

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: 08 November 2013

Date of Publication:
November 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✗	Action needed
Management of medicines	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Complaints	✓	Met this standard
Records	✗	Action needed

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

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

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 8 November 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information sent to us by commissioners of services.

What people told us and what we found

We completed this inspection as part of our scheduled programme to check on the welfare and safety of people that lived at the home. During the inspection we spoke with the provider, the deputy manager, care staff, people who lived at the home and relatives.

People were supported to have their personal care needs met. People were dressed in an individual style that reflected their age and gender. People saw the GP when they were ill and had eye and dental check-ups. People had the opportunity to take part in some activities.

People's nutritional needs were assessed and were regularly reviewed. People were offered a choice of food and drinks. People were provided with support to have their meals. Some people needed to have their food and drink monitored. These records were not always fully completed.

The provider was making sure that care staff were suitable to work with vulnerable people. The home was completing the necessary checks before care staff started working at the home.

The home had a complaints procedure. Relatives told us that the home took action when they raised any concerns.

The home's record keeping needed to improve. People's care records and records required for the effective running of the home were not adequately completed.

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 04 December 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

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 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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People who could tell us about their experiences told us they were happy living at the home. The relatives we spoke with said they were quite happy with the care their relative received. One relative said: "Really happy". Another relative said: "I am happy with my [relative's] care".

The home was in the process of being upgraded including new flooring being laid and walls and woodwork being painted on the ground floor. This meant the home was busier than usual on the day of our inspection. We spent time observing in the lounge during the afternoon. This helped us to gain information about people's experiences. We observed that, although busy, people received adequate support to have their needs met. We saw that care staff spoke appropriately with people. We observed that one person regularly shouted out and saw that care staff responded to them in a positive manner.

Through a process called 'pathway tracking' we followed the care of two people who used the service. We looked at the care records and spoke with staff about the care provided. Pathway tracking helped us to understand the outcomes and experiences of selected people. The information we gathered helped us to make a judgement about whether the home was meeting the essential standards of quality and safety.

We saw that people had an assessment of their needs. This included people's health, personal care, social and emotional needs including any spiritual and cultural needs. Plans of care had been developed but some of the information identified through the assessments was not included in the plan of care. We saw records to confirm that the deputy manager completed a monthly evaluation of people's care. The deputy manager told us they were in the process of improving the plans of care following a monitoring check by the local authority.

Some people had spiritual and cultural needs. We saw that the home was meeting these needs. The home had regular spiritual leaders visiting the home. We also saw that one

care worker was of the same faith and cultural heritage as one person that lived at the home. This care worker provided support to this person to ensure their needs were met.

Our discussions with the deputy manager and two care staff confirmed that they were aware of people's health and personal care needs. Records confirmed that people received dental and eye check-ups. Several people were awaiting new glasses. We also saw that a chiropodist visited the home to provide nail care. We saw some evidence that people saw the GP when they were ill and received specialist health care. Some of the records we saw were briefly completed and did not fully outline the care people had been given. The recent local authority quality assurance check had identified that some treatment plans were not fully completed. The home provided us with an action plan showing us how they were addressing this shortfall.

Records confirmed that people were supported to have their personal care needs met. We saw that people were dressed in an individual style that reflected their age and gender. One person we spoke with said they loved wearing earrings. They said the care staff always helped them to put them on every day. We observed that when people spilt food on their clothes they were supported to get changed. This was confirmed by one of the relatives we spoke with. This meant that people's preferences were promoted.

We spoke with two health care professionals who had regular contact with the home. Both professionals were positive about the care people received. One told us that the care provided to people was good. They said that the home followed up on any recommendations they had made. They also said they had a positive working relationship with the staff. The other health professional told us that the people living at the home had little skin damage. They also said that when there had been skin damage to people this improved whilst they were at the home. This was an indicator that people were receiving appropriate care to maintain a healthy skin.

People were supported to take part in some activities. During the inspection we saw some people using musical instruments, two people playing a game and one person reading a magazine. We also saw a care staff member involving some people in a ball game. We saw some photographs that the home had involved people in the home's summer fayre and that the home had held a Halloween party. We were told that a musician visited the home to provide entertainment. Records we checked did not clearly identify when people had taken part in activities. This meant it was not clear that people had been supported to take part in activities of their choice.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was not meeting this standard.

People were not fully 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

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. One person said: "The food is good. I had bacon, egg and beans followed by toast and jam for my breakfast. There is a choice and there is always plenty. I can have a second helping". We observed that one person said they were still hungry after lunch. This person was offered a sandwich. A relative told us that their relative required a specialist diet and she was confident that this was provided.

Records we checked confirmed that the home 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 ongoing 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. We also saw that there were gaps in the food and fluid charts that were used to monitor if people were having sufficient nutrition. This meant that people's needs were not monitored effectively.

The home told us that the menus were discussed at the home's resident meetings. We also saw there was some information in people's records about their food preferences. The home's menus confirmed that people had a choice of food for all meals. At lunchtime we saw that people chose from three main courses and two desserts. The home made sure they provided culturally appropriate meals when needed. This meant that the home was providing people with choice of meals and was meeting people's food preferences.

We spent time observing lunchtime. The home told us that the dining room could be noisy and very busy. They were in the process of altering one room into a lounge/ diner to improve people's dining experience. We saw that people had a choice of where they eat. We saw that one person liked to eat in a quiet place and chose to eat in a lounge. We saw that when people did not eat their meal they were offered an alternative. We observed that people were encouraged to eat independently. We saw some people used a spoon and some people chose to eat with their fingers. The home told us one person ate as they walked round the home and they tried to provide them with finger foods. This meant that

the home was taking account of people's individual wishes and needs.

We saw that some people had specialist nutritional needs. The home maintained a list in the kitchen of the specialist meals people needed. We observed that one person required a pureed diet and thickened drinks. We observed that this diet was provided. This person needed assistance to eat. We saw this was completed in a sensitive manner. The care staff member sat at the same level as the person and described the food to them. This meant the home was supporting people to appropriately to have their meals.

We checked that the home was keeping the records required to make sure 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. We also saw there were gaps in the records of the checks on the storage temperature of food. We will pass this information on to the environmental health department of the local authority who have the responsibility for food safety and hygiene.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We checked the home's arrangements for managing people's medication. The home stored medication securely in a locked cabinet in a locked room. Checks were made to make sure that medication was stored at the correct temperature.

The home had an effective system in place to make sure that the correct medication was provided by the pharmacy. Prescriptions were checked before medication was prescribed and checked when it was received at the home.

We checked two people's medication. We confirmed that there were no gaps on the medication administration record (MAR) sheets. Where people did not receive their medication this was correctly recorded. Our checks confirmed that the medication held by the home tallied with the amount of medication received by the home minus the medication already administered to people. We saw evidence that in most instances there were protocols developed for 'as required' medication. Protocols provided care staff with the information to make sure that this type of medication was given in a consistent way. The deputy told us that they would immediately make sure that all 'as required' medication had a protocol in place.

We saw that one person was having their medication crushed to make it easier for them to take. We saw a letter confirming that this had been agreed by a doctor identifying that it was in the person's best interest.

We saw records to confirm that care staff that administered medication had been trained. Care staff told us that their practice had been observed to check their competency. There were no records to confirm this.

The deputy manager told us that they completed a weekly audit of medication. This checked that people were getting their medication as prescribed. The deputy told us they did not have a written record identifying the checks they made but placed a dot on the records to show that they had been checked. We were shown a copy of an audit form that the home was implementing. Maintaining a record of audits would confirm the checks that have completed and identify any areas for improvement.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

The provider must have an effective system in place to make sure that people recruited are suitable to work with vulnerable people. We checked a sample of four personnel files. This included one person that had recently been recruited.

Files confirmed that prospective employees completed an application form and that they were formally interviewed. The provider confirmed that any gaps in people's employment records were checked. Records interview notes were available for care staff that had been recruited recently.

The records we checked confirmed that the home was making the required checks before people started work at the home. People had a Disclosure and Barring Scheme (DBS) check. This included a criminal records check and a check of the list of people that were barred from working with vulnerable people. We saw that some of these checks had been completed some years ago. The provider may wish to note that having a system in place to review and update this information will make sure that people continue to be appropriate to work with vulnerable people.

We spoke with the provider of the actions they would take if information was present on a criminal records check. They told us that they would have a discussion with the person concerned and then consider whether the issue could place people at risk of harm. They would then make the decision about employing the person. They confirmed that there was no process for recording the risk assessment and the decision.

Records confirmed that the provider sought references to check prospective employee's suitability to provide care to people. These contained one reference from their previous employer. We saw that the home was checking people's identity and ensuring that people were eligible to work in the country. We saw that telephone numbers had been recorded on references to confirm that authenticity of the referee.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

The provider must have a system in place for dealing with complaints. We saw that the home had a complaints procedure in place. A copy of the procedure was displayed in the entrance hall. We also saw that information about making a complaint was included in the service user guide that was provided to everyone when they moved to the home. This meant that people had the information they needed to make a complaint about their service.

We spoke with the provider and the deputy manager. They told us they had not received any complaints during 2013. They explained that when they received a complaint they met the complainant, completed an investigation and provided a written outcome. We saw an uncompleted form that was used to record each complaint and how it was dealt with. This meant that the home knew how to deal effectively with complaints.

We spoke with relatives and they confirmed that they would raise any concerns with staff at the home. They told us that when they brought issues to the attention of the staff these had always been acted upon. This meant that the home acted upon people's concerns.

The provider told us that it maintained a log of complaints. This could not be located during the inspection. This meant that we could not check the records to confirm that complaints were dealt with appropriately.

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 maintained.

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

The provider must ensure that records are kept secure and are accurate and kept up to date. We saw plans of care were kept securely in a locked cupboard or in a locked office.

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. Another person was receiving a specialist diet and this was included in their assessment. 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.

The home maintained daily records of people's care. Some of the records were not fully 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.

The home is required to maintain records to show that the home is effectively managed. The home told us that it dealt with complaints appropriately but could not provide us with a copy of the complaints log. The home did not have any system in place to record risk assessments and decisions if information was disclosed on prospective staff's disclosure and barring scheme check. This meant that the home had no records to confirm the action they had taken to address issues of concern.

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	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs
	How the regulation was not being met: The provider must have effective systems in place to protect people against the risk of malnutrition and dehydration. Regulation 14 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records
	How the regulation was not being met: The provider must ensure that people are protected against the risk of unsafe or inappropriate care from the lack of adequate record keeping. Regulation 20(1)

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 04 December 2013.

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

This section is primarily information for the provider

report on our judgements.

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.

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