

## Enter and View Visit Report

**Name of Service Provider:** Orton Manor Limited

**Premises visited:** Orton Manor, 64-70 Birmingham Road, Water Orton B46 1TH

**Date of Visit:** Tuesday 3<sup>rd</sup> February 2015

**Time of visit:** 10:00am

**Registered Manager:** Iram Khan

**Authorised Representatives:** Michelle Williamson, Alison Wickens and Susan Jenkins

### Summary of findings

- Orton Manor is a 38 bedded converted home in Water Orton.
- There are 55-60 members of staff who work at Orton Manor in a range of Nursing, Care and Domestic roles.
- The current Registered Manager has been in post for three years and they during our visit outlined a number of planned improvements to the home.
- Quality Assurance Questionnaires are completed every six months by residents, relatives, staff and stakeholders.
- There are strong links with the local community; with the Friends of Orton Manor meeting once a month and Bright Hour visiting every two weeks.
- The residents with whom we spoke were happy with the service they received at the home.
- The relatives with whom we spoke were happy with the care and service their relatives received at the home.
- Overall the staff at Orton Manor were very positive about the home and the support they received. There were no improvements that the staff could suggest to improve the quality of the service provided to residents.
- We observed the physical environment of the home and highlighted some concerns around:
  - The use of communal bathrooms for storage of mobility aids and incontinence pads
  - Storage of hoists and mobility aids in communal corridors
  - The decoration of communal corridors
  - Incorrectly coloured or tied up emergency pull cords in communal bathrooms and toilets
- We observed the interaction between staff, residents and relatives. Interactions were respectful and friendly and consent was gained from residents when needed.
- We observed Service User Experience, Dignity and Respect during our visit. From our observations there were no concerns.
- We found no evidence to support the concerns raised to Healthwatch Warwickshire about the standard of care provided at the home.

## Recommendations

- *The communal corridors throughout the home are given a timescale for refurbishment*
- *The concerns raised around storage of hoists and mobility equipment in communal corridors are addressed*
- *The emergency pull cords in all bathrooms (including resident's en-suites) are checked to ensure that they are red in colour, are not tied up and reach the floor*
- *The concerns raised around storage of mobility equipment and incontinence pads in communal bathrooms are addressed*

## 1. Report Overview

The visit to Orton Manor was unannounced, which means that no one at the home knew we were coming.

On arrival at the home we were met by the Deputy Manager, Gemma who was our point of contact throughout the visit until the Registered Manager, Iram Khan was available. Iram and Gemma facilitated our visit and provided access to all relevant areas of the home.

Orton Manor is a converted home with 38 rooms across two levels. There are currently 36 residents at Orton Manor and two vacancies. There are no shared rooms. 28 bedrooms have en-suite facilities and 10 rooms do not have en-suite facilities. There are communal bathrooms available on each floor.

We conducted an in depth interview with Iram, the Registered Manager who has been in post for three years.

Iram confirmed that there is not a fixed number of staffing on each shift. Each week a review is undertaken to determine staffing levels for the following week based on the needs of residents. The minimum staffing for the home was 7-8 Care Staff across all the units during the day and 1 Registered Nurse per floor. There are 55-60 members of staff in total at the home.

Iram informed us of the plans that were in place for the home. There is an ongoing refurbishment of the home currently taking place. The communal lounges on each floor have been redecorated and the communal corridors are in the process of being redecorated. This is an ongoing project with no timescale as the redecoration of the communal areas is halted to upgrade and redecorate residents' rooms, once a room has been vacated. Iram also informed us that Kingshurst Academy are undertaking a garden rebuild for the home. The work has been paused due to inclement weather but will recommence once the weather improves. A maintenance man is also employed to address the ongoing maintenance of the home.

Iram described to us Orton Manor's links within the local community. There are two groups who regularly visit the home, Friends of Orton Manor and Bright Hour. These groups provide activities, befriending and support to the residents.

Iram explained that the views of residents and their relatives were important to Orton Manor. Every six months a Quality Assurance Questionnaire is produced for residents, relatives, staff and stakeholders. The results of these questionnaires are discussed at the Friends of Orton Manor meetings. Iram has an open door policy for any residents or relatives who have comments or concerns with the home and will address individual issues when they arise.

## 2. Purpose of Visit

The visit to Orton Manor was in response to concerns received by Healthwatch Warwickshire about the standard of care provided at the home.

## 3. Approach Used

The Authorised Representatives observed the activity taking place in the communal areas of the home, including the period over lunch.

The Authorised Representatives also spoke with residents, relatives and visitors and members of staff throughout the visit.

## 4. Observations/Findings

### Physical Environment

Orton Manor is located off the main road in Water Orton. There is a small car park available for staff and visitors, which was clean and tidy. We did observe some difficulty in visitors obtaining parking spaces at the home, resulting in parking on the footpath outside the home or in nearby side roads.

Entry to the home is through an unmanned reception area, and the entry buzzer is answered by nearby members of staff.

The reception area was spacious and uncluttered and showed signs of recent redecoration. There was alcohol gel available to visitors to sanitize their hands. There was a notice board in reception with information about the home and details of upcoming meetings. The recent Care Quality Commission reports were also available. There was a comments and suggestions box located in reception. Throughout the home the communal corridors were in need of redecoration. There was evidence that some work had been undertaken, such as the plastering of walls in preparation for decoration, however this had not been finished at the time of our visit. The handrails around the home were marked and dust and other debris was present on them. The communal corridors were mainly clean however cobwebs were seen during our observations mainly by the first floor nurses station and by room 34.

There was a communal lounge/dining room available on each floor. Both of the lounges were clean and tidy and showed signs of recent redecoration to a good standard. The flooring had also been replaced with laminate flooring and the furniture appeared new and in good condition.

There is a communal bathroom and communal shower room on each floor of the home. All bathrooms and shower rooms were clean and functional. Both the shower rooms showed signs of recent redecoration. It was observed that the communal bathrooms on each floor were being used for storage of wheelchairs, Zimmer frames, hoists and incontinence pads. A few concerns were observed in these areas. The communal bathroom on the first floor had a strong smell of urine. It was noted that there was no hand wash available in the bathroom, the

bath plug was missing and one of the lights had no lightshade fitted. There were also several items of protective clothing being stored on the back of the door. These were trailing onto the floor and were a trip hazard.

In the communal shower room on the first floor it was noted that the emergency pull cord had been tied around the shower rail and would not be able to be used by a resident in an emergency.

In the communal bathroom on the ground floor it was observed that the emergency pull cord by the toilet had been replaced by a white cord which made it difficult to identify as an emergency pull cord.

There were a number of communal toilets throughout the home and some concerns were noted in these toilets. The emergency pull cord in all but one toilet had been tied up out of reach, did not reach the floor or had been replaced with a white cord. There were no grab rails in the ground floor toilet by the lift.

In the toilet opposite room 21 it was observed that the toilet seat was broken and there was no hand wash available. The ground floor toilet by the communal lounge had no toilet seat and there was an open bottle of bleach left on the radiator. This was immediately reported to a member of staff who removed the bottle of bleach straight away.

Throughout the home we came across a number of obstructions and trip hazards in the communal corridors. Hoists were observed in corridors by the first floor assisted shower room and two hoists were blocking the first floor fire exit by room 36. Between rooms 8 and 9, nine wheelchairs were being stored. We raised this with the Registered Manager who acknowledged the issue and advised us that an area is being refurbished to address the problem with storage.

Outside the hairdressers salon there is quite a noticeable slope in the floor which is a trip hazard. There is no sign to advise of this and we would recommend the home address this with signs and hazard tape.

There were a number of storage radiators throughout the home which were very hot to touch. This was mentioned to the Registered Manager who informed us that she would ensure that the temperature of the radiators was looked into as a matter of urgency.

### **Staff**

Our Authorised Representatives observed interactions between staff, residents and relatives during the visit.

We saw friendly but respectful interactions between the staff and the people who lived there. Staff called residents by their preferred name and where necessary, they crouched down so that they were on the same level as the person they were speaking to.

We observed the staff requesting the residents consent before carrying out a range of activities.

We also observed the staff speaking to relatives and visitors to the home in a friendly and welcoming manner.

It was noted that although the majority of the time the staff knocked on an individual resident's door before entering, there were some occasions when this did not take place.

Not all members of staff we observed were wearing uniforms. The uniforms had names sewn into them, therefore all staff were not wearing a name badge. The

Registered Manager explained that members of staff not in uniform were new in post. All members of staff were well presented.

### Service User Experience, Dignity and Respect

We observed residents in both of the communal lounges. The residents appeared to be comfortable, clean and well dressed for the current weather conditions.

The lunch period was observed during our visit. In the first floor lounge there was one resident who required assisted eating. This resident was assisted by a member of staff on a one to one basis in a dignified manner. In the ground floor dining room no residents required assisted eating. We observed staff interacting with residents during lunch and responding to their needs.

### Staff Feedback

We spoke to eight members of staff during our visit to Orton Manor. All members of staff were willing to freely engage with our Authorised Representatives.

All members of staff we engaged with were very positive about the home and the support they received. They also told us that they liked working at the home. One member of staff told us 'it doesn't feel like a job'.

Another member of staff told us 'all staff help each other out, it is like one big family'.

A different member of staff said 'if a resident needs something, they are not left for ages'.

All members of staff with whom we spoke confirmed that they received regular support from their manager and the opportunity to undertake additional training and qualifications.

No one we spoke to could think of any improvements that could be made at Orton Manor.

## 5. Feedback from Patients/Residents/Relatives/Carers/Staff

### a) Patients/Residents

We spoke to two residents during our visit to Orton Manor. The first resident said they 'would recommend' the home. The home has catered to their individual needs and the staff were 'very good'. The resident also mentioned that their call bell was answered very quickly and any problems that they have had have been resolved.

The second resident felt that they were 'well looked after' at the home and their needs were met. This resident said the food 'was fine, sometimes good' and that they felt 'the place had improved a lot since they first went in'.

The residents we spoke to could not think of anything to improve the home.

#### b) Relatives/Carers

We spoke to two relatives during our visit to Orton Manor. The first relative had previously had a relative in Orton Manor and felt that 'it is a lot better now than before'. They commented that the staff were 'good, lovely' and they felt the staff spent enough time with their relative. They commented that their relative's wishes 'were respected'.

The second relative had also previously had a relative in Orton Manor. They felt their relative 'was treated very well' and the home was 'good'. They informed us that their relatives individual needs were address and when they had previously raised a concern it 'was dealt with promptly'.

#### c) Other professionals

We were unable to speak to any visiting professionals on the day of the visit.

### 6. Follow Up Visit :

A follow up visit is recommended in three months to follow up on the planned improvements discussed with the Registered Manager and Healthwatch Warwickshire's recommendations. A report will be produced following this visit.