

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

## The Orchards Residential Home

1 Perrys Lane, Wroughton, Swindon, SN4 9AX

Tel: 01793812242

Date of Inspection: 11 June 2013

Date of Publication: July 2013

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

<b>Care and welfare of people who use services</b>	✘	Action needed
<b>Meeting nutritional needs</b>	✔	Met this standard
<b>Supporting workers</b>	✔	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✔	Met this standard
<b>Complaints</b>	✘	Action needed

## Details about this location

Registered Provider	Buckland Care Limited
Registered Manager	Ms. Lesley Wood
Overview of the service	The Orchards is a residential care home for up to 44 older people. It is situated in the town of Wroughton, Swindon
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>	
Care and welfare of people who use services	6
Meeting nutritional needs	9
Supporting workers	11
Assessing and monitoring the quality of service provision	13
Complaints	15
<hr/>	
<b>Information primarily for the provider:</b>	
Action we have told the provider to take	16
<hr/>	
<b>About CQC Inspections</b>	18
<hr/>	
<b>How we define our judgements</b>	19
<hr/>	
<b>Glossary of terms we use in this report</b>	21
<hr/>	
<b>Contact us</b>	23

## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 June 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 and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

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### What people told us and what we found

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We spoke with people who used the service, visiting relatives and friends and two health care professionals. One person we spoke with told us "I am very happy living here, the staff are always nice and so helpful". Another person said "my room is very nice and I can have my own things in there".

Whilst the provider had a complaints procedure we found that there were inconsistencies with the reporting and logging of complaints. People that we spoke with said that they would feel comfortable raising any concerns and felt confident that they would be listened to and appropriate action would be taken.

We found that people were protected from the risks of inadequate nutrition and dehydration. One relative told us that their family member loved the food. They said "staff are very flexible here. When I arrived my family member was just having their breakfast as they had not got up till late". Another person told us "the chef is really good. If there is something I don't like they will always get me an alternative".

Staff we spoke with told us that they received planned supervision and felt supported by the management team. They told us that they had access to training opportunities which were relevant to their role.

The provider had effective systems in place to monitor and evaluate the quality of services provided.

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

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

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We have asked the provider to send us a report by 23 July 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.

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## **More information about the provider**

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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

### Care and welfare of people who use services

✘ Action needed

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

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### Our judgement

The provider was not meeting this standard.

People did not always experienced care, treatment and support that met their needs and protected their rights.

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.

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### Reasons for our judgement

People's needs were assessed but treatment was not always planned and delivered in line with their individual care plan. We reviewed seven care plans which showed an assessment of need had taken place on admission to the home. Staff we spoke with told us that each person had a 'keyworker' who was responsible for ensuring that all the records in the care plan were up to date and reviewed regularly. We saw a list of people's care plans and that staff signed each month to say when they had reviewed the care plan.

The care records we reviewed contained information on people's preferences for how they wished to receive care. For example in one person's care plan it noted they liked to have a bath once and week and have their hair washed at the same time. During the rest of the week they preferred to have a strip wash. It also noted that the individual did not want to receive their care from a male care worker. One staff member we spoke with told us "it is important to respect people's wishes and choices and treat them as individuals".

One person we spoke with told us that "the staff are great, everyone is really friendly". However they also told us that they were bored and would like to go out more and that they needed more exercise. The provider may wish to note there was only one entry in their personal file about any activity undertaken this year and no guidance to staff about going out in the local community. The care plan we reviewed lacked personalised information about their needs around activities and accessing the community either independently or with staff support. This meant that there was a risk that the person's care was not being planned and delivered in line with their wishes.

One person was observed asking to go to their room but was told it was being spring cleaned and they could go in ten minutes, though she was still downstairs getting distressed and hour and a half later. The person was then taken up to their room when this was pointed out to staff. Staff told us this person preferred to spend their time in their

room. We then observed that the person was regularly checked by staff at various times during the afternoon.

A health care professional we spoke with told us "the staff are wonderful, very understanding and empathetic". Another professional told us "the staff are quick to respond if someone is unwell". They both told us that the home were always proactive in contacting the health professionals for any advice and guidance. We saw in care plans records of health care visits and outcomes.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Each person had individualised risk assessments covering moving and handling, falls and going out. We saw in one person's care plan that they needed to mobilise using their zimmer frame at all times. Staff needed to ensure that this was encouraged. We observed staff supporting the individual to go back to their room encouraging them to use their frame. A relative we spoke with told us that their family member was at risk of wandering when they went outside for a cigarette. They said that they had been able to put forward their suggestions to the manager on how best to manage this situation so their relative could still smoke.

We observed care being carried out in a sensitive and patient way. On person who had sat on the floor was offered reassurance from one staff member whilst another went to get a hoist to help lift them up. The staff explained to the person at all times what was happening and then what was going to happen next. Once back in the chair staff checked to ensure that the individual was alright and no injuries had been sustained. We observed staff dealing with confused behaviour in a kind and reassuring manner. People were deflected away from their worries with conversation and observations.

We found that daily records completed by staff detailed what support had been provided to each individual and how this had been received by them. They also detailed people's moods and what activities they had taken part in.

During our inspection we observed that people appeared well cared for in their appearance and were wearing clean and freshly laundered clothes. People were comfortable and relaxed in the communal areas.

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. Each person's care plan included information about their needs in relation to age, gender, culture and religion so that these needs would be met. Staff we spoke with said whilst the initial assessment highlighted these needs, they felt that there was work to be done to improve in this area.

The provider may wish to note that whilst there was paperwork in place to monitor and review people's care they were not always filled in consistently. Information was also missing from a couple of the care plans we reviewed. This meant that it was not as clear if people had been to the toilet as required or received an adequate fluid and food intake. People were therefore at risk of not having their required food and fluid intake, which could impact on their health. These records were also not signed by the person who had completed them. This meant if there were any questions about someone's nutritional intake it would be difficult to know which staff member was responsible for completing the record.

There were arrangements in place to deal with foreseeable emergencies. The provider had emergency and evacuation plans for each individual which were reviewed monthly.

Staff we spoke with had a good knowledge of emergency procedures and what they needed to do. For example staff were able to explain the procedure for fire evacuation or what they would do in the event of a medical emergency. Staff also had access to an out of hours on call system should they need to seek advice or support.

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

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

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**Reasons for our judgement**

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People were provided with a choice of suitable and nutritious food and drink. During our inspection we observed that people were offered a choice of food and drinks throughout the day. They could also choose where to have their meals. We spoke with the chef who explained that people had a choice of hot or cold food. If people did not like what was on the menu then they were able to request alternatives. At the time of our inspection no one living at The Orchards had specific cultural or religious dietary requirements. The chef explained that if people had any individual dietary requirements then staff would inform them. Once people had made their menu choice any special requirements would be noted on the daily sheet.

Staff working in the kitchen had received appropriate training relating to the handling, storage and preparation of food. There was a food safety policy in place which had been reviewed in February of this year. Staff also told us they had been able to attend a training course in dementia awareness. They felt that this had given them a better understanding of the needs of the people they were preparing meals for.

People we spoke with told that the food was lovely. One person said "we are very lucky with our food here, it is always good". Another person told us "there is always plenty to drink, there is always something available".

People were supported to be able to eat and drink sufficient amounts to meet their needs. We observed people being supported during the lunchtime meal. People were supported to eat their lunchtime meal where they chose. We observed people being provided with the appropriate support when this was required. Staff stayed with a person who they were supporting to eat until they had finished their meal. People were offered polite encouragement to eat their food. We saw people being given the option of whether to wear an apron or not and also being asked if they needed help with cutting any food. We saw two people being encouraged to eat independently.

People told us they were provided with choices over their food and that alternatives were always offered. However we observed a member of staff circulating around the home after the main course had been served and before the pudding had been brought out, asking people what they wanted for tea. This appeared to confuse some people and it would have been better to have waited until the main meal was over before this task was undertaken. The provider may wish to note that this showed a lack of understanding of the needs of

people with dementia by the staff member involved.

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

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## Our judgement

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The provider was meeting this standard.

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

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## Reasons for our judgement

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People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. We looked at the supervision records for five staff members. The staff we spoke with all told us that they had regular supervision and that the manager had an 'open door' policy which meant they could chat informally as needed. . The provider may wish to note that whilst we saw that some staff had received recent supervision there were inconsistencies in the frequency of meetings for others. Not all staff had received a recent appraisal.

We saw where there had been any issues with staff performance that these had been addressed by the manager and recorded. We saw that there had been some recent concerns relating to the performance of night staff. All staff had received a letter stating what those concerns were, what was expected of the staff and consequences should the situation continue. A copy of the letter was held on each individual's file. Night staff received regular 'spot checks'. We saw records of these checks and observations noted.

Staff received appropriate professional development. We saw that staff had access to regular training courses. Training included safeguarding, dementia awareness and manual handling. We saw records to evidence which training staff had completed and when. Staff we spoke with told us that they had access to regular training opportunities and that they felt the training was very good. The manager explained that they were in the process of handing over all their training requirements to one company. They would then be responsible for monitoring training requirements and then ensuring all staff were kept up to date.

Staff were able, from time to time, to obtain further relevant qualifications. The manager told us once staff had been through their probation period then they were able to access a QCF (Quality Care Framework) qualification level two or three. The staff we spoke with also told us that they were provided with the appropriate training and information about their role and how to perform it correctly.

The 'in house' induction for new staff consisted of staff completing core skills training. This included safeguarding, basic first aid, food hygiene and manual handling. Staff also worked through the common induction standards. These were a series of work books

which covered topics such as care planning, medication and health and safety. Staff would then spend up to two weeks shadowing a more experienced member of staff before being allowed to work independently.

Staff were also 'buddied' up with a more experienced member of staff who they could go to for support and advice. They could also seek advice and support from the management team.

The manager told us that team meetings would take place monthly. Staff we spoke with told us they had access to team meetings and that they felt supported by management and could raise concerns or issues.

## Assessing and monitoring the quality of service provision

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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We found that the home had systems in place to monitor and audit the quality of care provided. There were also systems and checks in place to maintain a safe environment. We saw records of the monthly audits of medication and infection control that were being completed and recorded.

The manager and deputy audited the monthly weight charts that were kept for everyone living in the home. Information was cross referenced with the monthly care plans reviews.

The home was visited by the provider's area manager every month and a report with required actions supplied afterwards. We saw the most recent reports. One had identified some shortfalls in medication recording that had required action from the manager. The manager also received formal supervision from the area manager and an annual appraisal.

We saw the records that showed that a health and safety check was completed on all the rooms every month. All the fire safety equipment was serviced and maintained by an outside contractor and we saw that the home's fire risk assessment had been reviewed and updated within the last twelve months. This had been done by an outside professional. We saw the records of the fire drills that had been undertaken by the staff and the routine checks that were completed by the homes maintenance department.

There was evidence that learning from incidents took place and appropriate changes were implemented. The home had a system in place for auditing the record of falls that occurred. We were shown the recent recording which had resulted in one person being referred to the local GP. The home had introduced a new format for recording all accidents and incidents. This log book was audited by the manager every month.

People who used the service and their representatives were asked for their views about their care and treatment and these were acted on. The home conducted a survey of people living in the home and their relatives in July 2012 and the manager told us they were about to circulate another one. The home had produced some visual charts drawn from the surveys but no written report or action plan. The charts showed the majority of

feedback was positive but some criticisms were made about the frequency of contact with key-workers and the training and support for new staff. The provider might like to note that a formal summary of the feedback from the surveys was not made to the relatives and also that a survey had not been undertaken of staff or visiting professionals. This meant that relatives had not received any information regarding the outcome of the survey and actions the home were intending to take.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was not meeting this standard.

There was not an effective complaints system available.

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.

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**Reasons for our judgement**

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We looked at this outcome and found there to be some shortfalls. The home had a complaints policy and procedure and this was displayed in the hallway of the home. We were given a complaints folder which the manager told us contained details of the complaints that had been dealt with. We saw that some concerns had been raised via emails to the manager. We saw that responses had been supplied and action taken where the manager had deemed this necessary. However the file also contained correspondence between the manager and relatives that did not relate to any specific complaints. There was not a clear logging of complaints received, the timescales and the action taken. The home provided everyone with a service user's guide that contains information regarding complaints. However, there was also no information displayed in the home as to how the service would support people, or those acting on their behalf, to make a complaint or how they might access any form of advocacy service.

We saw the detail of a recent written complaint that the home had received and we saw that the manager had sent a response stating they would be investigating the concerns raised. Some of these concerns had already been raised verbally to the manager who explained to us they had addressed the matters raised. There was however no record of these concerns been made or the action taken.

We discussed other issues and concerns that had been raised verbally with the manager by staff and visitors and found there was no written record kept. Whilst there was evidence that the home responded to complaints or concerns there was a lack of a documented audit trail of the steps taken and the decisions reached. It is also did not provide evidence that people were satisfied with the outcomes reached. This meant people who used the service or their relatives could not be confident that complaints were investigated fully.

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 9 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Care and welfare of people who use services</b></p>
	<p><b>How the regulation was not being met:</b></p> <p>There was a risk that people would not experience care, treatment and support that met their needs and protected their rights.</p> <p>People's health was at risk due to inconsistent monitoring of food and fluid charts and personal care needs.</p> <p>Regulation 9, (1) (b) i and ii</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p><b>Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Complaints</b></p>
	<p><b>How the regulation was not being met:</b></p> <p>The provider did not have an effective system in place for identifying, receiving, handling and responding appropriately to complaints made by service users, or persons acting on their behalf, in relation to the carrying on of the regulated activity.</p> <p>The provider did not have a system in place for logging of complaints and actions taken.</p> <p>Regulation 19, (1) (2) (a) (b) (c) (d)</p>

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

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 23 July 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 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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