

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

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Meeting nutritional needs



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

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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

We carried out this inspection to check whether Arden Court had taken action to meet the following essential standards:

- Meeting nutritional needs

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 1 October 2013, observed how people were being cared for and talked with staff.

What people told us and what we found

We saw dining tables were set with table cloths, place mats, napkins and condiments. Drinking glasses and jugs of fruit juice were seen on dining tables and we saw people were asked if they would prefer a hot drink.

We looked at a sample of three people's fluid balance charts and saw these were completed on a daily basis and included any drinks provided overnight and where drinks had been refused.

We observed the lunchtime meal being served. We saw a member of staff was seated at dining tables where people needed assistance and support to eat their meals.

We saw a nutritional assessment was carried out for each person. The home used the malnutrition universal screening tool (MUST) to identify people at risk of poor nutrition. MUST is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese.

We spoke with two people who lived at the home who told us: "The food is very nice." "I enjoy the food." "They give me lots of drinks."

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

Meeting nutritional needs

✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were supported to be able to eat and drink sufficient amounts to meet their needs.

Reasons for our judgement

At the inspection carried out on the 7 August 2013 we found the provider was non-compliant in this area. We received an action plan from the provider outlining what they had done or were going to do to ensure they met this standard. We carried out this visit to check what improvements had been made.

Since our last inspection the provider had purchased new dining tables that were higher than usual and allowed the large wheelchairs to fit under so people were able to sit comfortably and enjoy their meal. The manager and maintenance manager told us a programme of redecoration was planned and would include the dining room.

The manager and deputy manager told us they had spent time observing mealtimes and had developed an action plan to improve the dining experience for people. A member of staff was allocated to each dining table where people needed assistance and support to eat their meal.

We observed the lunchtime meal being served. The dining room was calm and the atmosphere was relaxed. We saw where people needed assistance to eat their meal this was given in a sensitive manner. We saw staff were softly spoken, the meal was not rushed and people were given time to rest in between mouthfuls of food.

We saw drinking glasses and jugs of fruit juice on dining tables so people could have a drink with their meal. We saw staff offering hot drinks to those people who preferred a hot drink. Tables were set with table cloths, place mats, napkins and condiments. We spoke with two people who told us they enjoyed the meals. Comments included: "The food is very nice." "I enjoy the food." "They give me lots of drinks."

We saw a monthly menu was displayed in the dining room; in addition; the daily menu was written on a chalk board, this included the choices for the main meal. People we spoke with told us they were able to choose an alternative if they did not want what was on the menu.

The manager told us people's likes and dislikes in relation to food were communicated to

the catering staff. This was confirmed by the chef who told us they knew people well and knew what they liked.

We saw a nutritional assessment had been carried out for each person. We saw where necessary referrals had been made to a dietitian. Where people had swallowing difficulties and had been assessed as needing thickened drinks the amount of thickener and consistency of drinks had been recorded. We saw a list alongside the tea trolley with the consistency of each person's drinks for example; one scoop of thick and easy (an instant food and fluid thickener) per 100 mls to give syrup consistency.

We saw fluid balance charts had been used where people were at risk of poor fluid intake. We looked at a sample of completed charts and saw they were up to date. A nurse had responsibility for checking the charts on a daily basis to ensure they were completed. Fluid balance charts included a record of drinks taken during the night and also recorded where a person had refused a drink.

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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