

Review of compliance

C & V Residential Limited
The Orchard

Region:	West Midlands
Location address:	1-2 Station Street Darlaston Wednesbury West Midlands WS10 8BG
Type of service:	Care <u>h</u> ome_ without nursing services
Date the review was completed:	February 2011
Overview of the service:	C & V Orchard Residential Limited provides accommodation for up to 32 older people some of whom may have dementia or a mental health disorder.

Summary of our findings for the essential standards of quality and safety

What we found overall

We found that The Orchard was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out the review, what we found and any action required.

Why we carried out this review

We carried out this review because concerns were identified in relation to:

- Cleanliness and infection control

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 27 January 2011 to look at the laundry, talked to staff and checked the provider's records.

What people told us

We had received some concerns regarding the cleanliness of the home's laundry. The Infection Control Nurse visited with us to advise the home and the Care Quality Commission about things that were needed to improve cleanliness and reduce the risk of cross infection. She had identified a number of areas where the home needed to improve to ensure that it was clean and that potential risks of infection were minimised.

What we found about the standards we reviewed and how well The Orchard was meeting them

Outcome 8: People should be cared for in a clean environment and protected from the risk of infection

- Overall, we found that improvements are needed for this essential standard

Action we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

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Other information

There are no outstanding improvement, compliance or enforcement actions in respect of this provider. This is the first review under the Health and Social Care Act 2008.

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 8: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the *Code of Practice for health and adult social care on the prevention and control of infections and related guidance*.

What we found

Our judgement

There are major concerns with outcome 8: Cleanliness and infection control

Our findings

What people who use the service experienced and told us
We were told that both of the laundries in the home increase the risk of cross infection to both people living at the Orchard and also to staff who work there. The Manager had told us that several people living at the home and staff there had been a previous outbreak of diarrhoea in September 2010, although there have been no further outbreaks of infection.

Other evidence
We found that the laundries have a poor system in place to reduce the risk of cross infection to people who live at the Orchard.
The home has two laundry rooms. We saw similar areas of concern in both. The laundries were generally dirty with cobwebs on the walls and dirt and dust on the extractor fan. The laundries were cluttered which would make cleaning difficult. There was no record when the laundries were last cleaned. The laundry floors were both unsuitable for a laundry. One laundry was carpeted and the other had splits and joins meaning that neither could be effectively cleaned and are an cross infection risk. Dirty mops were being stored inappropriately. The Infection Control Nurse advised that when mops are not in use they are hung upside down to dry. The Infection Control Nurse also advised that all mop heads should be machine washed weekly or be disposed of weekly. The manager agreed she would ensure this was done in the future.

There was no separate sink for staff to wash their hands. The sinks available contained soiled laundry. Soiled laundry should only be sluiced in appropriate washing machines. Soaking and handwashing of soiled laundry creates a high risk of cross infection. We also found that no paper towels and foot operated bins were available, which are also recommended to reduce the risk of cross infection. Liquid soap was in use, but it needed to be an appropriate dispenser to minimise the risk of cross infection..

The Manager told us that clean and dirty laundry are kept separate in different colour laundry baskets. On the day of then visit we saw both clean and dirty laundry in the same baskets. We also observed that clean laundry had been put into a dirty laundry basket. The manager was unable to give us assurance that laundry baskets are cleaned between use, this again would give a high risk of cross infection to people.

We were able to see staff using gloves and aprons whilst providing care to people. Heavy duty gloves were not available in the laundry as required, although other gloves were available in the home. The manager did tell us that "red marigold gloves were available" but she was unable to show us these in either laundry. Heavy duty gloves are essential to minimise cross infection within a laundry.

The manager was not aware of the "Code of Practice on the prevention and control of infections and related guidance" We advised that she obtained a copy to enable her to be compliant with the regulations.

There is no clean/ dirty pathway through the laundry as advised to minimise the risk of cross infection and also saw clean and dirty washing mixed up together plus laundry baskets were on the floor.

The upstairs laundry had a mechanical sluice to wash commode pots, bed pans and urinals. Access to the mechanical sluice was blocked making it difficult for staff to use it. In addition the mechanical sluice was turned off at the wall. The manager told us this was because she did not like electrical items left turned on all night. To switch the sluice machine on the manager had to squeeze between the mechanical sluice and a washing machine and reach down to the main supply behind the machine. Access to the mechanical sluice should be clear to minimise the risk of staff having to touch any items to minimise the risk of cross infection. Baskets with clean laundry were being inappropriately stored on top of the sluice. This again is a significant infection control risk.

The manager told us and we also saw training certificates to evidence that 16 of the 23 staff had undertaken a distance learning infection control course. We were concerned that despite staff training infection control prevention was as poor as we observed.

The Proprietor reassure us during our visit that he wanted to address the shortfalls immediately and that he had currently had a decorator and plumber at the home and able to commence remedial work. He told us that he would ensure that new sinks for handwashing would be available within a week. A new dirty utility room and cleaners store would be made available. The manager confirmed that she would ensure that a deep clean of the laundries took place immediately.

The Infection Control Nurse returned to the home on 8 February 2011 and confirmed that work had commenced to address the infection control shortfalls. Whilst there she had identified further shortfalls that require attention to minimise the risk to people of cross infection and had informed the home of the action that they

need to take to make people safe..

Our judgement

Infection control practises place people at the risk of harm

Action we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	12	8 Cleanliness and infection control
Treatment of disease, disorder or injury	How the regulation is not being met: People are not adequately protected from the risk of acquiring an infection	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

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 within 28 days of this report being received.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Adult Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
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