

# Review of compliance

R S V Care Ltd Orton Manor Nursing Home	
<b>Region:</b>	West Midlands
<b>Location address:</b>	64-70 Birmingham Road Water Orton Birmingham West Midlands B46 1TH
<b>Type of service:</b>	Care home service with nursing
<b>Date of Publication:</b>	May 2012
<b>Overview of the service:</b>	Orton Manor Nursing Home provides accommodation to a maximum of 40 older people who require 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 meeting all the essential standards of quality and safety inspected.**

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 as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 2 May 2012, 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 visited Orton Manor on 02 May 2012 where we spoke with six people using the service and two visiting family members. We also had discussions with the manager, team leader, nursing staff and care staff.

Following our last review of Orton Manor Nursing Home on 05 August 2011 we had concerns about the care and welfare of people using the service. We told the provider they must make improvements. We received an action plan from the provider telling us what they were going to do to ensure the necessary improvements were made. We carried out this visit to check that improvements had been made and to check on the care and welfare of people who used this service.

We asked people about the care and support provided to them and looked at the care planning documentation to see what guidance was given to staff, to ensure that people received their care as they required to meet their needs. We looked to see if systems were in place to offer this in a safe way. Care plans seen gave a good level of information. We saw they were regularly reviewed to ensure they were up to date and assessed risk areas.

Relatives said that people's changing needs were identified and that they were kept informed of these changes. One visiting family member explained how the nurse kept them updated on how their relative's sore skin was healing.

We also observed the care that people received. We found that staff treated people with kindness; they knew people as individuals and understood their personal needs and ways

of communicating those needs.

People spoken with told us that the care provided was "first class." One person told us, "They do a great job looking after me."

A visiting family member told us that the staff always make them welcome. They told us their relative's needs are fully met and that they always look well cared for. They stated they have no concerns about the home.

We spoke with people about activities and we were told there was "plenty to do" at the home and they are "never bored." One person told us how much they had enjoyed the recent St George's Day celebrations held in the home.

People told us they felt safe and able to report any concerns they may have. One person told us, "There's nothing to grumble about here."

People confirmed that they were very happy with the service. They felt listened to and had a say in how the home is run. We saw that regular residents and relatives meetings are held and one person commented, "The manager is always asking if I am ok."

When we looked around the home we saw people's rooms were clean and suitably furnished. People had been able to personalise their rooms and bring in small items of their own furniture if they wished. One person told us, "I have a very comfortable room. It is such a large room, I prefer to stay in it and read."

Staff spoken with told us that they were happy working at Orton Manor. They said that they received regular supervision to monitor their care practices and had access to training to keep their skills up to date.

## **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**

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

The provider was meeting this regulation.

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

People experienced care, treatment and support that met their needs and protected their rights.

The provider was meeting this regulation.

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

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The provider was meeting this regulation.

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

People were protected from the risk of infection because appropriate guidance had been followed.

The provider was meeting this regulation.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

The provider was meeting this regulation.

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

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

The provider was meeting this regulation.

**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.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

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

The provider is compliant with Outcome 01: Respecting and involving people who use services

#### Our findings

##### What people who use the service experienced and told us

People were provided with information which helped them to understand their rights and make decisions. Information was displayed in the reception area, including guidance about advocacy and specialist services for older people. There was information about making a compliment or a complaint and telling people how they could pass on their views.

We saw that information about the home was given to people so they would know exactly what the service could offer. A copy of this service user guide was also available in the reception area.

We spent some of the time observing staff and people living at the home going about their daily routines. It was evident people felt relaxed and at ease with staff who were familiar with individuals and their daily routines. People told us that their privacy and dignity were being respected. For example, we saw care workers knocking on a person's bedroom door before entering and observed that personal care was always delivered in private. Staff referred to people by name and talked in a respectful way. We heard one of the staff complimenting a person on their hairstyle and chatted to them about what the person had done during the day.

Attention was paid to people's appearance, including their hair and nails. All clothes worn by people were clean and smart. People said their clothes were well laundered and ironed indicating that staff recognise the importance of helping people look their best.

We spoke with two visiting family members. They told us that they were happy with the home, that staff knew their relatives well and understood their individual care needs. One described staff at the home as "extremely welcoming." They told us that staff involved them with their relative's care and kept them fully informed and up to date. We saw records that confirmed this in individual care files.

### **Other evidence**

During the visit we looked at the care files of four people who lived in the home. We saw that the home had completed a detailed pre-admission assessment for each person. Essential information from all sources such as health and social care and family was recorded.

The care records showed that people and their representatives were involved in the planning and review of their care. Risks were assessed, recorded, and action taken to minimise them whilst recognising the individual's right to take informed risks. People's preferences and wishes were recorded in the care records.

We saw that people and their relatives complete 'life history' documentation which provides staff with important information about the person's life and their likes and dislikes.

We saw information in the care plans which helped staff to support people with making choices and decisions. This included information about whether the person was able to make their wishes known. In one care plan we read that the person was unable to express their needs; there was guidance for staff about the need to speak clearly and to observe for non-verbal signs of discomfort.

### **Our judgement**

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

The provider was meeting this regulation.

## 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

When we visited on 05 August 2011 we identified concerns relating to care planning and that the care provided was not always reflected in the care plans.

When we visited this time we found that the home had addressed the issues we had identified with care planning.

During our visit we saw staff were attentive in responding to people's requests and meeting their needs in a pleasant and patient manner. People told us that they thought their care needs were met by the staff and that they were well looked after. Their comments included; "I'm very pleased with the home. I couldn't imagine living anywhere else now," and "All the staff are kind are caring."

People have a personalised daily living plan that includes their choices. For example one person told us they could get up in the morning when they wanted and retire to bed when it suited them. There were no expectations people should conform to set routines.

We met some people who received nursing care in their rooms and had a high level of individual needs. They were dependent on staff for support with their personal care and with keeping safe. Staff told us about the support that people received, for example with pressure area care and with eating and drinking to ensure that they had a sufficient amount. The staff members said these areas were given a high priority and they were aware of the risks to people if they did not receive the right level of support.

People told us that they were very happy with the care at the home. They said that they felt everyone received plenty to drink, that the food was good with a varied menu. One person said, "It's just the right size dinner, not too big and not too small."

We were told that there was always "plenty going on in the home for people to do." One person told us how much they had enjoyed the recent St George's Day celebrations held in the home. Information was displayed about activities in the home and the various events that were taking place. We saw that the home employed an activity organiser four days a week, which may include weekends. The activity organiser also visited people who are on bed rest in their rooms to sit and chat with them. We also saw that records of people's daily activities were being completed consistently, which meant that the service could monitor how well people's social needs were being met.

### **Other evidence**

We looked at four people's care records so that we could see how staff assess and plan the care people need. We saw that people and their relatives were involved in the care planning process and reviews. Staff spoken with had a good knowledge of people's needs and could describe how care was given and how people wanted to be supported. This means that people could be confident that specific health needs could be met by trained and competent staff.

We looked at how some of the longer term health needs such as risk of sore skin, were being planned. We found these areas were planned for in detail. The care plans were supported by risk assessments. We saw that the service had developed effective wound management care plans. We saw evidence of this in two of the care files we looked at. The home had photographed the wounds, with the person's consent, to demonstrate the healing process and to show the care plan was effective. One visiting family member told us that the nurses kept them updated on how their relative's sore skin was healing. They explained how much they appreciated knowing their relative's health was improving.

We found that assessments and records accurately reflected people's needs and gave staff clear direction about how to meet these needs and manage the associated risks. The records had all been kept under review and updated periodically or when a need changed.

We saw that a lot of information was being recorded by staff about the care they had provided. This helped to ensure that areas such as pressure area care and fluid intake could be monitored and evaluated.

A small number of care plans had been audited by the home's manager and this had identified various shortcomings and improvements that needed to be made. The audit had found that some of the care plans needed to be more personalised, and updated and reviewed. The manager told us that after her audit she meets with the nurse responsible for the care plan to discuss her findings.

We observed people being supported during lunchtime. People who needed support with eating their food were provided with assistance in a sensitive and dignified way. Care records showed that people have their weight measured which enables staff to monitor weight loss or gain.

We checked the storage and safe keeping of medication. Medication is stored in a locked trolley and cabinet in the locked medication room. The Monitored Dosage System (MDS) was used for most medicines, meaning that medicines were dispensed into monthly blister packs. We found medicines and controlled drugs were stored and administered safely.

**Our judgement**

People experienced care, treatment and support that met their needs and protected their rights.

The provider was meeting this regulation.

## 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

On the day of the visit, we asked people about the staff and if they felt they were treated as they would expect and with respect. People told us they felt safe in the care of the staff team at the home, and that they would feel confident raising any concerns they may have. All of the people we spoke with said the manager and staff treated them well. We were told by one person, "Everyone is so kind and patient here."

People told us they have not seen anything that worried them. One visiting family member told us, "I can sleep easy at night knowing my relative is safe here."

We discussed safeguarding processes with some members of care staff and they were able to tell us what they would do in the event of an allegation being made or witnessed. They knew who to contact and how to do this to ensure people's safety.

We observed how the staff treated and cared for people and saw that their knowledge of individual people made sure that the atmosphere was calm and relaxed. Where someone was distressed we saw that staff went to every effort to ensure that they were comforted.

##### Other evidence

The home had policies in place that offer additional guidance to staff about dealing with safeguarding and abuse. We saw the details of the local authority safeguarding team contact telephone number displayed in prominent positions for staff throughout the home.

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

We looked at the training records the home holds for staff and we could see that training is ongoing and all of the staff had taken part in safeguarding vulnerable adults training. .

We looked at the recruitment process for a recently appointed member of staff to confirm that all necessary security checks had been undertaken before they were employed. We saw that a police check and two references were in place prior to commencement of employment. Effective recruitment and employment procedures help to ensure that people are safe and that staff are fit to do their job.

**Our judgement**

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The provider was meeting this regulation.

## 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

The provider is compliant with Outcome 08: Cleanliness and infection control

#### Our findings

##### What people who use the service experienced and told us

We asked people about cleanliness in the home. We were told that they had no concerns about the overall standard of cleanliness in the home. People told us that their rooms were always clean and that communal areas were now brighter following re-decoration. One person commented, "The cleaner does a great job, it's always spotless." A visiting relative said, "There are no horrible smells here, my relative's room is always clean and tidy."

During a walk around the building we saw that all areas were clean and fresh smelling.

##### Other evidence

We asked the manager about systems for infection control. She told us that the team leader is the nominated infection control lead person and we saw that there was a copy of the hygiene code at the home. We were told that an infection control nurse from NHS Warwickshire had recently undertaken an audit of infection control procedures at the home. We were shown a copy of the action plan developed by the home to meet the recommendations made at this visit. The team leader told us that all the recommendations have been met.

We were told and saw documentary evidence that staff receive mandatory training in infection control and hand hygiene. Our conversations with staff showed that infection control was given a high priority and there were clear procedures to follow. Staff said that they had the personal protective equipment that they needed. We observed staff wearing appropriate clothing when undertaking nursing and cleaning tasks and there were adequate supplies of aprons and gloves.

We were told that slings used when hoisting people are regularly cleaned and a stock of slings is kept to ensure the correct one is always available for use.

We saw that the laundry was clean and well organised. There was an identifiable dirty to clean flow of laundry which reduced the risk of cross infection.

We saw that the home had been awarded four stars from the local environmental health office demonstrating that kitchen staff practice high standards of food hygiene.

**Our judgement**

People were protected from the risk of infection because appropriate guidance had been followed.

The provider was meeting this regulation.

## Outcome 14: Supporting staff

### 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 competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting staff

#### Our findings

##### What people who use the service experienced and told us

There were 33 people using the service on the day of or visit. We saw that the number of staff on duty was appropriate to the needs of the people using the service. 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. On other occasions, we saw staff sitting with people chatting and encouraging them to talk about their day.

One person told us, "The manager knows how she likes things done and she makes sure the staff do what is right." A relative of one of the people using the service praised the staff for their hard work. They said, "They are so patient and kind with my relative, I can't fault them."

##### Other evidence

The home is run by an experienced management team. The manager has applied to be registered with us. This is a formal process where we undertake a series of checks and processes to determine the suitability of the person for the post of registered manager. This means people who use the service should be safeguarded by the rigorous registration process undertaken by us for all managers.

On the day of our inspection visit there were two nurses and seven care staff on duty in the home. The manager and team leader were supernumerary. We saw 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. An activity organiser is also employed four days a week. The manager told us that staffing levels are kept under review and are increased if people's dependency levels rise.

Staff told us the communication within the team was positive. We were told that daily handovers occur to ensure staff were up to date with any changes to people's care. This enabled them to plan the care effectively ensuring people were supported appropriately.

We saw details of proposed staff training on the notice board in the staff room. We did not see the training plan but these notices showed that the manager had already planned training for the first half of the year. Staff confirmed that they were expected to attend mandatory training. One staff member commented, "I've never done so much training in my career."

Staff said they enjoyed their work and felt well supported in their role. Regular team meetings took place along with daily informal meetings to ensure good communication amongst the staff team.

We talked to staff about the levels of supervision and checked staff personal records. We saw from supervision records that staff meet regularly with the manager to discuss their work and training needs which enabled them to develop in their role. Discussions with staff confirmed that clear guidance had been provided to them so that they were clear about their role and responsibilities.

#### **Our judgement**

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

The provider was meeting this regulation.

## 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

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

People told us they were regularly asked about how improvements could be made to the service. One person said, "They check things over all the time and they ask if everything is fine. We were asked about the decoration for the lounge." Another person told us, "We get asked about food."

People told us that they would be happy to raise any concerns and that they would be listened to. People commented; "You couldn't find a better place, if you tried," and "I am happy here, there's nothing to grumble about."

Staff spoken with told us that they would raise any concerns they had about risks to the people living there or poor practice, with the manager. They said that if these were raised the manager would act on it.

##### Other evidence

We looked at how the home has provided people and their representatives with opportunities to comment on different aspects of the home.

We saw that staff and residents meetings were held. This gives people the opportunity to raise any concerns or discuss ideas about the home.

We saw that the home maintained a record of any complaints made to them. We looked at the complaints records and these were detailed with the nature of the complaint, how it was investigated and the outcome. We saw that the home had received a number of

thank you cards and letters which suggest people's satisfaction with the service.

On the day of the visit we were shown the new quality surveys the manager will use to get the views of residents, relatives and visiting professionals. The manager told us she will be sending these out, or giving them to people in June or July 2012.

We looked at the rooms where people spent their day, as well as their personal rooms and the outside space available for people to use. Communal areas and bedrooms seen were large and comfortable. We found that the service had appropriate quality checking systems to manage risks and assure the health, welfare and safety of people who received care and support.

We saw that fire safety training had been booked for staff in May 2012. This means staff should have the knowledge to keep people safe in the event of a fire.

The manager told us there are a number of regular audits that are carried out on a monthly basis. We saw evidence of these audits and any follow up action the home had carried out if there had been an issue identified. Audits included medication, care plans, environment and fire safety.

We discussed the requirement for the service to notify us of changes, events or incidents that happen at the home. These are called notifications and must be made by all services registered with us. The manager told us that she had omitted to inform us of a safeguarding event, but said that processes were now in place to ensure that this did not happen again.

### **Our judgement**

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

The provider was meeting this regulation.

# 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.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. 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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