

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

## Arden Court

76 Half Edge Lane, Eccles, M30 9BA

Tel: 01617079330

Date of Inspection: 20 December 2012

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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>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Orchard Care Homes.com (3) Limited
Overview of the service	Arden Court is owned by Orchard Care Homes Ltd and is located on a busy main road in Eccles, Greater Manchester. The home provides care for people with nursing, residential and continuing care needs. The home is close to local shops, bus routes and has adequate car parking facilities located at the front of the building.
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

## 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'.*

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## 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 20 December 2012, talked with people who use the service and talked with carers and / or family members. We talked with staff.

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### What people told us and what we found

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Arden Court is registered to provide care for up to forty seven people. There were thirty five people using the service on the day of the inspection.

During the inspection we spoke with six people who used the service who all spoke well about the care that they had received. Comments included "I really like living here" and "It's a happy place" and "The chef is excellent, she come round and talks with us about the kinds of food we might like".

The people who used the service were well presented and we saw that staff were interacting with them politely and with respect. We saw that care was delivered in a timely and efficient way.

On the day of the inspection there was a social event at the home which relatives had been invited to and during this time we spoke with seven relatives and one friend. One relative told us "It's fantastic" and "Every time I visit the staff keep me up to date with anything that might have changed"

We found that relevant policies and procedures were in place within the home and that staff were aware of them. We saw evidence of a good staff induction programme and also a comprehensive training programme for staff members as part of their continuous development.

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

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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

✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

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

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### Reasons for our judgement

We looked at a sample of care plans for four people who used the service and found these to be accurate, up to date and had been well maintained. The care plans provided a 'needs summary' which described how people liked their care to be delivered in the morning, evening and throughout the night. It also highlighted any personal preferences or assistance that was required. The evidence that we saw in care plans had been reviewed on a monthly basis.

Before people using service had arrived at the home their needs were assessed to see if their personal or nursing requirements could be met. Two relatives told us that the home manager had visited their 'x' in hospital before they began living at Arden Court.

Each person using the service had a risk assessment in place which reflected their own care needs. We saw risk assessments for mobility, pressure relief, nutrition and transfers. We noticed that where people had been identified as 'high risk' that appropriate measures had been put in place. For example we read that a tissue viability nurse had regularly visited the home to treat one person who suffered from pressure sores.

We saw several examples of where care plans were person centred. This included life histories which captured information about the person's childhood, marriage, friends and previous occupation. We also saw examples of where relatives had contributed to care plans and had expressed things that were important to them.

We observed that people who lived at the home were appropriately dressed and well presented. We saw that care was delivered in a timely manner and that staff communicated politely and respectfully people. We saw staff assisting people to the dining area at lunch time and also responding quickly when they required changing. There were several people who liked to spend time in their bedrooms and we observed a member of staff walking around each room to ensure that people had what they needed.

We spoke with six people who used the service who all spoke highly about the care that they had received. One person told us how, since arriving at the home how his walking

had improved and that he could eat some of his meals without assistance. Two other people who used the service told us how they liked the activities which are run by the home and look forward to them each day. One person said "We are having a buffet lunch this afternoon and my family have been invited", "I'm really looking forward to it".

Some people who lived at the home spent the vast majority of their time in bed. We saw records which indicated that they were turned regularly and that various creams had been applied when required.

**People should be protected from abuse and staff should respect their human rights**

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### **Our judgement**

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The provider was meeting this standard.

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

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### **Reasons for our judgement**

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The manager kept a log of any safeguarding incidents that had occurred at the home. The last one recorded was in November 2011 and we saw a timeline of how this had been dealt with and responded to.

Staff had received training relating to safeguarding in both April and September 2012. Once training had been completed, staff had answered questions to test their knowledge and understanding on the subject. Safeguarding training is provided by Orchard Care Homes.

We spoke with four staff members during the inspection who could all describe how they would respond if they uncovered anything relating to safeguarding. They told us that in all instances they would speak with the manager, complete the necessary paperwork and also notify other parties if required.

Two people who used the service were able to tell us that they would speak with staff or relatives if they ever felt unsafe at the home. Guidance was also available in the service user handbook which is provided to them.

## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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During the inspection we looked at three staff member files to ensure that staff had been recruited appropriately and safely.

We found that application forms were retained along with a copy of the interview questions and the responses that were provided. There were also copies of job descriptions available and contracts of employment which had been signed by staff. We saw photocopied ID for each staff member and found that the manager had signed to say they had seen the original documents.

Out of three staff member files that we looked at, two contained two references from a previous employer. The third file we saw contained two but one appeared to be a letter from a previous employer who had confirmed the dates that the staff member had worked for them, and this had been accepted as a reference. The manager acknowledged this and agreed to chase it up with the head office.

Each file we saw contained evidence that a criminal records bureau (CRB) application had been made and the disclosure numbers had been retained.

**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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We spoke with four members of staff during the inspection who told us they felt adequately supported in their job. Two members of staff told us "Everybody I've spoken to has been really impressed with the new manager" and "He's such an approachable person and we only have to ask if we need anything".

Staff told us that they had received an induction when they started working at the home and had been supported throughout. One staff member said "Although we receive a formal induction, support is available every time we come to work".

We found that staff had received training on a regular basis and had undertaken recent training in moving and handling, infection control, health and safety and medication. Nurses at the home were responsible for administering medication but other staff had attended a medication awareness course to improve their knowledge and understanding.

Training for staff is provided by Orchard Care Homes and also Chan training. A training matrix had been developed which highlighted when training was due and also anything that was out of date. The head office had sent a training plan through for 2013 which detailed any available training and which staff needed to attend. Certificates were available in staff files to confirm that training had been attended.

Staff members told us that they received supervision with their manager every three months and an appraisal each year. Although the manager had only been in post since August we saw that a supervision programme had been put in place and saw records that some had already been completed.

## 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 saw several ways of how the home assessed and monitored the quality of service provision.

The home manager had carried out audits on a monthly basis which included bed rails, medication, health and safety, infection control, care plans and weights. We saw comments which had been made against each area that had been audited, an overall score which had been given and that an action plan had been put in place. Orchard Care Homes had also conducted an audit of the home each month and their findings were held on file.

We saw records that monthly meetings had been held for residents, staff, heads of department, nurses, managers and night staff. We also saw that surveys had been sent out to residents, staff and visitors and that feedback had been positive.

## 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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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

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### Essential standard

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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)

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### Regulated activity

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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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