C & V Residential Limited

C & V Orchard Residential Limited

Inspection report

1-2 Station Street
Darlaston
Wednesbury
West Midlands
WS10 8BG

Tel: 01215264895

Date of inspection visit:
20 June 2016

Date of publication:
24 August 2016

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

Summary of findings

Overall summary

This inspection took place on 20 June 2016 and was unannounced. At the last inspection on 20 March 2015, we asked the provider to take action to make improvements to ensure people consented to their care and treatment and this had been suitably assessed or obtained. We found at this inspection the regulation had been met.

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 28 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, learning disabilities or autistic spectrum disorder. It is a requirement that the home has a registered manager in post. There was a registered manager in post. 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. Staff we spoke with understood their responsibility in keeping people safe from the risk of abuse or harm and said they would report any concerns to the registered manager. 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. Risks to people's health and welfare were assessed and equipment was available for staff to use. People received their medicines as prescribed. However, we found systems used to manage medicines needed to be improved. People were asked for their consent before support was provided. Appropriate assessments had been carried out around people's capacity to make certain decisions. Although not all staff knew those people who were safeguarded by an authorised DoLS. 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 their care plans. Care was planned to meet people's individual needs and preferences. People were supported to maintain their interests as far as possible.

People told us they found the staff and registered manager approachable and would feel comfortable to raise any complaint or concern should they need to. People considered the home to be well-managed. Whilst there were systems in place to monitor and improve the quality of the service provided; we found some of the audits were not robust enough to identify and address areas of concern we found during the inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

There was not always sufficient numbers of staff available to meet people's needs in a timely manner. People received their medicines as prescribed. However systems to record medicines needed to be improved. People told us they felt safe and staff were knowledgeable about how to protect people from abuse and harm. Risks to people had been assessed and equipment was available for staff to use.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People were asked for their consent before care was delivered. The provider had taken steps to ensure people's rights were protected. Not all staff knew those people who were safeguarded by an authorised DoLS to ensure they were following any conditions and acting in people's best interests. People received care from staff that had the skills to support their needs. Although people were supported to eat and drink sufficient amounts mealtimes were not a pleasurable experience for all.

Is the service caring?

Good

The service was caring.

Staff knew people well and people felt staff were kind and caring. Staff demonstrated an understanding of people's needs and respected their choices and preferences. People's privacy and dignity was respected by staff.

Is the service responsive?

Good

The service was responsive.

People were involved in the planning and review of how their care and support needs were met. People had opportunity to take part in different activities. People and relatives felt listened to and knew how to raise concerns.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

A number of audits were in place to assess the quality of the care delivered to people. However, not all of these were effective in identifying concerns found during the inspection. Staff understood their roles and responsibilities and people were complimentary about the registered manager and the overall service.

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 June 2016 and was unannounced. The inspection team consisted of one inspector. During our inspection we carried out observations of the support and care people received. In addition, we undertook 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 with us.

As part of the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some information about the home, what the home does well and improvements they plan to make. We reviewed the information we held about the home and looked at the notifications they had sent us. These are events that the provider is required to tell us about, by law, in respect of certain types of incidents that may occur like serious injuries to people who live at the home. 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.

We spoke with five people who lived at the home and one relative. We spoke with five staff members and the registered manager. We looked at the care records for four people to see how their care and treatment was planned and delivered. We looked six medicine records and other records related to the running of the home such as a selection of policies. We also looked at two staff records and records to monitor the quality and management of the home.

Requires Improvement

Is the service safe?

Our findings

People had mixed views on whether there were enough staff to meet their needs. One person told us, "I am well looked after, think there is enough staff they come quickly if needed." Another person said, "Sometimes have to wait for [staff]." A third person said, "Staff are busy, I don't know if there is enough [staff] or not." Staff we spoke with felt people living at the home would benefit from an additional member of staff particularly during busy periods, such as getting people up in the morning or supporting people during mealtimes. They felt this would enable them to be more responsive to people's needs. One staff member said, "Sometimes we need more staff as some people need more support than others; this takes staff off the floor and people might have to wait." Another member of staff commented, "Very busy here and not enough staff at times." And, "Staff just about cope." We observed mealtime and saw that some people were kept waiting for their meals to be served by staff for periods exceeding fifty minutes. People who also required assistance with their meal were left waiting for periods of thirty minutes before staff assisted them with their food. This meant there was not always adequate numbers of staff available to meet people's needs in a timely manner.

We raised this with the registered manager who told us staffing levels were based on people's individual dependency needs. However, we saw that there were long periods of time where people had to wait for their care. We saw this impacted on some people as they had to wait for staff to become available before their care needs were met. The registered manager said they would look at the deployment of staff and staffing levels particularly at busy periods to ensure people's needs were responded to in a timely manner.

We looked to see whether medicines were managed safely by the provider. People told us they received their prescribed medicines when they needed them. One person told us, "They [staff] come around and give medicines. They never run out of my medicine." We saw staff administering medicines to people and saw this was done safely. For example, people were offered a drink to help them swallow their medicine and staff stayed close by people until they had taken their medicine.

We looked at six people's Medicine Administration Records (MAR). We saw that two people's medicines records had not always been completed accurately. We noted that MAR charts did not have a 'carry forward' figure on them from the last delivery of medicine. This meant it would be difficult to carry out an audit of medicines given and would also make it difficult to ensure the correct orders were in place. We spoke with the registered manager about this and they told us they would review this process and ensure the system was improved to accurately record all medicines received from the pharmacy. Some people took their medicines 'as needed', such as for pain relief. We saw information was in place for staff to follow which helped them to administer these medicines correctly. Medicines received into the home were stored and when no longer in use, disposed of satisfactorily.

People told us they felt safe with the staff that supported them. They said they would speak with the staff or registered manager if they had any concerns about their safety. One person said, "I feel safe, staff are about and it is a safe environment to live. At night the staff will check you are okay. I feel safe here." Another person told us, "I feel safe, staff take care of me." One relative we spoke with told us they felt their family member

was safe and not at risk of abuse in the home.

Staff we spoke with were all able to tell us what they understood by keeping people safe; they were able to explain the different types of potential abuse and the actions they might take to reduce the risk of abuse. Staff said they had received relevant training and understood their responsibility to report any concerns and who to report these to. One staff member said, "I would report it to the manager or go higher." Another member of staff said, "Safeguarding is about making sure people are safe from [abuse] such as physical and verbal. I would speak with the senior or the manager I would not hesitate to go to the police or CQC if I felt it was not being dealt with." Staff said they had confidence in the registered manager and felt they would listen and act on any concerns raised. We saw where incidents had occurred concerning people's safety staff followed the provider's procedure to reduce people from the risk of harm.

People managed their risks with support from staff if needed. Staff we spoke with were able to tell us about what help and assistance each person needed to support their safety. For example, where people required help with getting up from a chair or had health risks such as fragile skin. Staff said risks to people's safety were assessed and equipment was available for staff to use. We saw two members of staff using equipment to move a person from their chair to a wheelchair; we saw that this was done safely. Staff were aware of the process for reporting accidents, incidents and falls. We spoke with the registered manager who told us incidents were reviewed on an individual basis and, where required, action was taken. For example, a referral being made to the falls team. Records we looked at showed the registered manager had reviewed information and where appropriate referred to external professionals for guidance.

People were supported by staff with the right skills and knowledge. Staff told us that they had been interviewed and appropriate pre-employment checks had been completed before they started to work at the home. One staff member said, "I completed an application form and had an interview. I also had checks done like a DBS." DBS help employers make safer recruitment decisions and helps to prevent unsuitable people from being recruited.

Requires Improvement

Is the service effective?

Our findings

At our previous inspection in March 2015 we found that the provider was not meeting the regulation to ensure people's consent to care and treatment had been suitably assessed or obtained. The provider sent us an action plan outlining how they would make improvements. At this inspection we found the regulation was met.

We saw staff seeking consent from people before providing support or care. For example, support with personal care tasks. One person said, "Staff ask for my consent and check with me first." Staff we spoke with were aware of a person's right to refuse care. Staff told us some people living at the home had different ways to indicate their consent such as through their body language. One member of staff said, "I always make sure I get a person's consent. Some people might not speak but I can tell through their facial expressions or the noises they make. If they don't agree I leave them and go back later." This indicated people's consent was sought.

The Mental Capacity Act (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 Act 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Care records we looked at showed that mental capacity assessments had been completed for those people who lacked capacity. Decisions to provide care in a person's best interest had been completed in line with the MCA. The MCA DoLS requires providers to submit applications to a 'Supervisory Body' for authority to do so. We found the registered manager had an understanding of the correct procedures to follow to ensure people's rights were protected. We saw four people had authorisations in place to deprive them of their liberty. We saw that the person's representatives had discussed and agreed a decision in the person's best interest. We spoke with staff to see if they were complying with the conditions applied to the authorisation to ensure the person remained safe. Staff we spoke with confirmed they had received training in MCA and DoLS however, they were not aware of the people living at the home who were subject to a Deprivation of Liberty Safeguards (DoLS) arrangement. One member of staff said, "Not sure who has a [DoLS] in place some people want to go home all the time. I try to reassure them and sit them down and have a chat." There was a risk that those people safeguarded by an authorised DoLS would not be protected by those provisions being correctly followed by staff. We spoke with the registered manager about this who said they would arrange additional training for staff.

People told us they had a choice of food and drink. One person commented, "The food is very good. You can

have a full breakfast if you want. There is a lot of variation in the meals." Another person told us, "Food is good." We observed mealtime and saw people were offered a choice of different drinks. One person told us they had made a choice of the meal they were having earlier in the morning. We saw people's individual dietary needs such as softened meals and preferences due to religious or cultural needs were met. For example, a vegetarian diet. We saw people were kept waiting for their meals for long periods of time. People were brought to the dining room and had to wait for periods exceeding fifty minutes before receiving their food. Where people required assistance with eating their meal they were kept waiting for up to thirty minutes while staff assisted other people. We heard one person ask a member of staff where the meal for the person sitting next to them was; because they were becoming anxious. Staff responded and said it would be with them shortly. The person waited another ten minutes before the meal arrived. Another person left the dining room on several occasions because they became anxious with the environment and noise. One staff member we spoke with said this person became anxious when "there was a lot going on and noisy." We asked whether this person was given a choice of where they wanted to eat their meal; however the staff member could not answer this. We spoke with the registered manager about the mealtime experience for some people. They informed us that the chef was away from the home and cover was being provided from existing staff. They said they would look to address the issues we found straight away to ensure people received their meal in a timely manner and to ensure mealtimes were a pleasurable experience for all.

People we spoke with told us they felt staff knew how to look after them. One person said, "Staff know what they are doing. Thy look after me." One relative told us, "They [staff] seem to know what they are doing they look after [person's name] well." Staff told us they received the support to enable them to do their job. They told us about the training they had completed and what this meant for people who lived in the home. For example, one member of staff commented, "I feel I have the skills and have had training to do the job. I recently attended training about different behaviours. It was useful." They told us this made them confident to assist people who might require additional support.

Staff told us they felt supported in their role and said they would talk to the registered manager if they had any concerns about their role or responsibilities. They also said they knew the owners and felt comfortable to approach them if they needed to. Staff told us they followed an induction programme when they started working at the home. One member of staff told us their induction included shadowing experienced staff to get to know the people they cared for. Staff told us they received regular one to one meetings and attended staff meetings. One member of staff said, "I have supervision meetings; I can talk freely in these and the manager will deal with any issues."

People told us they got to see their doctor or other healthcare professionals if needed. One person said, "Doctors will come in if you need them and the optician comes in too." A relative we spoke with confirmed if their family member required the support of healthcare professionals staff "arranged straight away." People were supported with additional aids that promoted their well-being. For example, reading glasses and walking aids. People also attended healthcare appointments and where necessary staff were able to accompany the person if required. Records we looked at showed people had access to health care professionals, as required, so that their health care needs were met. We saw that contact had been made with healthcare professionals when there was a concern about people's health and care plans detailed advice provided, for example, district nurses. This showed that people's health care needs were appropriately met.

Good

Is the service caring?

Our findings

People told us they were treated with kindness and respect. One person said, "I am well looked after the staff are very kind and come and sit with me when they can." Another person said, "Staff are kind to me." A relative commented, "Staff here are terrific they [staff] are very kind and caring. I have never seen anything wrong here." We saw staff assisted and supported people in a caring way for example, we saw one person being supported to stand up. Staff supported the person at their own pace offering guidance and encouragement when needed. We saw a member of staff speaking to the person calmly and providing encouragement to them to stand up on their own. We saw staff spent time talking and smiling with people throughout the day.

People were supported to make day to day choices and decisions. One person told us, "I make my own choices, what I want to wear, what I want to eat. They [staff] respect what I want I am happy here." We saw there were good relationships between staff and the people they cared for. Staff communicated with people using different methods such as talking to people at eye level, speaking slowly and on occasions we saw some staff talk to people in their chosen language, when this was not English, to promote their communication and understanding. Staff we spoke with said they enjoyed supporting the people who lived at the home and they were able to tell us a lot of information about people's individual needs, choices and personal circumstances such as their preferred time to wake up and other daily routines.

Two people told us they were supported to do as much on their own as they could to remain independent with their personal care. One person said, "They [staff] just check and monitor I am okay, they let me do things for myself that helps me stay as independent as I can." Staff we spoke with told us how they supported people to remain as independent as possible for example by prompting people to wash or fed themselves and supporting people to dress in their own individual styles. However, they were aware that is may vary day to day depending on how well people felt. Staff were knowledgeable about how they could encourage people's independence and they understood the importance of this for people's well-being.

We saw when staff provided care or support to people they respected their dignity and privacy. For example, we saw one member of staff discreetly speak to a person and support them out of the communal room to provide personal care. We saw staff knock on people's doors before entering their rooms and heard staff calling people by their preferred name. One person we spoke with said they enjoyed spending time in their room and they were able to do so, but knew they could choose to sit in the communal areas if they wished. We observed moving and handling techniques being used and saw staff communicated well with people, explaining what they were doing and reassuring people during the tasks in a kind way.

Good

Is the service responsive?

Our findings

People told us they were satisfied with the care and support they received from staff. One person said, "Staff involve me in decisions about my care needs. I discuss it with them [staff]." Another person commented, "[Staff] look after me; my needs are catered for."

Staff we spoke with were able to explain people's individual health and care needs. For example, how they supported a person to manage a specific health condition. Care records we looked at showed that people's needs had been assessed and were being appropriately supported. For example, where people were at risk of falls appropriate advice and equipment was sought. Where possible people told us the care they received was planned with them and explained by staff when it was given. One relative we spoke with confirmed they were involved in their family member's care plan. They said, "[Staff] keep me informed about everything regarding [person's name] care."

We looked at four care records and saw information was updated to ensure people's needs were supported. Staff told us they shared information about changes to people's health or care needs at the start of each shift, they said this ensured people received the appropriate care. We saw records were personalised and people's choices and preferences had been taken into account in the planning of their care. We saw information was updated as required. Staff told us one person's care needs had changed. Staff told us they had contacted a healthcare professional for advice and support. We looked at this person's care record and saw that it had been updated to reflect the change. This indicated that staff were responsive to people's changing needs.

We asked people what interested them and what they enjoyed doing during the day. One person told us, "I read the newspaper and do some games; there are other things available; sometimes we go out." Another person said, "I watch television, things like that." One staff member commented, "More entertainment or activities could be provided for people." We saw staff were often busy throughout the day completing care tasks. However when they had the opportunity we saw they sat with people and engaged them in conversation or supported them with colouring or group games. We spoke with the registered manager about this who said they were looking at ways to make people's day more interesting and varied.

People were supported to maintain relationships with people who were important to them. One relative said, "Always welcomed [at the home]." We saw staff made people welcome who visited the home. One member of staff commented, "Relatives can visit any time they are always welcomed."

People told us they felt confident to raise any concerns with staff or the registered manager. One person said, "I would speak to the staff if I had any worries." A relative told us, "I would complain to the senior or I would go upstairs and speak to the registered manager. Everything is pretty good, I don't have any issues." Staff we spoke with were able to explain how they would deal with any concerns or complaints. One member of staff said, "I would refer any concerns to the registered manager." They said they felt confident concerns would be appropriately investigated. We looked at the complaints process and found concerns were appropriately recorded. However there had been no new complaints received since the last inspection.

Requires Improvement

Is the service well-led?

Our findings

We looked at the quality audit systems and found arrangements were in place to monitor the quality of the service provided. However, these were not always effective. For example, we found that the management of medicines had been audited by the provider but the unsafe medicines practice we identified during our inspection had not been recognised by the provider's own audits. The registered manager said they would immediately address the concerns we found during the inspection regarding medicines. Other issues we identified in relation to staffing levels and the deployment of staff were also not recognised by the provider's own audits. The registered manager said they would review people's dependency levels and deployment of staff during busy times.

We looked at the other governance systems within the home and found since our last inspection new systems and processes had been developed. For example, we found appropriate systems in place to record allegations of abuse, incidents, accidents and falls. Information was analysed to identify patterns and trends and improve the quality of service provided. Whilst there were means for people to express their views and experiences of life living at the home during residents meetings, we found that not all views had been used or recognised to improve the quality of service provided. For example, some people said they would like more activities to be provided. There was no written evidence that this had been addressed or responded to. People and a relative told us they had been asked to provide feedback through questionnaires about how the home was managed. They were not able to recall if they had been provided with any feedback. We looked at records and saw no evidence that information was analysed to identify how many people were satisfied with the service provided. We spoke with the registered manager about this and they informed us any feedback or follow up to questions asked by people was done verbally and was not recorded. This meant although feedback was sought from people there was no evidence to indicate the provider had analysed information to improve the quality of care people received. We found the registered manager had made improvements since our last inspection however further work was required to ensure that the improvements were sustained, understood and implemented by all staff.

The registered manager oversaw the home on a day to day basis and had a good understanding of people's individual needs. They demonstrated an open and transparent management style. People spoke positively about the registered manager and feedback was consistently good about the service. People knew who the registered manager was by their name and said they could approach them at all times. A person said, "I can speak with [registered manager] if I want to they are here in the home." There was a clear management structure in place and staff knew who to go to if they had any issues. People received care from a consistent staff group which meant that people were familiar with them and staff knew people well. Staff we spoke with told us they felt supported by the registered manager in their roles and demonstrated a clear understanding of their responsibilities. Staff said that they worked as part of a staff team and said that they enjoyed working at the home. Staff were aware of the provider's policies and procedures and of whistle–blowing. They said they would not hesitate to use if they felt issues or concerns were not appropriately addressed by the management team. Whistleblowing means raising a concern about a wrongdoing within an organisation. The provider has a history of meeting legal requirements and notifying CQC about events that they are required to do so by law. We saw the provider had ensured information about the home's

inspection rating was displayed prominently as required by the law.