

***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

Date of Inspection: 05 March 2014

Date of Publication: April  
2014

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

**Meeting nutritional needs**

✘ Action needed

**Assessing and monitoring the quality of service provision**

✘ Action needed

**Records**

✘ Enforcement action taken

## Details about this location

Registered Provider	C & V Residential Limited
Registered Manager	Mrs. Yvonne Ireland
Overview of the service	C & V Orchard Residential Limited is a residential care home registered to provide accommodation for up to 32 older people, some of whom have dementia or a mental health disorder.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<hr/>	
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	5
More information about the provider	5
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Meeting nutritional needs	6
Assessing and monitoring the quality of service provision	8
Records	10
<hr/>	
<b>Information primarily for the provider:</b>	
Action we have told the provider to take	13
Enforcement action we have taken	15
<hr/>	
<b>About CQC Inspections</b>	16
<hr/>	
<b>How we define our judgements</b>	17
<hr/>	
<b>Glossary of terms we use in this report</b>	19
<hr/>	
<b>Contact us</b>	21

## 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:

- Meeting nutritional needs
- Assessing and monitoring the quality of service provision
- Records

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, carried out a visit on 5 March 2014 and talked with staff.

---

### What people told us and what we found

---

We completed an inspection on 8 November 2013, where we found the provider was non-compliant with Regulation 14: Meeting nutritional needs and Regulation 20: Records.

After the inspection, the provider sent us an action plan. This told us the action the provider would take to meet the requirements of the regulations.

At this follow up inspection we checked whether improvements had been made to address the issues identified.

We spoke with the acting manager and provider. The provider told us that the registered manager for the home had been absent since April 2013. They had sent us a notification of the registered manager's intended absence. They told us the acting manager was supported by the provider and the registered manager of another home, who visited three times a week.

At this follow up inspection we reviewed two care plans and records kept by the provider.

We found that improvements were required to food and fluid records to ensure people's nutritional needs were monitored effectively. We have decided it is appropriate to take enforcement action for this under Regulation 20: Records.

We found that improvements had not been adequately made to ensure appropriate records were kept to protect people from the risk of unsafe or inappropriate care.

We found that the provider did not have an effective system in place to manage risks to the health, safety and welfare of people using the service.

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

---

## **What we have told the provider to do**

---

We have asked the provider to send us a report by 22 April 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

We have taken enforcement action against C & V Orchard Residential Limited to protect the health, safety and welfare of people using this service.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

---

## **More information about the provider**

---

Please see our website [www.cqc.org.uk](http://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

### Meeting nutritional needs

✘ Action needed

### Food and drink should meet people's individual dietary needs

---

#### Our judgement

---

The provider was not meeting this standard.

People were not adequately protected from the risks of inadequate nutrition and dehydration.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

---

#### Reasons for our judgement

---

At our last inspection in November 2013, we checked the arrangements the provider had in place to protect people against the risks of inadequate nutrition and dehydration.

At the last inspection we checked that the provider completed a nutritional assessment to identify people's nutritional needs. This screening identified if people needed extra support to have their nutritional needs met. As part of this on-going screening we saw evidence to confirm that people were weighed every month. Checks in people's records showed that information about people's nutritional needs were in two different places. This made it difficult to follow and could lead to some needs being overlooked.

At this follow up inspection, the acting manager told us that they were introducing a new care plan format. We were told that this care plan included a summary of people's individual needs in relation to each risk assessment completed. We were told that this format would be added to each person's care plan by the end of March 2014. We will check this at our next inspection.

The acting manager told us and we saw that a folder had been set up which provided research and guidance on specific nutritional needs of people with different health needs. This included nutritional guidance on conditions such as diabetes and where people took warfarin medication. Guidance was also provided on fortified foods and low fat diets to support people's individual health needs. This meant that staff were given guidance to provide people with a choice of suitable and nutritious food and drink.

At our last inspection in November 2013, we checked the arrangements the provider had in place to protect people against the risks of inadequate nutrition and dehydration. People we spoke with said they liked the food. We found that the home was providing people with choice of meals and was meeting people's individual food preferences. We saw that some

people had specialist nutritional needs. We found that the home was supporting people appropriately to have their meals.

At our last inspection in November 2013, we found that the home had not kept effective records required to ensure that people received sufficient food and fluid to meet their needs. We could not find effective records to confirm that food and drink was stored and prepared in a safe way. The home could not provide us with records to confirm that the necessary cleaning of the kitchen and storage areas had been completed.

At this follow up inspection, we checked that the home had made improvements to ensure that appropriate records were kept to ensure that people received sufficient food and fluid to meet their needs. We also checked that food and drink was stored and prepared in a safe way. We have reviewed this information under Regulation 20: 'Records' section of this report.

**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 not meeting this standard.

We found that the provider did not have an effective system in place to manage risks to the health, safety and welfare of people using the service.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

---

## Reasons for our judgement

---

During this follow up inspection we requested food and fluid charts for two people. We requested backdated records to ensure that records were being completed accurately and consistently by staff. The provider could not provide full and accurate records for the dates we requested.

The action plan sent by the provider after the last inspection on 8 November 2013 stated that food and fluid charts were audited by senior staff daily. We asked for evidence that this audit was taking place. The provider could not provide audits of food and fluid charts to ensure that these records had been audited effectively.

We asked the provider for records to show what activities people had undertaken. The provider could not provide records of activities completed by people who used the service due to an incident where they had been damaged. It was not clear when this had happened or what had been done to resolve this matter. The provider told us they would keep activity records in a locked cabinet in future.

During this follow up inspection we requested records to demonstrate the provider had measures in place for safe storage and preparation of food. The provider could not find full records for the dates we requested. The provider acknowledged that records had not been adequately completed and were not in chronological order. The provider could not provide audits to demonstrate that concerns in these areas had been identified by them and corrective action had been taken.

During this follow up inspection we requested records to demonstrate that daily and weekly cleaning schedule records had been implemented for the cleaning of kitchen and storage areas. We found that these records had not been consistently completed. The provider told us that these areas were cleaned, but acknowledged that the records did not reflect this. The provider could not provide audits to demonstrate that concerns in this area had been identified by them and corrective action had been taken.

We asked the provider what they had done to address the concerns about records keeping we identified as part of this inspection. They told us that new record keeping requirements had been discussed at a staff meeting. This was confirmed in the staff meeting minutes we looked at for 12 November 2013.

We asked the provider what audit systems they had in place to identify concerns with record keeping and how they would address them. The provider told us it was the responsibility of the staff to complete records appropriately. They told us they would consider performance management measures to improve standards in this area.

We found the provider did not have an audit system in place to identify issues of concern with record keeping. The provider could not provide evidence of measures taken to improve standards in this area. This meant that the provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

## Records

✘ Enforcement action taken

**People's personal records, including medical records, should be accurate and kept safe and confidential**

---

### Our judgement

---

The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained.

We have judged that this has a moderate impact on people who use the service and have taken enforcement action against this provider. Please see the 'Enforcement action' section within this report.

---

### Reasons for our judgement

---

At the inspection in November 2013, we saw that the home was not keeping up-to-date and accurate records. Plans of care were not fully completed. For example one person had been assessed as needing pressure relieving equipment and this was provided. This information was not included in the plan of care. The plan of care did not contain all the information about the support this person needed. This could mean that people may receive inappropriate care.

At this follow up inspection we looked at two care plans where people required pressure relieving equipment. We saw that specific pressure relieving equipment had been recorded in the tissue viability section of people's individual care plan.

We saw that one person needed to change position in bed on an hourly basis to support healthy skin and reduce the risk of pressure sores. We asked the provider to show us copies of records from January 2014 to demonstrate how this person was being consistently supported. The provider could not provide us with this information. They told us that the records were not in chronological order and advised us it would take time to sort them out. We could not confirm that records had been consistently completed to ensure the person received appropriate care.

At the inspection in November 2013, we saw that the home maintained daily records of people's care. Some of the records were not properly completed. For example there were gaps in some of the food and fluid charts. Daily records did not show that people had undertaken activities. This meant that the records did not provide sufficient information to show the care people received.

At this follow up inspection we looked at food and fluid charts for two people. We requested records from January 2014 to ensure that records were being completed accurately and consistently by staff. We found that some records were not dated. We were

provided with full records for January 2014. The provider could not provide us with complete records for February 2014 onwards.

At this follow up inspection we asked the provider for records to show what activities people had undertaken. The provider could not provide us with these records. They told us that this was due to an incident where somebody living at the home had irretrievably damaged them. We were told that these records were maintained in an unlocked cupboard in a communal area.

At our last inspection in November 2013, we checked that the provider was keeping the records required to make sure that food and drink was stored and prepared in a safe way.

At this follow up inspection we found that records for safe storage and preparation of food had not been consistently recorded or completed in line with environmental health guidelines or the provider's internal policy. We discussed this with the provider. They acknowledged that records had not been adequately completed.

The provider told us and we saw that a new folder with fridge and freezer temperature guidelines had been created for staff to follow. We saw that each document showed what the correct temperature readings should be and provided guidance on the need to check temperatures twice daily.

We requested fridge temperature records from the end of November 2013. We saw that records for food temperature checks were not in a chronological order. We found that some records were missing. We found nine missing daily entries between 12 February 2014 and 4 March 2014. We found that temperatures were being checked once daily, instead of twice daily in line with environmental health guidelines and the provider's internal policy. This meant that food safety and hygiene could be adversely affected.

At the last inspection in November 2013, the home could not provide us with records to confirm that the necessary cleaning of the kitchen and storage areas had been completed.

At this follow up inspection we found that daily and weekly schedule records for the cleaning of kitchen and storage areas had not been consistently completed. The daily cleaning schedules contained numerous unexplained gaps where it was unclear whether cleaning had taken place.

We looked at weekly cleaning schedules from 6 January 2014 to 3 March 2014, only one of the weekly schedules had been fully completed. The provider told us that the areas were cleaned but acknowledged that the records did not reflect this.

At the last inspection in November 2013, the provider told us that complaints were appropriately dealt with but could not provide us with a copy of the complaints log. This meant that the home had no records to confirm the action they had taken to address issues of concern.

At this follow up inspection the provider showed us a complaints log. We saw there was an effective complaints system available. Comments and complaints people made were responded to appropriately by the provider.

Providers must ensure that staff are fit to work with vulnerable adults. One check used to be called the criminal records bureau check (CRB) and changed to the disclosure and barring service (DBS) check. At the last inspection in November 2013 we found that the home did not have any system in place to record risk assessments and decisions if information was disclosed on prospective staff's DBS check.

At this follow up inspection the provider showed us an annual statement review form for DBS checks which had been implemented. We saw that these forms had been signed by each member of staff stating there has been no changes to their circumstances with respect to criminal convictions. This meant that a system had been introduced to record risk assessments and decisions when information was disclosed by staff about criminal convictions.

This section is primarily information for the provider

✘ Action we have told the provider to take

## Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p><b>Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Meeting nutritional needs</b></p>
	<p><b>How the regulation was not being met:</b></p> <p>14. (1) Where food and hydration are provided to service users as a component of the carrying on of the regulated activity, the registered person must ensure that service users are protected from the risks of inadequate nutrition and dehydration, by means of the provision of -</p> <p>(c) support, where necessary, for the purposes of enabling service users to eat and drink sufficient amounts for their needs. Records to demonstrate this were not made fully available to demonstrate the registered person had monitored and supported people's food and nutrition needs effectively.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p><b>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Assessing and monitoring the quality of service provision</b></p>
	<p><b>How the regulation was not being met:</b></p> <p>10. – (2) for the purposes of paragraph (1), the registered person:</p>

**This section is primarily information for the provider**

	<p>(b) had not had regard to-</p> <p>(iii) the information contained in the records referred to in regulation 20,</p> <p>(v) reports prepared by the Commission from time to time relating to the registered person's compliance with the provisions of these Regulations.</p>
--	--

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 by 22 April 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

This section is primarily information for the provider

**✘ Enforcement action we have taken to protect the health, safety and welfare of people using this service**

### Enforcement actions we have taken

The table below shows enforcement action we have taken because the provider was not meeting the essential standards of quality and safety (or parts of the standards) as shown below.

<b>We have served a warning notice to be met by 14 April 2014</b>	
This action has been taken in relation to:	
Regulated activity	Regulation or section of the Act
Accommodation for persons who require nursing or personal care	<b>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Records</b>
	<b>How the regulation was not being met:</b>  20. - (1) The registered person had not ensured that service users were protected against the risks of unsafe and inappropriate care and treatment arising from a lack of proper information about them by means of the maintenance of-  (a) an accurate record in respect of each service user which shall include appropriate information and documents in relation to the care and treatment provided to each service user; and  (b) such other records as are appropriate in relation to-  (ii) the management of the regulated activity.

For more information about the enforcement action we can take, please see our *Enforcement policy* on our website.

## 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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](mailto:enquiries@ccq.org.uk)

---

---

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

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---