

Review of compliance

<p>C & V Residential Limited C & V Orchard Residential Limited</p>	
Region:	West Midlands
Location address:	1-2 Station Street Darlaston Wednesbury West Midlands WS10 8BG
Type of service:	Care home service without nursing
Date of Publication:	April 2012
Overview of the service:	C & V Orchard Residential Limited provides accommodation and care for up to 32 older people who may have dementia or mental health difficulties.

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

Our current overall judgement

C & V Orchard Residential Limited was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out this 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:

Outcome 04 - Care and welfare of people who use services

Outcome 08 - Cleanliness and infection control

Outcome 16 - Assessing and monitoring the quality of service provision

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 16 February 2012, checked the provider's records, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

We carried out this review following concerns made to us about the cleanliness and the condition of people's clothing and the general cleanliness of the home.

We met with all 25 people living at the home and also spoke to four relatives. People who were able to communicate told us that they were happy living at the home. We saw that although the majority of people were appropriately dressed some people were wearing soiled or damaged clothing.

People spent the day as they chose. We saw that people got up and went to bed when they chose and were able to take part in various activities if they wanted to. We saw positive staff interactions with people living at the home.

People told us that they get the care they need and that staff call the doctor and other health professionals when they are needed. Relatives told us that staff let them know when their relative was ill and had been seen by a doctor. We found that care records need to be improved to ensure that records confirm this and that this is maintained.

We found that improvements were needed to the general cleanliness and comfort of the home. We found that furniture and furnishings were damaged and needed to be replaced. The required changes will make the home a nicer and safer place for people to live.

What we found about the standards we reviewed and how well C & V Orchard Residential Limited was meeting them

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

Improvements are needed to ensure that people continue to receive the care that they want or need.

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

The home is not clean and people are not adequately protected from the risk of cross infection.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Systems in place do not provide assurance that people will be protected from risk .

Actions we have asked the service to take

We have asked the provider to send us a report within 14 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.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

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 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We saw that people had an assessment of their needs before they moved into the home and when possible they and their relatives were involved in this assessment. This means as much information as possible was available about the each person and their individual needs.

We saw that people had a support plan that was developed from the assessment of their needs. People had individualised support plans that were based on their needs, choices and capabilities and were regularly reviewed and updated. People's support plans gave staff instructions on how they should be meet people's needs. We saw that a profile of people's life was available and included information about their family, interests and health needs. Each plan also contained risk assessments ensuring that care was provided appropriately and safely. This means that staff have the information they need to meet people's needs safely and in a way that they prefer.

Before our visit we were told that people were wearing stained and damaged clothing. During our visit we met with all people who were living in the home. People who were able to communicate told us, "I am happy here," and "the staff here are very good and give me the help I need" and "I haven't regretted being here" . We saw that people were dressed in individual styles that reflected their choice, gender and the time of year. For example we saw that people were wearing socks/ stockings and either shoes or slippers. We saw that people were wearing glasses. One relative told staff that their relative was wearing someone else's glasses. We found that although most people were dressed appropriately in clean clothes we did see four people wearing clothing

that were either soiled with food or stained and another person was wearing wet trousers. The manager and staff all told us that they encourage people to change their clothes when they are soiled but we did not find this during our visit. We also saw that one person was wearing a jumper with a hole in it and another was wearing trousers which were torn and ragged around the bottom. We spoke to the manager who told us that they are dependent on people's relatives providing suitable clothing or money for suitable clothing. We have asked that the manager discusses concerns we identified with relatives and if people do not have access to their money there is a need for a safeguarding referral to be made. There is a risk that if people wear soiled or damaged clothing they may not be treated with respect and that this may not be their preferred standard of dress.

Other evidence

We do not have any other evidence.

Our judgement

Improvements are needed to ensure that people continue to receive the care that they want or need.

Outcome 08: 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 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

Concerns were identified before we visited that there was an unpleasant odour in the home. When we visited we also found that there was an odour in the home and several carpets were stained and smelt offensively.

During our visit to the home we found that improvements were needed to the cleanliness of the home. We saw dust and cobwebs were visible in high areas of the home. In addition the artex finish walls also had a build up of dust. We saw that toilet frames, toilet raisers and bath hoists were unclean. We saw that tiles and areas round the bathroom fittings required resealing, all of which put people at risk of cross infection. We found that the entire home needed a deep clean throughout to improve the general cleanliness and reduce the risk of cross infection.

We saw that several mattresses were stained with urine which put people at increased risk of cross infection. The manager told us that the home had no system in place to check and audit the condition of mattresses. We also saw that cushions on armchairs were damaged which had lead to urine permeating the sponge of the cushion and putting people at risk of cross infection. We also saw that armchairs had damaged covering on the arm rests and woodwork meaning that they could not be effectively cleaned and putting people at risk of cross infection.

We saw that sheets and duvet covers on people's beds were dirty and two had faecal staining on them. We also saw that although the beds had two pillows on them, only one of the pillows had a pillow case. In addition some of the pillows and pillow cases were also stained and damaged. This means that people had bedding that was dirty.

We last visited the home in January 2010 with the Infection Control Nurse following concerns about infection control procedures within the laundry. At that time we found that improvements were needed to reduce the risk of cross infection particularly in the laundry and the location of a mechanical sluice disinfector. The Infection Control nurse revisited the home and confirmed that the service had undertaken all required actions.

We saw during this visit that paint in the new laundry had peeled off the wall and large amounts of paint and other dirt and debris were left in the laundry. We saw that the flooring in the laundry was not continuous which would make effective cleaning of the laundry floor and walls difficult and would put people at risk of cross infection.

We saw one member of staff placing soiled laundry in a black bag, before they took it to the laundry. We were told that the service had special bags to minimise the handling of soiled and infected laundry. Staff we spoke to were unable to show us any of these bags during the visit and not all staff we spoke to were aware of their availability. We were concerned that the laundry assistant told us that all dirty laundry was removed from the special bags before it was placed in the washing machine, although the bags will dissolve in the washing to minimise handling of the soiled laundry and reduce the risk of cross infection. We also saw that laundry baskets that were identified for "clean" laundry were being used for "dirty" laundry. This means that people living in the home and staff were being put at increased risk of cross infection.

We saw that a new sluice room had been created that is now separate from the laundry as previously advised. However we saw that there was evidence of a leak of dirty water from the bottom of the mechanical sluice disinfector. The manager was not aware of the leak and it was not evident when the mechanical sluice had last been used. We also found that there was no facility available to store and dry the clean commode pots or urinals after they had been washed and disinfected. This means that there are not suitable arrangements in place for the washing, disinfection or drying of commode pots or urinals and that people are at increased risk of cross infection. We also noted that there was only one key available for the sluice room so staff had to look for the key holder in order to access the sluice room which could also compromise infection control.

We saw that there was no liquid soap or paper towels in several areas including the laundry, sluice room and some bathroom and toilet areas. We also found that the service uses kitchen roll inappropriately in place of suitable paper towels. The lack of suitable paper towels and liquid soap means that people are unable to effectively wash and dry their hands and they will be at increased risk of cross infection.

We saw that staff wore gloves and aprons when needed, and were told that sufficient personal protective equipment was available.

We spoke to the manager about the shortfalls we identified about the cleanliness of the home and the risk of cross infection. The manager told us that staff record to confirm when different areas have been cleaned. The manager told us that she has no system in place to audit that the home is adequately clean and that staff have accurately completed cleaning records. The Department of Health Code of practice for health and adult social care on the prevention and control of infections and related guidance ("the code") sets out actions that are needed to manage and monitor the prevention and control of infection. The service was not compliant with either "the code" or the

regulations and as a result people were not adequately protected from the risk of cross infection.

Other evidence

We do not have any other evidence.

Our judgement

The home is not clean and people are not adequately protected from the risk of cross infection.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

There are moderate concerns with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

The manager told us that the service had a quality assurance system that checked people receive safe and appropriate care that meets their needs. We found that the quality assurance programme in place was not effective and did not identify the shortfalls that we identified during our visit.

We were told that there are no monitoring arrangements in place by the provider to audit and check the service. The providers have told us that they regularly visit the service and talk to people living at the home and staff. We found that these visits are not structured and fail to check systems to ensure that people are receiving safe and appropriate care.

The provider of the service told us that they have a system of replacing all furniture, bed linen and floor carpets every three years. The carpet in the Sensory Room was particularly soiled and required replacement. We found that there was no system for recording faulty or damaged equipment or furniture and the systems in place do not ensure that items are replaced when needed.

We saw that the service had regular staff meetings. Agenda items included training needs, any concerns and an update of support needs of people living at the home. Staff told us that they work well as a team and are supported by the home manager. Staff told us that they discussed their practice and training needs with the manager on an ongoing basis although they were unsure whether this was supervision. We saw that the manager had records of supervision meetings that had taken place with staff.

However we saw that staff had not signed to confirm their attendance or agreement with topics identified as they should have. The manager told us that she would ensure staff sign to confirm supervision attendance and discussions in the future. This means that appropriate systems will be in place to ensure staff have the knowledge and skills to meet people's needs.

We were told that there are regular service user meetings, which have an agenda and minutes completed. The manager told us that surveys are sent out annually to people about their satisfaction with The Orchard. The manager told us that she has is receptive to any developments that may be required. This gives assurance that when needed improvements will be made to the home.

We were told that the manager has "an open door policy" ensuring that people can raise any areas of concern if they wish to. Staff told us that they were listened to and any concerns were addressed when needed.

Other evidence

We do not have any other evidence.

Our judgement

Systems in place do not provide assurance that people will be protected from risk .

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	Why we have concerns: Improvements are needed to ensure that people continue to receive the care that they want or need.	

The provider must send CQC a report about how they are going to maintain 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 14 days of the date that the final review of compliance report is sent to them.

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

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	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	How the regulation is not being met: The home is not clean and people are not adequately protected from the risk of cross infection.	
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	How the regulation is not being met: Systems in place do not provide assurance that people will be protected from risk .	

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 14 days of the date that the final review of compliance report is sent to them.

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 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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