

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

Orton Manor Nursing Home

64-70 Birmingham Road, Water Orton,
Birmingham, B46 1TH

Tel: 01217494209

Date of Inspection: 24 June 2013

Date of Publication: July 2013

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

| | |
|--|---------------------|
| Consent to care and treatment | ✓ Met this standard |
| Care and welfare of people who use services | ✓ Met this standard |
| Requirements relating to workers | ✓ Met this standard |
| Staffing | ✓ Met this standard |
| Assessing and monitoring the quality of service provision | ✓ Met this standard |
| Complaints | ✓ Met this standard |

Details about this location

| | |
|-------------------------|---|
| Registered Provider | R S V Care Ltd |
| Registered Manager | Mrs. Petunia Lorraine Mthimkulu |
| Overview of the service | Orton Manor Nursing Home provides accommodation to a maximum of 40 older people who require nursing and personal care. |
| Type of service | Care home service with nursing |
| Regulated activities | Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury |

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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'.

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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 24 June 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information sent to us by commissioners of services.

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.

What people told us and what we found

There were 34 people using the service on the day of our inspection visit. We spoke with seven people, three visitors, five members of staff, and the acting manager.

People and their visiting family members told us they were happy with the care and support provided. One person said, "I would recommend this home to anyone." A visitor told us, "We are more than happy with the care that is provided to our relative."

Staff knew about the needs of the people they were caring for. We looked at care records for three people and found that these contained guidance for staff on how to meet their needs. Staff we spoke with felt confident the care provided to people living at the home was good.

People and their visiting relatives we spoke with confirmed they knew how to make a complaint if they needed to. One person commented, "There's really nothing to moan about, but any little thing I've raised has been dealt with immediately. You can't ask for more than that."

There were systems in place to monitor and assess the quality of the service, which included gathering the views of people living in the home and their relatives.

In this report the name of a registered manager appears who was not in post and not managing the regulatory activities at this location at the time of the inspection. Their name appears because they were still a registered manager on our register at the time.

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

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Staff told us a lot of people who used the service were able to tell them what they wanted. This included their daily routines such as deciding what they wanted to wear and where they ate their meals. Staff said sometimes people may not be able to verbally express their wishes, but could do so through non-verbal communication.

We saw people who used the service had signed some forms and care plans in their care files, including consent forms for the use of photographs and bed rails.

A visiting family member told us they had discussed their relative's care, including issues of consent, with staff. The family member said they had been in agreement with the care plans, which gave details of the person's likes and dislikes. The family member also said the person was able to make choices for themselves.

In the records we looked at we saw evidence that people or their relatives had signed and agreed their care plans. This meant people and their relatives were aware of the information recorded about them and had agreed to the care and support they wanted to be provided.

A person who used the service told us they had been asked if they minded having a care worker of the opposite gender providing them with personal care. The person told us they had said they did not mind. The person also said, "Staff respect my privacy and dignity, they are very sensitive when it comes to that." Another person told us, "I cannot think of anything they (staff) don't let me decide for myself. I make the decisions about what care I have."

We saw that staff consulted people throughout the day. When people were supported with their personal care, the staff explained to them what they were doing and offered

reassurance when this was needed. We observed that staff respected people's choices, about the level of assistance they wanted.

People were supported to promote their independence so far as they were able to do so. We saw that staff encouraged people to eat their own meals and have drinks throughout the day. Where support was required we saw that staff provided this in a dignified way.

We found that people were able to choose where and how they spent their time. One person told us, "I like to spend some time in my room and some time in the lounge. Staff respect that, but they always look in and ask if I am ok. They are all very friendly."

On the day of our inspection we looked at 'do not attempt resuscitation records' (DNAR) for two of the people whose care records we reviewed. We looked at these records to review how people had been supported to make this specific decision. We saw it was indicated in people's care plans whether the person had a DNAR in place. We saw where the person did not want to be resuscitated there was the required form completed to accompany them to hospital in the event of any emergency so their wishes would be known.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Not all people were able to verbally tell us about the care they received and if they were happy. We, therefore, observed how staff interacted and supported people in communal areas, to enable us to make a judgement on how their needs were being met. We heard clear, sensitive communications between the staff and people using the service. The staff took time to listen and wait for responses during conversations. This meant people were not rushed and were given time to understand the information offered.

We observed two staff move a person from a wheelchair into a lounge chair with the aid of specialist equipment. This was done in a calm and reassuring manner. The staff spoke with the person as they performed the manoeuvre explaining what they were going to do. We heard one staff member ask the person if they felt comfortable and the person said they were.

We looked at the care records for three people and saw these were being completed by staff and were well maintained. The care records were specific to the person concerned and gave information about their individual needs and wishes. They covered people's health and personal care needs and included information about their previous lifestyle including social and any spiritual needs. This meant that staff had the information they needed to provide people with appropriate care that met their needs in the way they wanted.

We saw there were assessments about people's well-being to identify where people may need some care and support. There were assessments for people's nutritional and dietary needs, and about their skin integrity. We also saw there was information about people's preferences and decisions for their end of life care.

The care plans were supported by risk assessments that identified task orientated activities that might cause a potential risk to people. For example, these gave guidance to staff about how to carry out moving and handling procedures safely.

Records showed that appropriate medical assistance was sought where there were any concerns about people's health. Records also showed that people were supported to

access chiropody, the optician, dental care and other health care services when needed. This meant that people's health care needs were met.

We spoke with staff about the care they provided. We found that staff had good knowledge of the needs of people living at the service and that staff took account of the information in the care plans when providing support. This meant that staff understood the needs of the people who lived in the home.

The service employed an activities organiser and we saw that she actively engaged people in a range of pastimes. This included games, arts and crafts, reminiscence and music sessions. The activities organiser explained that sometimes people were not interested in what had been arranged so they offered alternatives. She told us she regularly went to see people who were in their rooms, particularly those who were on bed rest. Individual activities included reading to people or providing a hand massage and manicure.

We saw an activities planner displayed on the wall which detailed what activities were planned on a daily basis. We also saw posters informing people and their relatives about the various external entertainers that had been arranged for the forthcoming weeks. This meant people had opportunities to be involved in activities which promoted their wellbeing.

The people we spoke with who lived in the home all told us that they were happy and had no complaints about their care. One person told us, "The girls are great." Another person said, "You don't want for anything in this home, I would recommend it to anyone."

Visiting family members we spoke with all told us that they felt their relatives were well cared for. One visitor said, "People are treated as individuals here and you know they are well looked after". Another visitor told us, "I can't fault them they do everything they can to look after my relative."

This meant people who used the service and their family members considered they received good care, treatment and support.

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

We spoke with people and asked them if they thought the care staff had the skills to provide the necessary care, treatment or support. One person told us, "The staff here are good and you can have a laugh with them." Another person said, "They make me feel safe."

We looked at the personnel files of three staff. We saw that appropriate checks were undertaken before staff began work. Each file contained evidence that satisfactory pre-employment checks such as police checks and references were obtained. This ensured that the service employed appropriate staff to care for people who lived in the home.

We saw that staff responses to interview questions were held on their file. This meant that staff were selected fairly and were considered the most suitable applicant to meet the needs of people using the service.

Nurses have to register with the General Nursing and Midwifery Council to enable them to practice. We saw evidence that nursing staff were registered and that the service checked the nurses' registrations were renewed each year.

A senior care worker told us that once people were employed they spent time shadowing more experienced care staff so that they knew and understood how the home operated. This was also confirmed by staff we spoke with during our visit.

We spoke with a staff member who confirmed that they had been properly recruited. They confirmed that the interview process had been thorough and fair. They also confirmed that they had not been allowed to work until their pre-employment checks had been obtained.

□

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

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

People and relatives we spoke with told us they had no concerns about the current staffing levels. One person told us, "The staff are great and are available when I need them." Another person said, "There seems to be enough staff available and my needs are met." One relative we spoke with told us, "I've noticed staff are available when we need them. We have no concerns at all."

Our observations throughout the inspection demonstrated that staff engaged in a positive way with people. We saw people being supervised when they walked from one room to another and when a person needed assistance staff were on hand to help them.

There were 34 people using the service on the day of our inspection. The staff rotas demonstrated that there were six or seven care staff and two nurses on duty during the day and three care workers and one nurse were on duty at night. An activity organiser was also available during the day to assist people with leisure activities of their choice.

in addition to the care staff there were housekeeping, catering, administration and maintenance staff on duty on the day of our visit. The manager was supernumerary.

The staff we spoke with told us they felt supported in their role and they confirmed the staffing levels were sufficient to enable them to meet people's care needs. One staff member told us, "The manager is very supportive to staff. The morale is good here now and we all work well as a team." Another staff member told us, "I feel supported in my role. I have had training in all of the key areas and I think there are enough staff on duty so we can meet people's needs."

Discussions with staff and records showed that the service had a mix of staff with appropriate knowledge and skills to meet people's needs. Care staff were also supported to achieve a recognised qualification in health and social care. Staff spoken with confirmed that they received regular training updates. Staff told us they enjoyed the training and found it useful in supporting them to do their job. They also commented that they felt supported by the manager and senior staff at the home.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

The home had set up a group called 'Friends of Orton Manor' which forged links with the local community. The members of this group wanted to ensure that people who used the service were still very much involved with the local community. For example, members of a local mother and toddler group and representatives from the local church had all recently visited the home to meet the people who live there. Minutes of recent meetings were seen during the inspection and we noted a wide variety of topics had been discussed including activities.

People were also given the opportunity to complete a customer satisfaction questionnaire. We saw that the manager had given survey forms to people and their relatives, as well as to staff members, to make comments about how the home was run. The manager showed us the results of the most recent survey. These showed people and staff were happy with how the home was run and the care that was provided. Some of the comments on the completed forms included, "I am pleased with the care my mum is receiving," and "The staff always look well presented."

The manager and staff undertook regular audits in a number of areas including health and safety, medication management, staff training, financial support to people who use services and food hygiene.

We saw that the home had been awarded a 'good' level of compliance for kitchen hygiene when inspected recently by the Department of Environmental Health.

Staff said they would be able to speak to management about any concerns they had and felt they would be listened to. They told us that there were regular staff meetings where they were kept up to date on current matters in the home. The manager told us they had a meeting structure which enabled different groups of staff to meet together and showed us the minutes of recent staff meetings held.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We found that people were made aware of the complaints system. They received a copy of the service user guide which included the complaints procedure. There was also information on notice boards around the home on how to make a complaint.

People and visiting family members we spoke with told us they felt confident that any comments or complaints they had would be listened to and acted upon. One person said, "If I had any concerns I would speak to the staff and I know it would be addressed". Another person said, "I would speak to the manager and I am sure she would listen to what I had to say, and deal with it, but I have nothing to complain about, I am quite happy."

We looked at the complaints book and saw examples of complaints received during the last year. The records demonstrated how these issues had been addressed and what improvements had been made. We saw that there was a clear trail of paperwork and communication with the complainant had been maintained throughout the process. This meant that concerns had been listened to and acted upon.

We saw that the service had received many complimentary letters and cards from relatives that praised staff for the care they provided to people.

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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