

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

C & V Orchard Residential Limited

1-2 Station Street, Darlaston, Wednesbury, WS10
8BG

Tel: 01215264895

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Assessing and monitoring the quality of service provision



Met this standard

Details about this location

Registered Provider	C & V Residential Limited
Registered Manager	Mrs. Yvonne Ireland
Overview of the service	<p>C & V Orchard Residential Limited is a residential care home which provides accommodation for up to 32 older people some of whom have dementia or a mental health disorder.</p> <p>The home is located in Darlaston, near Wednesbury.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether C & V Orchard Residential Limited had taken action to meet the following essential standards:

- Assessing and monitoring the quality of service provision

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, reviewed information sent to us by the provider, carried out a visit on 11 January 2013 and talked with staff.

What people told us and what we found

Our inspection of 6 September 2012 found that C & V Orchard Residential Limited was non-compliant with outcome 16: Assessing and monitoring the quality of service provision.

At the last inspection we found that the service had some systems in place to monitor and evaluate the service. However the quality monitoring systems they had did not provide assurance that people would be protected from risk.

We completed an unannounced responsive review to look at how things had improved since the last inspection. This meant that the provider and the staff did not know we were coming.

During our visit we spoke with the registered manager about changes and improvements that had been made at the home.

Having spoken with the registered manager and reviewed evidence provided we found that the provider was compliant as they had an effective system to regularly assess and monitor the quality of service that people received.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases

we use in the report.

Our judgements for each standard inspected

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

At the last inspection we found that the service had some systems in place to monitor and evaluate the service. However the systems in place did not provide assurance that people would be protected from risk.

The provider sent us an action plan. This told us how they would make improvements to systems for monitoring and evaluating the service they provided.

The registered manager told us that a relatives feedback survey was completed in September 2012 and a GP feedback survey in October 2012. We were told that the home had received positive feedback from the responses provided. The registered manager told us that feedback forms were now available at all times in the reception area. This meant that relatives could give written feedback when they wished to. We found that people who used the service, their representatives and staff were asked for their views about their care and treatment at the home.

We read one comment from a questionnaire which said, "I found staff to be very caring".

Another comment read, "The home is clean and is run in a professional way".

At the last inspection the registered manager told us that a falls audit was completed on a yearly basis. We found that the audit did not sufficiently detail what the home had done to reduce the risk of falls when identified.

The registered manager told us the system had been changed and was completed on a monthly basis. We saw evidence that monthly falls audits had been completed. We saw an example of where corrective action was taken when someone living at the home was having falls. It was found that preventative equipment such as a crash mat (a small foam pad used to protect people from the risk of injury from falls) was no longer effective in meeting their needs. The result of the falls audit showed that the person required bed rails

to reduce their risk of further falls. This meant that learning from incidents took place and appropriate changes were implemented to meet the needs of people living at the home.

At our last inspection we saw that fire alarms were tested on a weekly basis. We were told that a fire inspection took place in 2009. There was no documentation available at the home to evidence this. The provider told us they followed this up with the fire service and were advised that they did not require paperwork in this respect.

We could not find 'Personalised Emergency Evacuation Plans', (PEEPS) on the care plans that we looked at our last inspection. Since then we found that the provider had reviewed these procedures. We saw that each person living at the home had a PEEP in their care records. This provided information in relation to the individual fire safety needs for each person living at the home in the event of a fire. This meant the provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

At our last inspection the registered manager told us that there was an ongoing maintenance programme at the home. We found that although there was a system for recording when items were replaced, it was not robust enough to ensure that things were repaired when needed or that the safety needs of people living at the home were consistently met.

The registered manager told us that she now completed a tour of the home several times a week to identify outstanding maintenance issues. We saw a book which documented where maintenance issues were identified and when they had been addressed. This meant that the provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

At our last inspection we saw a training matrix was used to identify training requirements for staff working at the home. We found that the matrix did not clearly indicate which training courses had been undertaken by staff. We saw that course expiry dates and follow up training was needed. We saw clear evidence that the registered manager had completed a training matrix since our last inspection. This was up-to-date and showed details of the training requirements of all staff.

At our last inspection we were told that staff supervision was carried out every six to eight weeks. However, the manager told us that in reality supervision took place every four months. We found that supervision sessions were not recorded to evidence discussions with staff in respect of their performance and training needs.

The registered manager told us that she had made improvements and completed regular supervision sessions since our last inspection. We saw copies of supervision notes which evidenced that this was taking place. We saw that the manager had completed spot checks to assess the performance of staff in how they provided care to people living at the home. We saw that the manager had recorded in the supervision notes and discussed her findings with staff. We found evidence that there was an appropriate system in place to ensure staff had a sufficient level of support, knowledge and skills to meet people's needs. This meant that the provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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