profiles of all agency workers, which included information about their training and competency. However, we saw no evidence an induction was completed when agency staff worked at the home for the first time.

Adapting service, design, decoration to meet people's needs

- The environment required redecoration throughout. Some fixtures, fittings and furniture also required replacing due to being damaged. The registered manager told us a renovation plan was in place but would take time to complete due to the size of building and amount of work required.
- Consideration had been given to ensuring the environment was suitable for the people living at the home. Pictorial signage was in use to help people identify toilets, bathrooms and other communal areas.
- People's rooms were clean and had been personalised with family photographs and pictures.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they received enough to eat and drink and enjoyed the meals provided. One person told us, "The food is tasty and I have a choice."
- The home currently purchased pre-prepared meals from an external company, which they then heated and served within the home. This was due to the kitchen not currently being suitable for preparing meals from scratch. Work to rectify this was ongoing at the time of inspection. Once done, we were told all meals would be made fresh within the home.
- We observed the mealtime experience on both days of inspection and found this to be positive. People

were offered choice and received support to eat in line with their assessed needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Weight monitoring was being completed and people's risk of malnutrition was being assessed via the Malnutrition Universal Scoring Tool. Where necessary, people had been referred to professionals, such as the GP or dietician.
- People received support to stay well and access medical services and professionals as required. People had access to a variety of medical and health related services, such as general practitioners, district nurses and speech and language therapists.
- People told us they were supported to clean their teeth or dentures, and staff were able to explain how they ensured people's oral care needs were met. However, daily records around personal hygiene were inconsistent. This is covered within the well-led key question.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA and the DoLS process had been managed effectively.
- DoLS applications had been submitted, with systems used to monitor applications, outcomes and ensure reapplications were made in line with guidance.
- Where people lacked capacity to consent to care and treatment, decisions had been made in their best interest.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments had been completed both prior to people's admission to the home, to help ensure the environment was suitable and the home could meet people's needs.
- People's likes, dislikes and how they wanted to be supported had been captured as part of this process. This enabled staff to provide care in line with people's wishes.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were happy with the care provided and liked the staff who supported them. Comments included, "The staff are really nice, they try hard and go out of their way to help" and "The staff are kind and are very patient."
- Relatives were also complimentary about the care provided. One told us, "The staff are excellent, they are on the ball and are lovely with the residents."
- We observed a number of positive interactions throughout the inspection and it was apparent people were at ease in staff's company. We observed staff providing reassurance to people, offering choices and providing encouragement.
- There was a positive culture at the home and people were provided with care that was sensitive to their needs and non-discriminatory. People's preferences were documented in their care plan.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect by staff who knew them well. One person stated, "The staff do very well. I am definitely treated with dignity and respect."
- Staff told us the ways in which they ensured people's dignity was respected. One staff stated, "We knock on doors before entering, make sure windows and curtains are closed, ask the residents for permission, talk through what we are doing and only undress the part of the body we are washing."
- Staff encouraged people to maintain their independence as much as possible. This was done by letting people complete any tasks they were able to, whether this be washing their own face, dressing themselves or mobilising around the home. A staff member stated, "We discuss with people what they can do for themselves and encourage them to do these things, just helping were needed."

Supporting people to express their views and be involved in making decisions about their care

- People told us they were offered choices and able to make decisions about their care, such as what to wear and how they spent their time. One person told us, "I can choose to have a bath or a shower, when to get up, when to go to bed."
- People and relatives views were also captured via annual questionnaires. Blank surveys were also left in the reception area, for relatives to complete as and when they wanted to. We saw feedback from the last annual surveys were positive, with both people and relatives being complimentary about both the care and the staff who provided this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a lack of activities and stimulation being provided to people living at the home. Feedback from people supported this. Comments included, "I am sometimes bored", "There are no activities" and "Generally it's just sitting down, I do get bored."
- The registered manager told us no designated activity person was employed, with care staff completing activities on an ad-hoc basis. They also confirmed there was no weekly activity schedule in place, so people knew what activities would be completed and when.
- Following the first day of inspection, the registered manager introduced an activity timetable. This indicated 3 to 4 different activities would be completed every day. We will follow this up at the next inspection.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The quality and quantity of information varied across the care plans we viewed on inspection, with some inconsistency in information noted. However, each one explained how people wanted to be supported and how staff should meet their needs.
- We noted very limited, if any daily notes were being documented, to confirm people's needs had been met. Supplementary and monitoring charts, for example to capture the completion of personal care, repositioning and food and fluid intake had been completed inconsistently, with gaps in recording and a general lack of detail. This is covered in more detail in the well-led key question.

Improving care quality in response to complaints or concerns

- The provider had an up to date complaints policy in place, which explained the complaints process.
- A log was used to document any complaints received. However, we found this lacked detail, with limited information being included about the nature of the complaint and actions taken.
- People and relatives we spoke with had not needed to raise any concerns but told us they would speak to a member of staff or the registered manager should they need to.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Each person had information in their care plan which explained any communication issues they had and how staff should communicate with them.
- The quality of accessible information varied across the home. The majority of posters and/or notices on display; whose purpose was to provide information to people, were not in a suitable format for those living in the home. For example, pictorial posters were not used to explain the complaints or safeguarding process.
- The service user guide did state information was available in alternative formats, and for people to ask about this.

End of life care and support

- At the time of inspection nobody was receiving end of life care.
- We looked at previous documentation and found end of life care plans to be detailed, explaining the care people required both leading up to and during the last few days of their life.
- The home was supported with end of life care by district nurses and general practitioners. A staff member told us, "We manage this [End of Life] well, it's dignified. We complete an advanced care plan with the person and relatives. We receive support from district nurses and the GP, and we follow their instructions."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- A range of audit and monitoring processes were in place. However, these had been completed inconsistently. We identified gaps in completion between January and May 2022 and November and December 2022. No audits for January 2023 had been completed at the time of the inspection.
- No overarching action or improvement plan was in place. The only action plans noted were dated January to June 2022. As such, it was not clear where identified actions from audits were logged or tracked, to ensure timely completion.
- The home's audit and governance process had not identified the issues we noted on inspection, including those relating to medicines management, gaps in safety records and contemporaneous record keeping; which included personal care, oral care, repositioning and food and fluid charts.
- Where audits had identified issues or shortfalls, we found these had not always been addressed in a timely way. For example, monthly dining audits completed in July, August, September and October 2022, identified the same issues, whereas these should have been addressed following the July audit.
- We saw no evidence provider level oversight or monitoring had taken place, for example provider audits or monitoring visits, to provide support to the registered manager and ensure they were following the provider's governance process correctly.

Systems and processes to monitor the quality and safety of the service and ensure record keeping was accurate and contemporaneous, were not robust or completed consistently. This is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The provider and registered manager were proactive in reporting accidents, incidents and concerns to the appropriate professionals and had submitted statutory notifications to CQC as necessary.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Resident and relative meetings had not been held consistently. One meeting had taken place in March 2022, to introduce the new owners and registered manager, but none since. This was despite the importance of regular communication being discussed at the March 2022 meeting.
- Staff meetings had been held more consistently, although there was no planned meeting schedule. A number of the meetings had been held at short notice, in order to address issues and pass on information.

- Annual people, relative and staff surveys had been completed to capture views about the home and care provided. Questionnaires were also available in reception for relatives and visitors to complete at any time.
- Although views were sought, we found there was no clear system in place for sharing what actions had been taken in response to comments, complaints or suggestions. For example, a list of actions had been generated following the latest staff survey, but no updated plan was available to confirm these areas had been addressed.
- Staff told us they enjoyed working at the home, felt supported and that they had a good staff team, who worked well together.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The home was meeting the requirements of the duty of candour. The home and registered manager were reported to be open and honest, and, despite the lack of meetings, people and their relatives reported no concerns around communication, or action taken when any concerns had been raised.

Working in partnership with others

- We noted a number of examples of the home working in partnership with other professionals or organisations to benefit people living at the home.
- The home was working with the local authority and medical professionals to ensure people received appropriate care and support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems, processes and record keeping relating to the management of medicines were not robust. This placed people at the risk of harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to assess, monitor and mitigate risks to the health, safety and welfare of people using the service had not been completed consistently. Systems and processes to monitor the quality and safety of the service and ensure record keeping was accurate and contemporaneous, were not robust or completed consistently.