

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: 07 August 2013

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September 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
Cleanliness and infection control	✓	Met this standard
Staffing	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Orchard Care Homes.com (3) Limited
Registered Manager	Mr. Amer Barkat
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

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 7 August 2013, observed how people were being cared for and talked with people who use the service. We 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.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

We used a number of different methods to help us understand the experiences of people using the service, because the people using the service had complex needs which meant they were not able to tell us their experiences.

We spoke to the relatives of five people who told us: "I think the staff look after her very well and I know the names of most of the staff here." "I don't think there is enough staff." "I feel my relative is safe."

We looked at a sample of five peoples' care plans. We saw that they were detailed and easy to read.

We observed the midday meal being served in the dining room. We saw the room was very busy and a number of people needed assistance to eat their meals. We did not see any aids or adaptations such as plate guards or adapted cutlery used to assist people to eat independently. Fluid balance charts were not being completed correctly and some records were missing from the files stored in the person's bedroom. This raised some concerns that people were not supported to have sufficient food and fluid intake.

There were two nurses and six care staff on duty to provide support to thirty eight people. In addition a cook, administrator, housekeeper and handyman were on duty. The staff we spoke with told us they felt there were enough staff to meet people's care needs.

We saw the training matrix that showed mandatory training had been 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 15 October 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.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Reasons for our judgement

We looked at a sample of five people's care plans. We saw they were well organised and gave detailed information about the person's care needs. Care plans contained a summary of care and a brief life history. We saw evidence that peoples' needs were assessed prior to moving into the home. This was to make sure the staff were able to meet people's care needs.

Risk assessments were in place in relation to nutrition, tissue viability and falls. Risk assessments described how risks were managed in order to keep people safe. Where people were identified as being at risk of developing pressure ulcers risk assessments were in place. These provided information about any equipment used such as pressure relieving cushions and mattresses and any positional changes the person may need.

We saw care plans were reviewed on a monthly basis or more frequently if there were any changes. This meant that people's needs were continually assessed and monitored.

Care plans contained a record of visits from health care professionals such as general practitioner (GP) and district nurses (DN). The medication administration sheets (MAR) gave detailed information about how people preferred to take their medicine. For example: 'I prefer to take my medication two at a time with water'.

We saw staff received a handover when they reported for duty. This gave information about any changes in people's health or care needs.

We spoke with seven people living at the home and five relatives who told us: "I have no concerns about the care X is given." "The staff are all very nice and they do a good job." "We have no concerns at all the staff are all lovely and the manager is always around to speak to." "The manager does not stay in his office he is seen around the building chatting to people." "A member of staff went through the care plan with me a while ago. We discussed what X likes and doesn't like." "I think they look after me well. They are never rude to me at all. Sometimes I have to wait for help. I do ask for help. I don't grumble but

sometimes I do wait for help."

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 saw each person had a nutritional assessment in place. The home used a malnutrition universal screening tool (MUST). This tool was used to identify if people were at risk of not eating and drinking sufficient amounts. We saw people's weight was monitored on a monthly basis. Where people had been identified as being at risk of poor nutritional intake they were weighed weekly. We saw where people were not eating well a referral had been made to a dietitian. We looked at the weight records of five people and saw they had maintained a steady weight.

We spent time observing the midday meal and the expert by experience joined people for lunch in the dining room. We saw dining tables were set with place mats, cutlery and condiments but there were no napkins available to people.

There was a menu board in the dining room with the days choices for lunch and tea listed. People told us that alternatives would be provided if they did not want what was on the menu. One person told us: "The cook is very good. When I see the menu she will give me something else if I don't like what's on offer." "All my food has to be pureed. I have separate portions on my plate." "They give me plenty to drink and I have enough food."

We saw people were brought into the dining room and left alone for a long period of time before the meal was served. We saw eleven people were sat in wheelchairs at the dining tables and five people were sat in large 'mobile' armchairs.

We saw some people sat in the armchairs had difficulty reaching the table to gain access to their meal. We did not see any aids such as non-slip table mats, plate guards or adapted cutlery to assist people to eat independently. We saw some people had just picked at their food but we did not see staff asking why people had not finished their meals or if they would prefer something else.

Throughout the course of the meal we saw some people had been offered a drink but others had to ask for a drink. We heard one person asking for a drink several times before being told 'in a minute'. This person waited until the end of the mealtime for a drink.

We saw one person began to cough and choke whilst eating. Staff responded quickly to the person and the deputy manager stayed with them offering reassurance. The person's meal was taken away and a fresh meal provided. No further assistance was given and after twenty minutes a member of staff asked if the person had finished and the full meal was removed and thrown away. The person was not offered an alternative or asked if they required any assistance.

Some people had been identified as being at risk of poor fluid intake. We looked at the fluid balance charts kept in people's bedrooms. These were used to show how much a person had to drink during the course of the day. We saw that the charts were disorganised and the records were poor. We saw recording stopped around nine o'clock in the evening and none of the charts we looked at showed if people had been given a drink overnight. We saw that some sheets were missing and this raised concerns about how staff were accurately monitoring people's fluid intake.

We also saw some good practice during lunch. Where people required full assistance to eat their meals we saw staff sat beside them and offered support in a sensitive way. Staff went at the person's own pace and the meal was not rushed.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

We walked around the home and saw that all areas were clean and tidy. We saw sanitising hand gels were provided throughout the home. These were provided to minimise the risks of infection. Liquid soap and paper towels were provided in bathrooms and toilets.

The deputy manager had been in post for three days at the time of our inspection. They told us they had a special interest in infection prevention and control and the manager confirmed the deputy manager would take up the role of infection control lead.

We saw staff had access to personal protective equipment (PPE) such as gloves and aprons. We spoke with staff who told us they always had access to PPE. One member of staff told us: "I can't remember a time when we have run out of aprons and gloves they are always in stock."

We saw there was a contract in place for the removal of clinical waste and there were cleaning schedules in place. An infection control audit had been carried out and hand washing guidelines were displayed.

We looked at the training matrix and saw that staff had attended training in relation to infection prevention and control.

Staffing

✓ Met this standard

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

On the day of our inspection there were thirty eight people living at the home. They were supported by the manager, two qualified nurses and six care staff during the day and one qualified nurse and three care staff overnight. We looked at the staff rota for the week of the inspection and the preceding two weeks. We saw that staffing levels were consistent.

In addition; there were housekeeping staff, an administrator, a cook, a kitchen assistant and a handyman on duty.

The provider may wish to note that despite the number of staff on duty some people did not receive the level of support they needed during the midday meal service. We discussed our concerns with the manager who suggested staggering the mealtime so that people received the appropriate level of support.

The manager told us they had a bank of staff they can call on to cover any sickness or leave. If they cannot get bank cover they had a list of agency staff to call on.

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

Our judgement

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.

Reasons for our judgement

We looked at the training matrix which was maintained electronically. We saw staff had attended training in relation to safe working practices such as moving and handling, infection prevention and control, fire safety and medication administration. The computer system highlighted when training updates were due.

We saw evidence of staff supervision and appraisal. We spoke with staff who told us: "I have supervision with my senior about every three months and an appraisal every six months." "I can always speak to X or one of the nurses if I am worried about anything." "The nurses work alongside us anyway so we can ask anything."

The staff we spoke with told us that training was provided on a regular basis. One person told us: "We did care planning and I found it really useful." "I thought the dementia training was good it really made you think about how it affects people."

We saw the minutes of staff meetings which were held on a regular basis. We also saw minutes of heads of department meetings and team leader meetings. We spoke with care staff who confirmed they had regular meetings where they could raise concerns or discuss any 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

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

We saw people were able to express their views and opinions about the service they received. This was achieved in a number of ways. We saw regular residents and relatives meetings were held and minutes were kept. In addition; the manager was on site most days and was available to speak to people. We spoke with one relative who told us: "X is lovely very helpful and always comes to say hello."

A survey was sent to people in the form of a questionnaire. We saw an analysis of the most recent survey and saw that comments were very positive.

We saw that audits had been carried out in relation to infection control, medication systems, environment, weights, pressure ulcers, bed rails and complaints and protection.

A weekly check of the fire systems and equipment was carried out and a record maintained. Maintenance contracts were in place for hoists and the passenger lift.

We saw accidents and incidents were recorded and the manager carried out an audit to identify any themes or trends.

There was a manager in post who was registered with the Care Quality Commission (CQC).

Complaints

✓ Met this standard

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 looked at how the home managed complaints and concerns. We saw there was a copy of the complaint procedure in the information pack given to people on admission and also displayed in the home. This contained details of who within the organisation complaints should be directed to. The provider may wish to note that people should also be advised they could contact the Local Government Ombudsman if they were unhappy with the way a complaint had been dealt with. This information should be included in the complaints procedure.

We saw there was a record of any complaints received. The record included the detail of the complaint, the investigations and any outcomes. We also saw correspondence to and from the complainant. We saw a number of thank you cards and letters from relatives displayed in the home.

We spoke with people who lived at the home. Comments included: "If I had a serious complaint, I'd ask for the manager. He'd sort things out. He doesn't ever like to see unhappy residents in any way. I'm grateful to be in such a place with good care and attention."

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 activities	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs
Diagnostic and screening procedures Treatment of disease, disorder or injury	How the regulation was not being met: People did not receive the appropriate level of support during the lunchtime meal. People had to ask for drinks and then had to wait until the end of the meal before drinks were provided.

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 15 October 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.

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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