

Review of compliance

R S V Care Ltd Orton Manor Nursing Home	
Region:	West Midlands
Location address:	64-70 Birmingham Road Water Orton Birmingham West Midlands B46 1TH
Type of service:	Care home service with nursing
Date of Publication:	October 2011
Overview of the service:	Orton Manor is registered to provide accommodation to people requiring nursing and personal care.

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

Our current overall judgement

Orton Manor Nursing Home 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 01 - Respecting and involving people who use services

Outcome 04 - Care and welfare of people who use services

Outcome 07 - Safeguarding people who use services from abuse

Outcome 13 - Staffing

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 5 August 2011, 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

There were 35 people using this service when we made our unannounced visit.

We spoke with six people using the service and three relatives about their experiences of the care and support being provided.

The people we talked with told us they were satisfied with the care and support they receive. Their comments included,

'I am very well looked after.'

'The staff have a nice way about them.'

We observed that people looked clean and appropriately dressed for the time of year. People who were in bed had been made as comfortable as possible with pillows, blankets and call bells close to hand.

The manager was present when we arrived. We also spoke with two registered nurses and three care staff.

We observed that staff gave people the support they needed.

We saw that staff spoken to people respectfully and addressed them by their preferred names. However, we observed that staff assisted people to shave and have footcare in the lounge areas. The failure to provide privacy does not uphold people's dignity.

What we found about the standards we reviewed and how well Orton Manor Nursing Home was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Staff are respectful and enable people to make choices about their daily lives. However, personal care is not always given in private which does not uphold the dignity of people using the service.

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

Care plans are not consistently available for each of the identified needs of people. Improvements are needed in the way the service identifies risks to people's health and in taking appropriate action to minimise any risks that are identified.

Outcome 07: People should be protected from abuse and staff should respect their human rights

There are systems in place to respond to suspicion or allegations of abuse to make sure people using the service are protected from harm.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

There are sufficient competent staff on duty to meet the needs of people using the service.

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 are in place to monitor the service provided and identify shortfalls but further development is required to produce action plans to address the issues.

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. Any regulatory decision that CQC takes 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 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

There are moderate concerns with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People told us that their relatives or representatives had helped them to make a decision to come and live at the home. They said that the manager had visited them prior to their stay to establish their needs and preferences and to tell them about the home.

People told us they had some choice in how they spent their day. One person said, 'I get up when I like and go to bed when I like. They take me outside when I want a cigarette.'

People said staff were approachable. One person told us the manager 'does something about it' if they raise any concerns.

People told us they were treated respectfully. We observed staff addressing people by their preferred names and they were discreet when asking about care needs.

However, we observed staff giving personal care to two people in a lounge area. Staff brought in bowls of water and towels. We observed staff helping people to shave and attending to their footcare after soaking their feet in water. People were not offered an opportunity to have this personal care given in the privacy of their room, or the use of

screens. This does not support people's dignity.

Other evidence

The provider told us they carry out an assessment and meet with people before they come to live at the home. We saw that care records contained copies of the assessments of need for each person and indicated the support they required from staff. Records indicated where people were able to maintain their independence so that this could be supported in the home.

Staff were able to tell us about the needs of people and what they could do for themselves and what they needed support with.

Our judgement

Staff are respectful and enable people to make choices about their daily lives. However, personal care is not always given in private which does not uphold the dignity of people using the service.

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

There are moderate concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We observed that people looked clean and appropriately dressed for the time of year. Those people that were in bed had been made as comfortable as possible with pillows, blankets and call bells close to hand. Hospital beds were in use as well as other specialist equipment including pressure relieving mattresses, cushions, hoists and bath chairs.

We observed several interventions when staff used equipment such as a hoist to assist people to move safely. Staff explained what they were doing and gave sensitive assistance at a pace appropriate for each person.

We saw that staff were knowledgeable people's needs and their likes and dislikes and were kind, caring and attentive towards them.

People spoken with told us they were generally satisfied with the care they received. Their comments included, 'I am very well looked after.'

Staff told us it was usual practice for a senior member of the nursing staff to visit people who are considering moving into the home to undertake an assessment of their needs and abilities.

We observed safe practice during the administration of medicines at lunchtime.

Other evidence

Concerns about the welfare of people using this service were raised by a relative and social worker in June 2011. The concerns were investigated under safeguarding procedures led by the local authority. This involved a review of the care needed by many of the people using the service and looked at how the home was meeting their needs.

The reviews identified shortfalls in the way the service monitors people's nutritional needs. Staff did not always keep adequate records of what people ate and drank.

Staff did not always take appropriate action when people lost weight. For example, it was discovered during a review by a social worker that a person had a significant weight loss over a period of several weeks, along with some symptoms of difficulty in swallowing. Staff did not make referrals to the GP, dietician and Speech and language therapist until the social worker suggested it was necessary.

We saw evidence that the manager has begun to audit care plans and undertake clinical supervision of nursing staff in response to the shortfalls identified during the safeguarding investigation.

We looked at the care records of two people using the service.

Both care records we looked at each contained a pre admission assessment of the person's needs and abilities. For example, staff identified that a person with mobility needs required the assistance of two staff to assist them to move using a hoist.

In the records of one person, care plans were available for each identified need and supplied staff with the information needed to make sure the person's needs were met safely and appropriately. For example a care plan was available describing the person'S wound care regime. It included evidence of referral and advice from a tissue viability nurse and recorded the progress of the wound to show improvement.

We saw evidence of the use of risk assessment tools in this person's care records for falls, nutrition, mobility and pressure sores. For example, we saw a care plan for a person identified as having a high risk of developing pressure sores. The actions included the use of a pressure relieving mattress, which we saw in use.

When we looked at the second person's care records we saw that care plans had not been developed to address the complex health and personal care of this person, who had diabetes. For example, there were no care plans describing the person'S diet or monitoring their blood sugar levels. There were no care plans in place for wound care for a recent amputation related to unstable diabetes. The risk assessment tools had not been completed to identify any further risks to this person's health.

The nursing and care staff we spoke with were aware of this person'S needs and the person told us they were satisfied with the care they received. However the absence of written care plans means staff have no written instruction about how to meet the needs. Staff told us the care plans had not been written because the person was a recent admission. We noted the admission was 10 days previously.

Our judgement

Care plans are not consistently available for each of the identified needs of people.

Improvements are needed in the way the service identifies risks to people's health and in taking appropriate action to minimise any risks that are identified.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People told us they feel safe at Orton Manor. Their comments included, 'I'm happy here. I feel safe.'

We observed that people felt confident in approaching the staff and asking for support.

One relative told us, 'The staff offer comfort as well as physical care.'

Other evidence

The service had a policy and procedure for responding to safeguarding concerns and any allegations of abuse.

Staff receive training in safeguarding vulnerable adults, deprivation of liberty safeguards and Mental Capacity.

We spoke with two care staff who were able to describe signs and symptoms of abuse. Staff said they would report any observations of potential abuse to the manager and felt confident their concerns would be acted upon. Staff had an awareness of whistleblowing and the agencies they could report concerns to.

The manager was aware of her role and responsibilities in responding to suspicion and allegation of abuse. She has worked co-operatively with the local authority and other agencies during investigations.

We saw evidence of objective investigations into adverse incidents affecting people

who use the service.

Our judgement

There are systems in place to respond to suspicion or allegations of abuse to make sure people using the service are protected from harm.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

We observed that people sitting in the communal areas were not left unattended for extended lengths of time. Staff present were often involved in a task to support care needs.

We observed staff supporting people with their routines of daily living. For example, we saw staff offering timely and sensitive assistance during a meal time. We saw several occasions when staff used equipment such as a hoist to assist people to move.

A relative told us, 'I visit frequently and there always seems to be enough staff. The staff are very attentive.'

Other evidence

Orton Manor accommodates up to 37 people who require nursing and personal care. On the day of our visit there were 35 people using the service and one person was in hospital.

The home is run by an experienced manager. On the day of our visit there was sufficient care staff available to meet the needs of people living in the home. The senior staff on duty were competent and knowledgeable in the running of the home.

The manager told us that she was satisfied with the current level of staffing although staffing levels are kept under review and are increased if people's dependency levels increased.

The manager told us there are:

Two nurses and seven care staff on duty between 8am and 2pm

Two nurses and six care staff on duty between 2pm and 6pm

One nurse and six care staff on duty between 6pm and 8pm

One nurse and three care staff on duty between 8pm and 8am

The manager is supernumerary and there were sufficient laundry, catering, cleaning, maintenance and administrative staff to ensure that care staff do not spend undue lengths of time undertaking non-caring tasks.

We looked at the staff duty rota which confirmed the staff complement described above is usually achieved.

Our judgement

There are sufficient competent staff on duty to meet the needs of people using the service.

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 minor concerns with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People spoken with were satisfied with the arrangements for having a say in the way the home is run. Their comments included, 'If I have got any problems they will always help me out', and 'They listen if I complain.'

Staff told us they felt supported and the management team were approachable. They said the home was 'better organised' under the new manager.

Other evidence

At the time of our visit, the new manager had been in post for two months. She has begun a review of the quality of the service provided. The manager showed us the folder collating all the monitoring and audits she has been undertaking as part of her assessment of the service. These include audits of care planning, medicine management and staff supervision. The manager was in the process of using the results of the audits to develop an action plan to address the shortfalls identified.

We looked at the register of complaints received by the service. We saw evidence of an objective response to both written and verbal complaints.

Our judgement

Systems are in place to monitor the service provided and identify shortfalls but further development is required to produce action plans to address the issues.

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 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	Why we have concerns: Systems were in place to monitor the service provided and identify shortfalls but further development was required to produce action plans to address the issues.	
Diagnostic and screening procedures	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	Why we have concerns: Systems were in place to monitor the service provided and identify shortfalls but further development was required to produce action plans to address the issues.	
Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	Why we have concerns: Systems were in place to monitor the service provided and identify shortfalls but further development was required to produce action plans to address the issues.	

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 within 14 days of this report being received.

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 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	How the regulation is not being met: Personal care was not always given in private, which does not uphold the dignity of people using the service.	
Diagnostic and screening procedures	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	How the regulation is not being met: Personal care was not always given in private, which does not uphold the dignity of people using the service.	
Treatment of disease, disorder or injury	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	How the regulation is not being met: Personal care was not always given in private, which does not uphold the dignity of people using the service.	
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
	How the regulation is not being met: Care plans were not consistently available for people's identified needs.	

Diagnostic and screening procedures	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	How the regulation is not being met: Care plans were not consistently available for people's identified needs.	
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	How the regulation is not being met: Care plans were not consistently available for people's identified needs.	
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
	How the regulation is not being met: Improvements are needed in the way the service identifies risks to people's health and in taking appropriate action to minimise any risks that are identified.	
Diagnostic and screening procedures	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	How the regulation is not being met: Improvements are needed in the way the service identifies risks to people's health and in taking appropriate action to minimise any risks that are identified.	
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	How the regulation is not being met: Improvements are needed in the way the service identifies risks to people's health and in taking appropriate action to minimise any risks that are identified.	

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 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 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

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