

Orton Manor Ltd

# Orton Manor Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Orton Manor Nursing Home provides accommodation, personal and nursing care for up to 40 older people living with physical health conditions or dementia. The home has two floors, each with a communal lounge and dining area. At the time of the inspection 22 people lived at the home.

### People's experience of using this service

Improved provider oversight had driven improvements since our last inspection visit. The provider was visiting the home every week to speak with managers and staff and ensure actions identified on their service improvement plan (SIP) were achieved.

Since our last inspection the provider had appointed a new manager and a new deputy manager. The new management team were enthusiastic to drive improvement and ensure people received safe and effective care from a supported and motivated staff team.

Staff practice in managing medicines and the management of risks associated with people's care had improved. Staff understood their role in keeping people safe.

There were enough staff to meet people's needs but due to staff vacancies, there continued to be a reliance on support from agency staff. The provider continued to actively recruit for more permanent staff.

The management team were open and transparent that some improvements still needed to be actioned. The good practices implemented since our last inspection needed to become embedded into the culture of the home under the new managers to ensure they would be sustained.

### Rating at last inspection and update

The last rating for this service was inadequate (published 24 December 2021).

This service has been in Special Measures since 18 November 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

### Why we inspected

We carried out an unannounced focussed inspection of this service on 18 November 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe and Well-led.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. At this inspection enough improvement had been made and the provider was no longer in breach of regulations.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Orton Manor Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not consistently safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not consistently well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Orton Manor Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

This was a focussed inspection to check whether the provider had met the requirements of Warning Notices in relation to Regulations 12 (Safe care and treatment) and 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors, a specialist nurse advisor and an Expert by Experience. The Expert by Experience contacted relatives by telephone to gather their views about the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Orton Manor Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Orton Manor Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. Registered managers and registered providers are legally responsible for how the service is run and for the quality and safety of the care provided. A new manager had recently been appointed and will be completing their application to become registered with the Care Quality Commission in due course.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed the information we had received about the service since the last inspection and any recurrent themes of concerns. We sought feedback from the local authority and commissioners who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

The provider had not been asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We carried out observations to assess people's experiences of the care provided. We spoke with the manager, two deputy managers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with five members of staff including nursing, care, catering and activities staff.

We spoke with three people and 10 relatives to gather their experiences of the care provided. We reviewed three people's care records, five wound monitoring charts and 21 people's medicines records. We looked at a sample of records relating to management of the service including health and safety checks, accident and incident records and policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has changed to Requires Improvement. This meant some aspects of the service still needed to be improved to provide assurance about safety. There was still an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection, the provider had failed to robustly assess the risks relating to the health safety and welfare of people and medicines were not always managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements and the provider was no longer in breach of regulation 12.

- The management of risk associated with people's care had improved. Where risks had been identified, risk management plans were in place and were accessible to staff.
- At our last inspection we found issues around the management of catheters. At this inspection we checked the care plan of one person with a catheter. We found a clear risk management plan which informed staff how to manage associated risks, including how to position and empty the bag and how often the catheter needed to be replaced.
- Improvements had been made to the records to support the management of wounds and skin damage. People's care plans informed staff what actions to take to minimise the risks of skin damage and the monitoring of wounds had improved.
- Since our last inspection the provider had introduced a system of weekly skin assessments by nursing staff. This ensured any damage or deterioration to people's skin had been identified and action taken to identify the cause.
- Records demonstrated improved monitoring of people following a fall to identify any injury or impact on their health or well-being.
- Improvements had been made in the records staff completed to evidence risk reduction measures were being effectively followed. For example, records demonstrated people received pressure relief in accordance with their care plans and bowel and fluid intake charts were being completed.
- However, some improvements were still required. For example, food charts did not always record what people had actually eaten, and fluid input and output charts were kept within different areas on the electronic care system. This meant it was difficult to compare people's fluid output against their input to quickly identify any emerging risks.
- At our last inspection we found environmental risks had not always been identified or managed. Improvements had been made at this inspection. For example, window restrictors had been fitted on upstairs windows to comply with health and safety standards.
- Most actions had been taken to comply with The Regulatory Reform (Fire Safety) Order 2005 following a fire safety inspection by the fire service. The fire risk assessment had been reviewed by a trained professional and the excessive gaps at the bottom of bedroom doors which could allow for uncontrolled smoke spread

had been repaired. A plan was in place to complete any outstanding actions.

- However, further improvements were still required in some areas. We found exposed pipes in the downstairs communal bathroom, a portable heater was being used by a person with no risk assessment and the water drainage system in one communal bathroom was still not working efficiently. This meant staff had removed the drainage plug which was extremely dirty and left it on the shower floor. Following our inspection, the provider sent evidence these issues had been addressed.
- Since our last inspection there had been significant improvements in the safe management of medicines. Improved accuracy in medicines records meant checks could be carried out to ensure people had received their medicines as prescribed.
- Medicines which had shortened expiry dates when opened, had the date of opening recorded on them to ensure their effectiveness.
- Some people were prescribed medicines 'as required'. Guidance was available to inform staff when they should give these medicines in line with national guidance for 'as required' medicines.
- However, we did identify an issue in respect of one person who was prescribed two different 'as required' medicines for pain relief. We were concerned that it was not clear which was the 'primary' medicine. The deputy manager assured us they would arrange an urgent medical review and discuss the issue with the nursing staff.
- The provider had procedures to ensure medicines delivered via a patch were managed in accordance with best practice and the manufacturer's guidance.
- Individual medicine support plans had been introduced so staff understood how people preferred to take their medicines.
- At our last inspection we found issues around the administration of covert medicines (medicines hidden in food or drink). Following that inspection, people on covert medicines had been reviewed by the GP and they were no longer receiving their medicines covertly. The deputy manager told us person centred support plans had improved people's compliance with taking their medicines.

### Preventing and controlling infection

- We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed. From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

We identified a breach of Regulation 12(3), as the vaccination status of temporary workers supplied via an agency was not routinely checked. However, the Government has announced its intention to change the legal requirement for vaccination in care homes. The deputy manager told us they would ensure all temporary workers provided evidence of their vaccination status going forward.

- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. Visitors were not always asked to wash or sanitise their hands before entering the home or asked any COVID-19 screening questions. Following our visit, we received confirmation these practices had been put in place.
- We were somewhat assured that the provider was accessing testing for people using the service and staff. The provider was following the latest government guidance in relation to staff testing, but records did not always show staff had completed a lateral flow test (LFT) before their shift. The deputy manager told us a system to monitor daily testing would be implemented following our visit.
- We were assured that the provider was using PPE effectively and safely. There were sufficient supplies of PPE and we saw fully stocked PPE stations in the home. However, these stations required aprons to be on a roll to enable staff to remove one, without contaminating others. Some aprons were not on a roll and staff



had to handle all of the aprons to unravel one for use. We recommended the provider changed this to mitigate the risk of spreading infection.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Clinical equipment we checked was clean and ready for use. Containers for the disposal of needles or sharps were disposed of in accordance with NICE guidelines.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

- The provider was facilitating visits for people living in the home in accordance with the current guidance. The deputy manager confirmed most people living in the home had a designated essential caregiver who could visit the home at any time to provide care and companionship as long as they, or the person they were visiting had not tested positive for COVID-19.

Learning lessons when things go wrong

- Since our last inspection improvements had been made in the management of incidents and accidents.
- Individual accidents and incidents were monitored and analysed to ensure action had been taken to minimise risks to people, identify any learning and share that learning with staff.
- However, there was no overall analysis of accidents and incidents to identify any trends or patterns. Whilst the deputy manager assured us the level of accidents and incidents was very low, and actions had been taken to keep people safe, they acknowledged this was an area that needed to improve.

Staffing and recruitment

- On the day of our inspection visit there were enough staff to meet people's needs. The manager explained they had several vacancies for care and nursing staff, but these roles were being supported by agency staff.
- Overall, relatives felt staffing levels ensured people received the care they needed. One relative told us, "It is hard to say if there are enough staff as we visit in her room and we have not been to the lounge or dining room. There are some new staff we don't know so well, but they seem very good." Another relative said, "I think there are enough staff, but they could always do with more."
- The manager was confident staffing levels were safe because they had carried out an assessment of people's risks and healthcare needs. They assured us staffing levels would be reviewed prior to any new admissions to the home to ensure they remained safe.
- At our inspection in November 2021 we found recruitment processes were safe. We therefore did not revisit recruitment processes during this inspection visit.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person explained this was because, "If I had any problems, I could talk to the staff here."
- Relatives expressed confidence in staff to keep people safe. One relative said, "I feel very confident that [Name] is kept safe, very much so, he loves it there." Other relatives told us, "[Name] is kept safe because of the combination of staff, security and the building" and, "Staff are very caring, no signs of any abuse and I haven't ever seen anything bad there. [Name] is in the best hands, I don't go to bed worrying about her."
- Staff understood the meaning of abuse and how to keep people safe. One staff member told us, "We would always go to a senior or team leader if anything was wrong with the residents, or they had been hurt, even if they were just unhappy. I would go and report it straightaway." Another said, "I know I would be listened to."

- The manager was clear what needed to be reported to us and the importance of keeping people safe and protected.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Requires Improvement. Improvements had been made but further improvements were still required. The service management and leadership needed to ensure improvements were sustained and became embedded within the culture of the home.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection we found the provider had failed to maintain sufficient and accurate oversight of the service and to identify risk management was ineffective and that regulations were not being met. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements and the provider was no longer in breach of regulation 17, although further improvements were still required.

- At the last inspection, the audit systems were not operated effectively, and actions were not always identified and implemented. Specifically, those related to identifying actions to improve medicines management and risk management.
- At this inspection, improved provider oversight provided a clear direction and focus to review and implement improvements. The provider was visiting the home every week to speak with managers and staff and ensure actions identified on the service improvement plan (SIP) were achieved.
- Since our last inspection the provider had appointed a new manager and a new deputy manager.
- The new management team were enthusiastic to drive improvement and ensure people received safe and effective care from a supported and motivated staff team. The manager told us, "As a general rule the staff team are very cohesive and are committed to the home and want to be part of the improvement journey. We need to include the staff group in the improvement process and invest in them and empower them."
- Staff told us, and we saw, the new managers were visible in the service and available. Daily and weekly meetings to discuss risks meant more effective communication so staff had a better understanding of their roles and responsibilities.
- New systems to support the good governance of the service had been introduced. For example, care plans and all daily records were now in an electronic format which meant they were easier to audit to identify any shortfalls in care provision.
- The provider and the new management team were confident the quality of care and the overall service was far better than when we (CQC) last visited. Improved oversight of the care given to people meant people were receiving care that was more responsive to their individual needs.
- Whilst managers and staff were confident improvements had been made at the service, those improvements had been implemented at a time when there were less people living in the home than usual.

- There were still a significant number of staff vacancies at the service and whilst the provider was recruiting new staff, there was still a heavy reliance on agency staff to cover those vacancies.
- The good practices implemented since our last inspection needed to become embedded into the culture of the home, under the new managers and with the new staff team to ensure they would be sustained, particularly when new people started to move to the home.
- The management team were open and transparent that some improvements still needed to be actioned and told us, "We are in the process of putting strategies and frameworks to move things forward, but it is very early days."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us communication had improved greatly since our last inspection and felt their knowledge and feedback about people was respected and listened to. Comments included: "We have a staff meeting that goes on at 2.00pm on Monday. We get to talk about what needs improving and what our concerns are" and, "We can raise things with the nurses now and they will act on it straight away."
- Morale in the home had improved and staff were beginning to work more effectively together as a team. One member of care staff told us, "There is a good relationship with the nurses. We always say that we couldn't do our job without them, but they will say the same about us. That makes us feel proud and like we are all working together and not against each other like it has in the past."
- The new manager told us staff had not previously had opportunities to talk about their work and their career progression. The manager was implementing formal supervisions and appraisals for staff with an emphasis on identifying strengths and interests and supporting staff to develop in their role.
- Relatives spoke positively about the service their family members received. Comments included: "[Name] is always treated with dignity and respect", "Would I recommend it? Definitely, a big thank you to everyone at Orton Manor" and, "[Name] gets the care she deserves and expects. I would definitely recommend Orton Manor, no concerns at all, really a nice, happy caring place and where I want [Name] to be."
- One person told us, "Since you were here last time the communication with staff has been a bit better. They seem to listen a bit more and talk to you. I am not left wondering about things like I was before."
- The new management team were keen to involve staff, people and their relatives in the improvement journey. They had asked staff to complete a survey asking for feedback on areas for improvement. Similar surveys were planned for people and relatives. The manager told us, "A lot of work is going on to get people's opinions about the service, so they are contributing to how the service moves forward. It is about driving forward changes based on what people want and giving them a voice to drive the changes."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Managers understood their responsibilities under the duty of candour. Records showed investigations happened when things went wrong, and relatives confirmed they were kept informed.

Working in partnership with others

- The new management team recognised the need to build good relationships with external healthcare professionals. We saw feedback from one healthcare professional thanking the deputy manager for the improvements they had made to people's care.
- At the time of this inspection visit, the provider and the management team were working with the local authority to a service improvement plan (SIP).
- The deputy manager had been approached by some local people to reinstate the volunteer scheme at Orton Manor. They were enthusiastic to follow this up to develop links with the local community.

