

Key inspection report

Care homes for older people

Name:	The Orchard Manor
Address:	42 Slaney Road Pleck Walsall West Midlands WS2 9AF

The quality rating for this care home is:	two star good service
--	-----------------------

A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:							
Michael Moloney	1	1	0	1	2	0	1	0

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

Document Purpose	Inspection report
Author	Care Quality Commission
Audience	General public
Further copies from	0870 240 7535 (telephone order line)
Copyright	Copyright © (2009) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	The Orchard Manor
Address:	42 Slaney Road Pleck Walsall West Midlands WS2 9AF
Telephone number:	01922644855
Fax number:	01922644855
Email address:	
Provider web address:	

Name of registered provider(s):	C & V Orchard Manor Ltd
Type of registration:	care home
Number of places registered:	34

Conditions of registration:									
Category(ies) :	Number of places (if applicable):								
	Under 65				Over 65				
dementia	10				0				
learning disability	0				2				
mental disorder, excluding learning disability or dementia	0				2				
old age, not falling within any other category	0				34				
Additional conditions:									
The maximum number of service users to be accommodated is 34.									
The registered person may provide the following category of service only: Care Home Only (Code PC) To service users of the following gender: Either Whose primary care needs on admission to the home are within the following categories: Old age not falling within any other category (OP) 34 Dementia (DE) over 55 10 Learning Disability over 65 years of age (LD)(E) 2 Mental Disorder over 65 years of age (MD)(E) 2									
Date of last inspection	2	3	0	1	2	0	0	9	
Brief description of the care home									
Orchard Manor is a large, detached building which has been extended and adapted for its present use as a care home for older people. The home is situated in a residential									

Brief description of the care home

area close to shops, a small park and other amenities including public transport. The home has very limited car parking available.

The home provides care and accommodation for up to thirty-four older people, including ten places for people with a dementia illness, two places for people with a learning disability and two places for people with a mental disorder.

Accommodation is provided on the ground and first floors with a passenger lift to enable service easier access to the facilities on the first floor. The home has two interlinked dining rooms and four sitting areas, one of which is designated for people who smoke. Bathing and toilet facilities are provided throughout the building.

As no information about fees is included in this report the reader is advised to contact the service direct for this information.

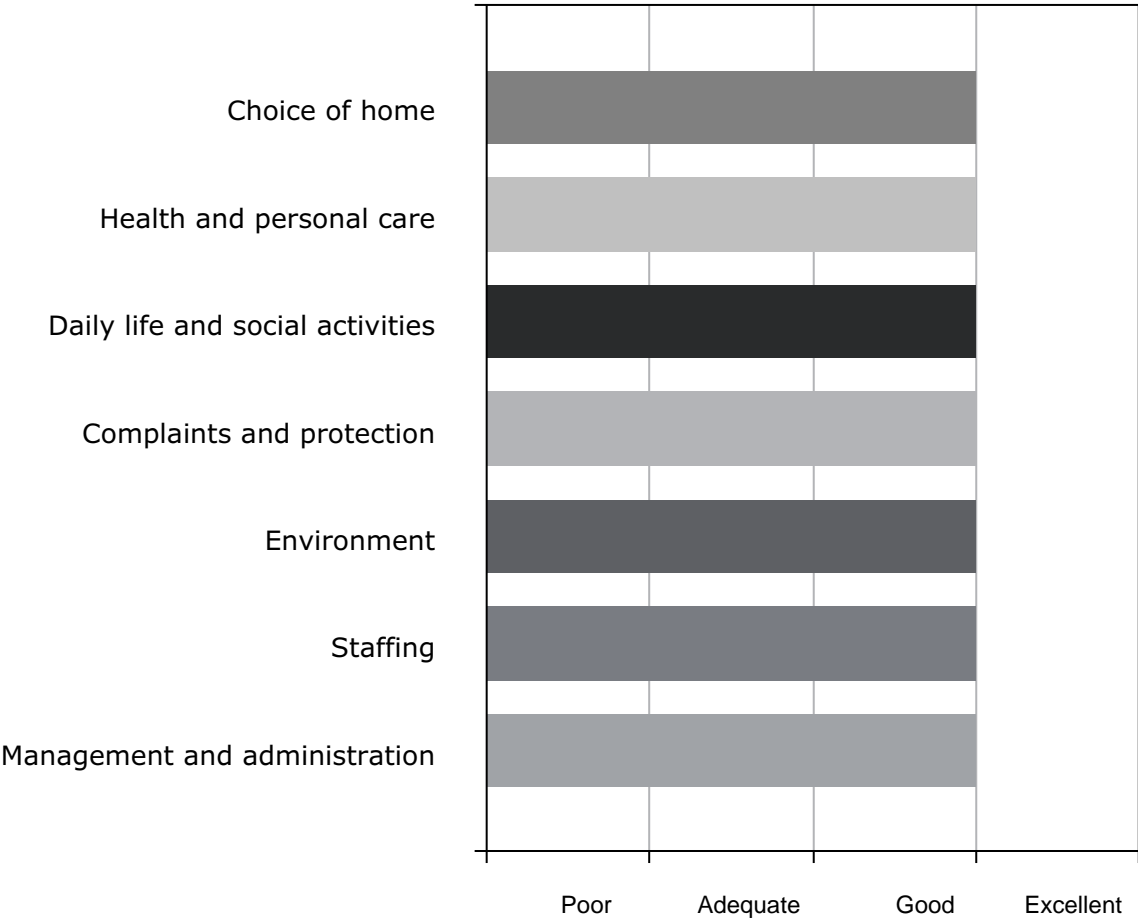
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

We, the Commission, used a range of evidence to make judgements about this service. This includes: information from the provider which included a self assessment document that they are required by law to complete and notifications that have been received by the Care Quality Commission from the home about incidents, bereavements and other incidents that affect the welfare of the people who live in there.

The visit was unannounced with the purpose of carrying out a 'Key Inspection' which is where the home's performance is measured against a set of standards identified by the Department of Health. No other visits had been made by Care Quality Commission staff since the last Key Inspection.

This inspection was undertaken by two inspectors, Mike Moloney and Deb Holland and lasted four hours.

During that time we 'Case Tracked' a number of the people who live in this home. This means that we talked to them and/or their relatives, where this was practical, to find out their views of the care that was being provided to them. This also enabled us to see if the records that identified people's needs such as the care plans that are provided for the staff to follow were accurate and covered each individual's personal issues.

We also talked to members of the staff team and the manager to check that they were aware of the identified needs of the people who live in this home were and whether or not they had the approach and training required to meet them.

The standards set out by the Department of Health are in seven different groups. Each group can be judged as being either poor, adequate, good or excellent. The inspectors reach their judgement by following the guidelines laid down in the document known as the Key Lines Of Regulatory Assessment (KLORA) which is available on the Care Quality Commission web-site: www.cqc.org.uk

What the care home does well:

This home has an admissions procedure that is designed to ensure that an individual's needs can be met.

The staff in the home identify the needs and preferences of all of the people who live there. People who live in the home were very complimentary about the staff. They commented that they are a "pretty good bunch", "lovely girls" and "very helpful". They were aware of the care needs of the people they look after and spent time talking with them and keeping them occupied.

People told us that the home provides an environment that is pleasant for them to be.

We saw how the staff are properly screened before being allowed to start work in the home and receive training when they do.

The manager provides positive guidance to the staff team on how to meet the needs of the people living in the home.

What has improved since the last inspection?

We saw that the bedrails that are designed to stop people falling out of bed had been fitted properly.

What they could do better:

No requirements have been made as a result of this inspection. However, if the proprietors were to record their visits to the home and identify what they had looked at and what they had found they could more readily show that they were monitoring how well the home was meeting the needs of the people who live there. They would also be complying with Regulation 26 of the Care Homes Regulations 2001.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

Contents

Choice of home (standards 1 - 6)

Health and personal care (standards 7 - 11)

Daily life and social activities (standards 12 - 15)

Complaints and protection (standards 16 - 18)

Environment (standards 19 - 26)

Staffing (standards 27 - 30)

Management and administration (standards 31 - 38)

Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Information is readily available for anyone seeking to live, or place someone, in the home. People are assessed so that they and the home can be confident that their needs can be met.

Evidence:

We found that information about the home is readily available. We looked at the files for the two people who have been admitted to the home in the last six months and both contained a comprehensive assessment of their needs, as well as assessment information from social services where they had arranged the placement. The manager told us what steps she would take to ensure that she did not admit anyone whose needs could not be met and described an occasion when she had decided not to accommodate someone. The home does accommodate people with a range of disabilities or problems and appears to be flexible enough to manage this well.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The health and personal care that a person living in this home receives is based on their individual needs. The principles of respect, dignity and privacy are put into practice.

Evidence:

We looked at the care and support provided for four people in detail, including looking closely at the documentation which informs and guides staff as to how to care for them and minimise any risks caused by their disability or frailty. We found that care plans set out the action needed to be taken by care staff to ensure that the person's needs would be met. This included making sure that if someone needed medical or specialist attention, it was sought, for instance, from the person's doctor. The care plans were reviewed regularly, so that guidance for staff was amended if the person's needs changed. The home caters for some people with quite complex needs, and information was available for staff to read so that they could recognise problems caused by particular problems such as diabetes, or how to recognise someone being in pain if they could not communicate this directly. We thought that some people might benefit from having an assessment and plan of care specifically for them during the

Evidence:

night, and discussed this with the manager. Information on care files included plans for keeping people's skin intact, for ensuring that they could be helped to move safely, and how to support people who have particular nutritional needs. It was evident that people living at the home have contact with their doctor when needed, care from a visiting chiropodist and routine tests such as eye tests. Talking to people and watching them confirmed this as eye testing was in progress when we visited.

We also examined how the home managed the medication prescribed for these people, as well as some other records for people who had medication prescribed to manage pain, to prevent blood clotting or to manage diabetes. We found completed medication administration charts for each resident, signed off by staff to indicate whether drugs had been given or had been refused. There were records of audits of quantities of drugs signed off by senior staff, and where people could receive a variable dosage of a drug, this was also recorded. Only senior staff give medication and they have received training from the supplying pharmacist. Further training is planned from January onwards with Walsall Council.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who live in this home are able to choose their life style, social activity and keep in contact with family and friends. Social, cultural and recreational activities meet their expectations. They receive a healthy, varied diet according to their assessed requirement and choice.

Evidence:

We talked with a number of the people who live in this home about what they do to pass the time. One told us that he likes to spend time in his room watching television as he liked the privacy. He told us that staff visited him regularly to make sure that he was alright and while we were walking around the building we noticed the staff going to and from his room.

We talked to other people who were sitting in the communal areas. They told us that the staff arrange group activities for them such as themed sessions in the 'Bar' which is a lounge at the back of the building which has had a pub style bar built in it so that people who live in the home can use it as a 'local' from time to time. They also told us that group games are often arranged for people to be involved in during the afternoons. We saw a large 'Noughts and Crosses' board that residents and staff told us was a popular game. We saw someone doing a jig-saw puzzle as well as a member

Evidence:

of staff playing a board game against one gentleman. That gentleman told us that this happened regularly.

More detailed records of what activities had taken place, who had been involved and when would enable those who monitor the home's performance to evaluate its effectiveness in providing social experiences more easily.

Throughout the inspection we saw staff sitting and chatting with people and would excuse themselves when they were needed to assist in the care of other people. All of the people that we spoke to told us that they found the staff to be very caring and friendly. On the day of the inspection there were four staff on duty including a senior carer. For most of the time there was at least one person in the main lounge talking with or providing support to the people who were relaxing in there and often there were two.

The people that we spoke to also told us that they liked the meals that are cooked in the home. They told us that they have a choice of main meals and the written menus that we saw showed that the diet was varied but balanced. We talked to the cook and she told us that if someone should need a special diet for religious, cultural or medical reasons they would be able to provide this. She told us that at the time of the inspection the only diet that was required for medical reasons was a low sugar one. She also talked about how various religious and cultural diets were accommodated.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People have access to a robust and effective complaints procedure and are protected from abuse

Evidence:

We found that the home makes sure that people know how to make complaints, and keeps good records of when a complaint is made and of how they have tried to resolve it. The manager has displayed a "zero tolerance" statement relating to any abuse of people living at the home and staff have been trained to recognise and respond to any suspicions that someone is being badly treated. Two allegations that the service was not supporting someone well were made during 2009 which were dealt with through the local authority's safeguarding procedures. The home co-operated with this process, the situation was resolved and the resident concerned now has additional support for his particular needs.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The physical design and layout of the home gives anyone living there a safe, well-maintained and comfortable environment which encourages independence.

Evidence:

We visited the home and we saw that it is in a residential street in Pleck, Walsall. There is limited off road parking but it was possible to park in then street outside the building. The home is an older building that has been modernised and extended for its current use.

We saw that there is a compact garden to the rear of the building that the people who live there can use during the warmer weather.

We saw that the residential accommodation is on two levels and both stairs and a shaft lift are available to get between the two.

We saw that the bedrooms are a mixture of single and shared rooms although most are singles. Some of the bedrooms have en suite facilities. A number contained personal items ornaments and pictures. The manager told us that they encourage people to bring small personal items into the home with them to make their rooms more homely.

Evidence:

We also saw that there were four seating areas that people could use during the day as well as a dining room. The two larger lounges were towards the front of the house and the two smaller, one of which contained a bar, were towards the back.

We looked at the furniture and saw that it was clean and in a good state of repair.

We spoke with a number of people about the building. One told us "I've got my telly and other bits and bobs; that's nice" and another set "It's alright, it's homely".

We looked at the condition of the decor and we saw that it was generally in a good state of repair if a bit 'tired'.

We saw that the laundry had equipment that would keep the clothing and bedding of the people who live in the home both clean and hygienic.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Staff in the home are trained, skilled and in sufficient numbers to fill the aims of the home and meet the changing needs of people who live in this home.

Evidence:

We watched and listened to the staff as they went about their duties. We saw that they were polite, friendly and professional with the people who live in this home. We heard them chatting to the people who they were helping or as they passed them. We saw them taking time to sit and talk to individuals between carrying out their duties.

We talked to a number of people who live in the home and they were all complimentary about the attitude of the staff. People said such things as, "pretty good bunch", "lovely girls" and "very helpful".

We looked at the staffing rota and this showed that there were enough staff on duty to meet the needs of the people who live in the home. We talked to the staff and they said that the rota was an accurate record of who had been on duty.

We talked to a number of the people who live in the home and they told us that they received help from the staff promptly when they asked for or needed it. We also saw this happening.

Evidence:

We looked at the recruitment records of three new staff. We saw that these contained evidence that the home had carried out the background checks that are necessary to ensure that people who wish to work with vulnerable people are fit to do so.

We looked at the training that the staff had received. We saw training records that showed that the home has an ongoing training programme of training in such things as manual handling, food hygiene and infection control all of which means that they are more aware of ways of meeting the safety and hygiene needs of the people who live in the home. We spoke to the staff on duty at the time of the inspection and they confirmed that they had undertaken this training. They talked enthusiastically about the training in palliative care that they had recently been given.

We looked at the records provided by the home before the inspection and these showed that a number of the staff had achieved a National Vocational Qualification that was relevant to their meeting the needs of the people who live in this home.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The management and administration of the home is based on openness and respect, has effective quality assurance systems developed by a qualified, competent manager.

Evidence:

We talked to the manager and she told us that she had completed the Registered Manager's Award which is a qualification that is considered to be appropriate for people who run a home such as this.

We talked about the new rules that must be followed if the home needs to deprive someone of part of their liberty in their own interests. The manager told us that she had attended training that had been organised by the local authority. She also told us that no issues about the deprivation of people's rights had been identified for referral to the local authority's procedures that deal with such matters.

We discussed with the manager how the owner monitors how effectively the home meets the needs of the people who live there. She told us that the owners visit the

Evidence:

home on a regular basis and when requested to do so. We were told that no formal records of those visits were kept.

We looked at the storage for hazardous materials such as some of the cleaning materials and this was seen to be secure. We also saw that written instructions had been developed that guided staff in what to do should an accident occur with those substances.

We looked at a variety of records that showed that the safety of the environment in which people live is monitored and we saw that these were up to date. These included records of the monitoring of fridge and freezer temperatures, hot water temperatures and the fire alarm and detection test records.

As mentioned elsewhere the staff told us and their records confirmed that they receive training in ways of keeping the people who live in the home safe such as fire prevention, infection control and basic first aid.

Are there any outstanding requirements from the last inspection?

Yes

☐

No

☒

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

Copyright © (2009) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.