

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

Orchard Manor Limited

42 Slaney Road, Walsall, WS3 4BN

Tel: 01922644855

Date of Inspection: 29 November 2013

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

Care and welfare of people who use services	✕	Action needed
Meeting nutritional needs	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	C & V Orchard Manor Limited
Registered Manager	Miss Lisa Kesterton
Overview of the service	Orchard Manor is a residential home which provides personal care and accommodation for up to 34 older people who may also have dementia care needs.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 29 November 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information sent to us by commissioners of services.

What people told us and what we found

This was a scheduled inspection. The provider did not know we were visiting. During the inspection we spoke with the manager, care workers and people that lived at the home. We also spoke with two relatives. We spent time observing as some people could not tell us about their experiences.

People told us they were quite happy living at the home. They told us they could make decisions about their life. We saw that people were supported to have their personal care needs met and saw the doctor when they were ill. Some areas of need were not assessed and some plans of care were not fully up to date.

People were provided with a varied menu and they had a choice of meals. People that needed help to eat received the support they needed. People's nutritional needs were assessed and monitored.

The premises were safe for the people that lived there. Some areas of the home would benefit from redecoration.

The provider's recruitment procedures made sure that care workers were suitable to provide care to vulnerable people. All the required checks were completed.

A complaints procedure was available to people that lived at the home. The provider listened to people and acted upon concerns.

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

What we have told the provider to do

We have asked the provider to send us a report by 17 January 2014, setting out the action

they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

Care and welfare of people who use services

✕ Action needed

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

Our judgement

The provider was not meeting this standard.

Care and treatment was not always planned and delivered in a way that ensured people's safety and welfare

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We spoke with four people that lived at the home and with two relatives. The people that lived at the home told us they were satisfied with the care they received. One person told us: "I'm happy here". Another person said: "I'm fine. I get around the home and can go to my bedroom when I want. I have a choice of food". A relative we spoke with said: "Lovely care. My relative is very settled".

Some people could not tell us about living at the home. We spent some time observing in the main lounge. This allowed us to gain a view of people's experiences of being at the home. We observed that there was always one care worker present in the lounge. This care worker spent time talking with people and making sure that their needs were addressed. We saw that the care worker spoke to people in a friendly and respectful manner.

Through a process called 'pathway tracking' we looked at two care plans in detail, spoke with people about the care they received and staff about how they provided support. Pathway tracking helps us understand the outcomes and experiences of selected people and the information we gather helps us to make a judgement about whether the service is meeting the essential standards of quality and safety.

Records confirmed that most of people's needs were assessed and that plans of care were in place. The plans of care were quite difficult to follow. The manager told us there were plans to develop these to make them better working documents for care staff. Plans of care included people's daily routine and their individual preferences including food and their previous lifestyle. Records confirmed that most plans were reviewed every three months and evaluated every month. We saw evidence that most plans had been updated when people's needs had changed.

We saw that the records identified people's health care needs. Records confirmed people were referred to the doctor when they felt ill and received specialist health care support when required. Information confirmed that people were supported to have eye and dental check-ups and to receive nail care from a chiropodist.

We saw that people were encouraged to dress in an individual style. People received hair and nail care. We saw that one person was not well groomed. Discussions with the manager and care workers identified that this person's needs had changed. Concerns had been identified and the doctor had been involved. Care staff told us they regularly encouraged the person to complete their personal hygiene. The change of needs and the actions of the care staff were not fully recorded in their plan of care. This meant that the records were not an accurate reflection of this person's needs.

The home had a risk management system in place. People's mobility and the support they needed to move were assessed and plans were in place to provide appropriate support. People were assessed for the risk of falls. We saw that actions were taken to try and lessen these risks whilst supporting people to be as independent as possible. For example one person used a frame to walk and to do this safely the care staff walked alongside them. We identified that some risk assessments had not been recorded although the manager assured us that actions had been taken. For example one person was using a wheelchair without footplates. This person told us that this was their preference and enabled them to move independently. There were no records completed to show this had been assessed and that the risks discussed and agreed with the person.

Some people had damage to their skin. We saw that these people were supported by district nurses that visited the home. Care workers and records confirmed that people's skin was regularly checked and any deterioration reported. We also saw that some people had pressure relieving equipment. The home did not complete a recognised tissue viability assessment. The completion of this would identify people that were at risk of pressure ulcers and identify the need for actions to prevent damage occurring. This meant that people who were at risk of pressure ulcers may not be identified promptly and receive the care they needed to maintain a healthy skin.

The home had systems in place to promote people's spiritual and cultural needs. We saw evidence that the home provided culturally appropriate food, music and films in different languages. We also confirmed that there were care workers who could communicate with people from the minority ethnic groups who lived at the home.

The home provided people with the opportunity to take part in a number of activities. We observed that the care worker that supported people in the lounge encouraged people to take part in activities. Records we checked confirmed that most people took part in activities. These records showed there was very little variety provided for people to take part in. This is an area that the manager told us they wanted to improve.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We checked that people were having their nutritional needs met. People told us that they liked the meals and that there was always a choice. One person said: "It's like a hotel. Very good". Another person said: "Happy with the food there's always a choice".

We observed that the home offered people a choice of meals. This included meals that met people's cultural and religious needs. There were no menus available to people although the care workers informed people of the choices available. The manager told us that they were developing menus with pictures that would help people to make choices about their meals. People had a choice of where they ate their meals although most people chose to eat in the dining room. We spent some time observing in the dining room and the lounge. We observed that people were supported to eat their meals and were offered a second portion. Everyone was offered a choice of drinks.

During our observation we saw that everyone drank cold drinks from plastic beakers, one table cloth was torn and some of the cups used for hot drinks were stained. We also observed that the dining room would benefit from redecoration. The provider may find it useful to note that changes to the environment would enhance people's dining experience.

We spoke with the manager about staff's knowledge of appropriate nutrition to promote the health of people living at the home. We were told that no one had completed any training but there were leaflets available on nutrition that had been provided by the district nurses. They told us that the menus provided a range of food and the home served home cooked cakes and puddings, fresh vegetables, fresh fruit and used full fat milk. The manager informed us that they would ensure that staff that prepared and cooked meals would undergo training in nutrition.

We observed that people were provided with sufficient drinks throughout the day. We saw, and people confirmed that there was always a choice of hot and cold drinks. Records confirmed that people's fluid intake was checked to make sure they were drinking sufficient amounts.

Records we checked confirmed that people's nutritional needs were assessed and where required a plan of care was in place. We saw that people's weight was checked monthly and that significant changes in people's weight were acted upon. For example we saw that

one person was eating poorly. Records confirmed that the doctor had been involved to provide advice. We saw this was acted upon. Some people required a specialist diet. Records and discussions with the cook confirmed these were provided. This meant that the staff made sure that people received appropriate nutrition and took action when there were concerns.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The provider must make sure that people have access to suitable premises that are adequately maintained and secure. We looked round the premises including all the communal rooms and a sample of bedrooms.

The provider had a risk management system in place to make sure that the environment was safe. This included assessing and minimising risks of fire, slips, trips and hazards and the use of fixed equipment. The home made sure that all the necessary checks and servicing were completed to maintain a safe environment for people that lived at the premises. For example we saw records to confirm that checks and servicing had been completed for the lift, the fire alarm and fixed hoists. We saw that there was an emergency plan in place to support people if the home needed to be evacuated. Arrangements were in place to make sure the home was secure for the people that lived there.

We observed that the home was warm; there was adequate lighting and suitable ventilation. We did not identify any unpleasant smells in the home.

The home was adequately decorated and maintained. We saw that the lounge provided a homely place for people to spend their time. Some areas of the home would benefit from redecoration and updating to make it a better overall environment for people. The toilets and bathrooms were stark and were not welcoming. We saw that some of the light fittings did not have shades fitted. We also identified one bedroom that was quite bleak. One bedroom required the carpet replacing. The manager told us that this was due to be replaced. We asked to see the home's future programme for replacement and decorating of the home. The manager told us that they were aware of a number of areas that required decorating and updating but there was no written plan for refurbishments. The provider may find it useful to note that a written programme for improvements and decorating would make sure that all areas of need were identified and show a clear plan for improvements.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at the provider's recruitment process to check that suitable staff were recruited to provide people's care. We observed that people that lived at the service had positive relationships with staff. There was a relaxed and friendly atmosphere at the home. A relative we spoke with said: "The staff are lovely. They always contact me to keep me up to date with my relative's care".

We checked a sample of employee files. We saw that prospective employees completed an application form that gave details of their previous work history. The provider completed formal interviews and we saw that notes of these interviews were kept. This showed that the provider was checked the information prospective staff had provided on their application form including any gaps in their employment history.

Records confirmed that the provider made the required checks before people were appointed to work at the home. Files confirmed that references were obtained. These included a reference from previous employers. Evidence of a satisfactory check of the Disclosure and Barring Scheme (DBS) were present on employment files. We also saw evidence to confirm that the provider made sure that prospective staff were eligible to work in this country. This meant that the provider ensured people were of good character and were not on the list of people unsuitable to work with vulnerable people.

We saw that some staff had started work before all the full checks had been obtained. In these cases we saw that a risk assessment had been completed. This meant that the provider put in safeguards to make sure that people were kept safe until all the required checks were completed.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

The provider must have a complaints procedure in place and must respond appropriately to any complaints. We saw evidence that people were given information identifying how they could raise any complaints or concerns about the care they received. A copy of the procedure was displayed in the entrance hall. People that lived at the home were provided with a service user guide that included information about the complaints procedure. The provider may wish to note that providing the procedure in a range of different formats would make sure that the information was more accessible to people.

People we spoke with told us that they would raise any concerns they had with the staff. They said they were confident that the staff would respond to their concerns and would try and sort them out. Relatives we spoke with confirmed this view. One relative said: "I would raise any complaint about the care my relative received. I am confident they would address it".

The provider kept a record of the complaints they received. Although there were no recent complaints we saw from previous complaints that these had been acted upon. This meant the provider listened to people and took action to improve the service.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services
	How the regulation was not being met: The provider must ensure that care is planned and delivered to ensure that people are protected against the risks of receiving unsafe or inappropriate care. Regulation 9(1)(a)(b)

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 by 17 January 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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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