

C & V Residential Limited

C & V Orchard Residential Limited

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?

Good 

Is the service well-led?

Requires Improvement 

Overall summary

This inspection took place on 20 March 2015 and was unannounced. At the last inspection on 19 May 2014, we asked the provider to take action to make improvements to ensure people were treated with respect and the building was adequately maintained. This action has been completed.

C & V Orchard Residential Ltd is a residential home providing accommodation and personal care for up to 32 older people. At the time of the inspection there were 26 people living at the home.

Some people living at the home have dementia or additional health needs such as mental health, physical disability, sensory impairment or people with learning disabilities or autistic spectrum disorder. It is a

Summary of findings

requirement that the home has a registered manager in post. There was no registered manager in post, as they had left the home approximately two years ago. There was a new manager in post who has applied to register with us. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at the home. Relatives we spoke with told us they felt staff kept people safe. Staff we spoke with understood their responsibility in keeping people safe from the risk of abuse and would report any concerns.

People told us there were enough staff to support their needs at the home. However, there were times when staff were not able to meet people's needs in a timely manner.

People received their medicines as prescribed and at the correct time. However, we found systems needed to be improved. Staff did not have guidance for medicines given 'as needed'.

The provider could not show how people gave their consent to care and treatment or how decisions were made in the person's best interest.

People's dietary and nutritional needs were assessed and people were supported to eat and drink sufficient amounts to maintain their health. People had access to healthcare professionals when required.

People told us staff were kind and caring. Staff understood people's needs and choices. Staff respected people's dignity and privacy when supporting them and providing care.

People and their relatives had been involved in the development of the care plans. Care was planned to meet people's individual needs, preferences and choices.

People and relatives told us they found the staff and manager approachable and they told us they would feel comfortable to raise any complaint or concern should they need to.

We found the provider did not have effective quality audit system in place which could be used to identify issues or trends which would improve the quality of the home. The manager had identified a number of areas for improvement within the home which would improve the quality of the service provided.

You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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 consistently safe.

There were not always sufficient numbers of staff available to meet people's individual needs. People received their medicines; however guidance for 'when required' medicines needed to be improved. People were protected against abuse and harm by staff who understood how to recognise and report this. People were protected from the risk of avoidable harm.

Requires Improvement



Is the service effective?

The service was not consistently effective.

People could not be assured that their rights were protected because staff did not fully understand their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People were supported to have enough food and drink when and how they wanted it. People were supported to access healthcare from professionals as required.

Requires Improvement



Is the service caring?

The service was caring.

People were treated with kindness and compassion. People were treated with respect and staff understood how to provide care in a dignified manner. Staff respected people's rights to privacy and took account of people's preferences.

Good



Is the service responsive?

The service was responsive.

People and their families were involved in planning how they were cared for and supported by staff. People and relatives were confident any complaints would be listened to and responded to appropriately.

Good



Is the service well-led?

The service was not consistently well-led.

Improvements were needed to ensure effective systems were in place to monitor the quality of care provided. People, relatives and staff said the manager was approachable and available to speak with if they had any concerns. Staff understood their roles and responsibilities and adhered to the providers values.

Requires Improvement



C & V Orchard Residential Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 20 March 2015 and was unannounced.

The inspection team consisted of two inspectors. As part of our inspection we reviewed information we held about the home including information of concern. We looked at statutory notifications sent by the provider. A statutory notification is information about events which the provider

has to notify us about by law. We contacted the local authority to gain their views about the quality of the service provided. We used this information to help us plan our inspection of the home.

During the inspection, we spoke with seven people who lived at the home and four relatives. We spoke with six care staff, the manager and the provider. We looked at six records relating to people's care, two medicine records and records relating to the management of the home. We also looked at two staff recruitment files and training documents.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

Is the service safe?

Our findings

People and relatives we spoke with thought there were enough staff on duty to meet people's needs. One relative told us, "I feel there is enough staff." Another relative told us, "Could do with a few more staff. There are occasions when people are kept waiting for the toilet." One staff member told us that staffing levels were "sometimes" enough but could be improved at times. We observed during the inspection a healthcare professional visited the home. We saw that a staff member remained with the healthcare professional throughout their visit which reduced the number of staff available to assist people during this time. For example, two members of staff assisted people in the lounge area leaving one member of staff supporting people in other areas of the home.

Staff told us that catering staff went off duty at 14.30pm and it became the responsibility of care staff to prepare tea for people, therefore reducing the number of staff available to support them. During these times there was a risk that people had to wait longer for their care needs to be met. One member of staff told us there were occasions when staff numbers were reduced such as when a staff member was sick. We were told staff would try to cover the short fall however this was not always possible. The manager told us they assessed the needs of people to ensure there was enough staff. However, there was no formal system in place to accurately determine the number of staff required to meet people's needs at all times.

Staff we spoke with told us they had been interviewed and checks had been completed before they were employed at the home. We found appropriate checks had been completed prior to employment of these staff. These included Disclosure and Barring checks (DBS). DBS checks enable employers to check the criminal records of employees and potential employees so they can be sure they are suitable to work at the service.

One person told us, "Staff give me my medicine." A relative told us, "I have no concerns with [person's name] medicine they have it when needed." We looked at medicine records

for two people these showed that people received their medicines as prescribed. We observed staff administer and support people to take their medicines. Some people had medicines that they took only when required. We saw that there was no guidance in place to support staff in the administration of these. The manager told us they would review this process and ensure that the system was improved. We saw that the medicines were stored securely and staff kept a record of the temperature of the room and fridge, so that medicines were kept safely.

People we spoke with told us they felt safe. One person told us, "I like it here, I feel safe." Another person told us, "It's a happy home and I feel safe." People told us they would speak with the care staff or manager if they had any concerns about their safety. Relatives we spoke with told us that they felt their family members were safe. One relative told us, "I feel [person's name] is safe." All the staff we spoke with were able to tell us how they kept people safe. Comments from staff included, "People are safe here" and "Any concerns I would report to the manager." Staff told us they were confident concerns would be taken seriously and appropriate action would be taken by the management team. We saw that people discussed concerns with staff who responded in a supportive way. For example staff were aware of people who may become upset or upset others. Staff distracted people so others remained safe.

One person told us, "Staff ask what help I need." Staff we spoke with understood how to protect people where there was a risk such as with their mobility and skin care. One member of staff told us, "We use the right equipment to help people." Risk assessments were personalised and gave guidance to staff on how risks could be minimised. We saw that where possible people and their relatives were involved in decisions about taking risks, this included regular reviews of people's risk management plans. We observed one staff member supporting a person with their mobility and saw support was being provided as directed by the care plan. We looked at incidents and accidents and saw that staff reported these appropriately. We saw that care records were reviewed and updated following incidents and accidents to ensure people were safe.

Is the service effective?

Our findings

We heard one person saying “I want to go. I want to be let out of that door now.” We saw that three members of staff attempted to divert the person. We looked at records for this person and saw this person had a care plan in place which staff followed. We saw that the manager had involved appropriate healthcare professionals and had a behavioural assessment and management plan in place. We saw that this person required to be observed at all times and required ‘one to one when agitated’. However, the person’s capacity had not been fully assessed to ensure that their rights were protected.

We observed staff asking for people’s consent before providing care and support. Staff spoken with told us that they were aware of a person’s right to refuse care. One staff member told us, “People have a right to choose what help they need.” Staff told us that some people living at the home may not have the mental capacity to consent to specific decisions relating to their care. The manager told us there was no one living at the home who was subject to a Deprivation of Liberty Safeguards arrangement. We noted that key pad locks had been fitted in parts of the building to restrict access. We looked at other people’s records and did not see an assessment of capacity, information about people’s ability to make decisions or best interests being considered.

This demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One relative told us, “Staff seem to know about [person’s names] needs.” People and relatives spoken with said that they thought the staff were trained and had the skills to support people who live at the home. Staff spoken with told us they had received training and felt confident to do their job. For example, staff member were given the opportunity to complete a qualification. One staff member told us, “I feel I have the skills to support people.” A new member of staff told us they had completed an induction programme which included working with experienced

members of staff. Staff told us and records confirmed that staff had undertaken a variety of training which enabled staff to support people with their care needs. Staff we spoke with confirmed they regularly met with the manager or deputy. One staff member told us, “The meeting was good it covered everything including training.” Staff also informed us they attended group meetings with the manager to discuss improvements in care for people who lived at the home such as personal care needs.

One person told us, “The food is nice you can’t grumble.” Another person told us, “The food is nice you can choose what you want to eat. A relative told us, “There are no issues with the food.” We observed that people were supported to have sufficient food and drink. People told us they enjoyed the food and would be offered an alternative choice if they did not like the meal offered. We observed one staff member offer a person a choice of two desserts. We heard the person reply “Both.” We saw that both deserts were made available to the person. We saw at lunchtime staff supporting people to eat their meal at a pace that was suitable for them. We saw staff engage people in conversation which helped to make mealtimes a pleasurable relaxed experience.

We observed that a choice of drinks was offered to people during lunch and throughout the day. Staff we spoke with had an understanding of people’s dietary needs and their preferences. We looked at records and found that nutritional assessments had been completed and were reviewed regularly. Where there were concerns these were passed onto the appropriate healthcare professional.

One person was receiving regular visits from the district nurse. We saw that staff followed the advice given by the district nurse which had resulted in an improvement in the person’s health. Healthcare professionals confirmed to us that staff made timely referrals, when a person’s needs changed, this supported people to maintain their health. One relative told us, “Staff keep me informed of my relatives health needs.” We looked at records and saw that people were referred appropriately to their GP, district nursing service and other health care professionals when required.

Is the service caring?

Our findings

At the last inspection on 19 May 2014, we found that staff were not treating people with consideration and respect. We found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010. The provider sent us an action plan outlining how they would make improvements. When we inspected the home again in March 2015 we found these concerns had been addressed.

One person told us, "Staff have improved a lot. There are new staff who are more friendly." People told us and we saw that people's dignity and privacy was respected and promoted by staff. One person said, "Staff are respectful." Staff we spoke with had a good understanding of how to promote people's dignity and respect their choices and why this was important. One member of staff told us, "We always make sure doors are closed when delivering personal care, we ensure privacy at all times." We observed staff knocking on people's doors before entering and ensuring they were closed when providing personal care.

People told us they were supported to maintain their independence as much as possible. We observed one person eat their meal independently with the encouragement of staff and another person being supported with their mobility.

People told us they were involved in making decisions about their care and support. People said that they felt staff listened to what they wanted and respected their views. One person told us, "Staff ask what help I need they treat me properly." Relatives we spoke with told us they were kept up to date on what was happening with their family member. One relative told us, "I am kept fully informed." We saw that staff supported and respected people's choices. We saw one person choosing what they wanted to eat and where they wanted to eat their lunch. We saw that some people who lived at the home chose to spend time alone in their bedroom. One person we spoke with told us they made decision about what aspects of care and support they were prepared to accept. The person confirmed that their choices were respected by staff.

One person told us, "Staff look after me and care for me here" and "They are kind." One relative told us, "Staff genuinely seem to care." We observed that people responded well to staff and interactions between staff and people were caring. People told us they were happy with the care that they received. Staff we spoke with told us about people's individual needs and interests.

We observed staff were friendly and we saw that they laughed and joked with people. We observed one person who became distressed was supported by staff speaking with them in a calm manner offering reassurance which reduced the distress for the person.

Is the service responsive?

Our findings

People we spoke with were positive about the care and support they received. One person told us, "I am looked after." One relative told us, "Staff respond quickly" and "Keep me informed of any changes in [person's name] needs."

People and their relatives told us that where possible they had been involved in the planning and review of their care. One relative told us, "I was involved in developing the care plan I was asked lots of questions about [person's name] life" and "I am kept fully informed." We saw that people's needs had been assessed and care plans were in place which staff followed. For example we saw one person received the required support to maintain their skin integrity.

We saw care plans were personalised and people's choices and preferences had been taken into account in the planning of their care. For example people's daily routine had been recorded and were being followed by staff. We saw information was reviewed regularly one relative told us, "They keep us informed of progress or any concerns. They will phone me if something is important." Staff we spoke with told us one person's care needs had recently changed. Staff told us they had increased the monitoring of the person's food and fluid intake and had contacted a healthcare professional for advice. We looked at this person's care plan and saw that it had been updated to minimise newly identified risks demonstrating the manager and staff were responsive to people's changing needs.

One relative told us, "They do have some activities [person's name] does enjoy them." Another relative told us, "I have not seen many activities." Staff spoken with told us activities were an addition to their caring responsibility. We observed one person completing a puzzle book and some people watching the television. We saw that staff were busy during the morning completing care tasks and had little opportunity to engage in activities with people. However, in the afternoon we saw staff sitting with small groups of

people playing dominos and cards. We saw during the afternoon staff took opportunities to sit with or talk to people individually and when assisting with general support. We saw that the home had some interactive games. We did not see use of these but people told us they were used occasionally when staff had time to support. One person told us that entertainment was provided from outside the home, "Very occasionally, probably every 6-8 weeks."

We were told that two people receive regular visits from the local Priest which enabled them to continue to participate in religious activities. We saw that people were supported to maintain relationships. Relatives told us they were welcomed by staff when they attended the home. One relative told us, "I turn up anytime I always feel welcomed." Another relative told us, "They are so welcoming and nice I can come anytime."

The manager told us they had recently undertaken a process of obtaining feedback from visitors and relatives who visit the home, through the use of a survey. The manager told us they would use this information to improve the quality of care provided to people living at the home. People and relatives told us they were unaware of any recent resident or relative meetings. One relative told us, "Occasionally a relatives meeting will be called." Another relative told us, "There have been no relative meetings I know of." However all relatives we spoke with told us they would speak to staff or the manager if they had any concerns.

People told us they had not had any cause to complain. However, they said they were comfortable with raising any concerns with staff or the manager. One relative told us, "If I had any concerns I would feel confident to complain." The manager told us and we saw that they had not received any complaints regarding people's care. The manager told us complaints were welcomed and would be addressed to ensure improvements where necessary. The manager said they would recirculate the complaints policy to people and their relatives.

Is the service well-led?

Our findings

We looked at how the provider ensured the quality of the service the home provided. We found that there were no effective quality assurance processes in place to monitor and assess the quality of the home. We spoke with the manager and provider about this and we were informed that no audits had been completed to analyse trends which could be used to improve the quality of the service. The manager told us they had identified a number of areas for improvement. For example the lack of 'when required' medicine guidance and analysis of incidents and accidents which we identified during our inspection. However further work was required to ensure there was an effective system in place to check and improve the services offered.

At the last inspection on 19 May 2014, we found that the provider was not protecting people against risks associated with the premises by ensuring the home was maintained. We found the provider was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010. The provider sent us an action plan outlining how they would make improvements. When we inspected the home again in March 2015 we found these concerns had been addressed.

We saw that the home was checked regularly for maintenance issues and these were addressed appropriately. We saw that areas of the home had been refurbished and found cleanliness of the home was good. We saw that communal areas including corridors throughout the home had been repainted and repairs to flooring made where necessary. We saw that some people's

bedrooms had been decorated and flooring replaced. We saw areas for improvement had been identified by the manager such as the garden area and we were told work would be completed during 2015.

A requirement of the provider's registration is that they have a registered manager. The current manager told us they had commenced the process to become registered at this home. One relative told us, "The manager is very approachable." People we spoke with told us they found the manager friendly and pleasant. One member of staff told us, "The manager is great, very approachable you can ring her anytime if you are unsure of anything." Another member of staff told us, "The manager is brilliant." We saw that the manager was available to people, relatives and staff. We saw that staff felt at ease to approach for advice and support as required. This indicated that the manager was promoting an open culture at the home.

We saw that the manager provided guidance and support to staff about people's individual care needs such as managing people's needs. We saw that the manager held regular staff meetings to address concerns and to discuss issues relevant to roles and responsibilities. One staff member told us, "The manager is very supportive." Staff we spoke with were happy with the level of support they received and told us this support enabled them to provide care that met people's needs. Care staff told us they had no concerns about whistle blowing and felt confident that their concerns would be listened to and acted on by the management team and if necessary would contact us. Whistle blowing means raising a concern about wrong doing within an organisation. One member of staff told us "I would not hesitate to whistle blow if it was necessary."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

How the regulations were not being met: People's consent to care and treatment had not always been suitably assessed or obtained.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.