Inspection Report

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

Mr D M Baily

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Tel: 01932344940

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard

Details about this location

Registered Provider	D Baily
Registered Managers	Mrs. Helena Grafton Mrs. Nyasha Mukoko
Overview of the service	The Grange Nursing Home is located in a residential road close to a town centre and local amenities. The home provides nursing care for a maximum of twenty four people elderly people.
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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	8
Meeting nutritional needs	10
Management of medicines	12
Supporting workers	14
About CQC Inspections	16
How we define our judgements	17
Glossary of terms we use in this report	19
Contact us	21

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 3 December 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider. We were accompanied by a pharmacist.

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 undertook an inspection visit to the service on the 3 December 2013. We were accompanied by an Expert by Experience. This is someone who has had personal experience of using or caring for someone who uses this type of care service. They spoke to 13 people who used the service, one visitor and three members of staff. A pharmacist inspector from the Care Quality Commission looked at medicine management in this service and spoke to one member of staff and one visitor.

Not many of the people living at the service were able to talk about their experiences in a meaningful way. They told us they liked the service. One person told us, "I am well looked after." When we asked them about consent they told us that their family members would address this for them.

People we spoke with told us they could not remember if they had a care plan. They told us that staff treated them well and knew their preferences, care and treatment needs.

All people told us that they liked the food provided. They told us that staff treated them kindly and with respect.

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

People who used the service told us that staff treated them kindly and with respect. People told us that they were happy living at the service and that staff were very kind to them.

The manager told us that all people living at the service were asked on a daily basis for their consent. For example, people were asked if they were ready for help with their personal care. This was confirmed during our discussions with staff. We were told, and we saw, that people and/or their relatives signed their care plans giving their consent. We also saw individual consent forms in people's care files. For example, people and or their relatives had signed consent for specific nursing and medical intervention and treatment. We were told that all people who currently used the service had relatives who supported them.

The manager told us that when an issue in relation to consent was identified best interest meetings would be arranged. These would include input from the person's care manager, where applicable, the GP, staff at the service, any other associated professionals and family members. The manager told us they had not needed to do this for people living at the service. Staff we spoke with had an understanding of the procedures to be followed when a person was not able to give their consent to their care, treatment or support. This meant that the provider had systems in place to gain and review the consent from people who used the service and act on them.

Staff told us they always sought consent from the person and would not undertake any tasks without asking them first. For example, staff told us that they would always ask the person if they would like help to get dressed. They told us that they respected the choices people made. Staff told us they had received training in relation to the Mental Capacity

Act (MCA) and the Deprivation of Liberty safeguards (DoLS). Staff were aware of the procedures to be followed. The service had a policy in relation to consent that was reviewed in November 2013.

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

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

Some of the people we spoke with could not remember if they had a care plan. Other people told us that their relatives would know more about their care plans. People told us that staff treated them well and knew their individual preferences, care and treatment needs.

We spoke to two relatives of people who used the service. Relatives told us that their family member was well looked after. One relative told us, "I am pleased with the care my family member received. Another close family member had stayed at this service previously and had been very happy here." Another relative told us that they had put their name down to move into the service when the time was right for them to do so.

On the day of the inspection we reviewed three care files. We saw that each care file included personal information about the person. For example, the contact detail of the person's GP, their next of kin and other family members. We saw that each care file had a pre-admission assessment that included information in relation to personal and health care needs from which a care plan had been developed. We noted that care plans we looked at had been reviewed every month. This showed us that the provider had systems in place to ensure the welfare and safety of people.

We saw risk assessments had been developed in relation to each person's daily living abilities. For example, moving and handling, waterlow scores, risks in relation to malnutrition and falls.

We saw evidence of health care appointments in the care plans we reviewed. For example, we saw records of appointments with the general practitioner, dentists, chiropodist and opticians. This meant that people who used the service were able to access the health care professionals they required to ensure their health care needs were met.

Staff told us that they wrote daily notes that included night time reports. These recorded the assessed needs they had attended to. We sampled these records for the care plans we reviewed. The daily notes also included records of the personal care needs attended. This meant that the provider, manager and staff could confirm that care had been delivered in line with the care plan.

During our inspection we observed staff providing care and support to people. We saw staff interact with people in a caring and respectful manner. We saw staff offering help and support to people as and when required.

One person who used the service was Polish and we saw a member of staff conversing with this person in their own language. We also noted that a representative from a local church visited the service on a monthly basis. This meant that staff promoted equality and diversity of people who used the service.

On the day of our inspection visit we noted that people were sitting in their chairs with a minimum amount of activities being provided by the care staff. We could not see a weekly activity list displayed at the service. The manager told us that they used two activity co-ordinators; however, they had not attended so far this week due to personal issues. We saw that there was a book of photographs of various activities people had undertaken. One person we spoke with told us they were bored. We saw a list of activities that had been provided but activities were not provided every day. Since our inspection the manager forwarded to us a list of daily activities that would be provided to people who used the service. For example, puzzles, crosswords, external entertainers and gentle exercises. This meant that people would be provided with meaningful activities that would encourage their community involvement and independence.

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 protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People were provided with a choice of suitable and nutritious food and drink.

People told us that they liked the food provided by the service. They told us that staff asked them what they would like for meals. We were also told by people and staff that they had their breakfast meals in bed, this was their choice.

Staff and the cook told us that people could have a drink or snack any time they wished. We saw that people had drinks in their bedrooms and they were provided with drinks during our inspection.

We had discussions with a cook who was on duty during our inspection and had a tour of the kitchen. The cook was aware of people's likes and dislikes and had a list of people's dietary needs in the kitchen. For example, people who required their food to be liquidised. The cook told us that they were informed of dietary needs when a person was admitted to the service and this was also recorded in people's care plans. We saw that liquidised food was presented in a way that was appetising for people. For example, the vegetables and meats were liquidised separately and had been produced in moulds that represented the foods. This meant that people were provided with food of their choice and food that met their dietary needs.

All but two people sat in their chairs using small tables. We were satisfied that this was the choice of people who used the service.

The expert by experience observed the lunch time meal. We saw staff available during the lunch time and they offered support to people as and when required. They noted that some meals had plate guards that helped people maintain their independence with their foods. They also noted that the meal was relaxed and unrushed. Staff sat with people and spoke with them in a friendly manner.

The cook told us that they had undertaken training to enable them to fulfil their role. For example, they told us they had undertaken training in relation to food hygiene. We saw the training certificate that confirmed this.

We saw that food was appropriately stored. For example, foods were stored in fridges and

freezers and daily records of temperatures had been recorded. Foods that had been opened were kept covered. Records of cooking temperatures were also recorded.

The service had gained a 5 star award from the Environmental Health Officer (EHO) on the 7 January 2013.

The service used a five week menu. We looked at the menu provided by the service. We saw that this included meat, fish and pasta and fresh vegetables. We saw that daily alternative meals were provided on the menu. We did note that the menu was only displayed in one part of the lounge/dining area. This meant that people who were not close enough or sat in other areas of the lounge could not see what the meal was for the day. We discussed this with manager who told us that extra menus would be provided on the dining room tables and noticeboards throughout the service.

Staff told us that they thought the food was good. They told us that the cook asked people on the day if they were happy the day's menu. If they were not happy then they would ask them what alternative meal they would like. We observed this during our inspection visit.

We looked at three care plans during our inspection. We saw that information was recorded in relation to people's nutrition and diet. We saw that people had been weighed on a monthly basis. We saw that people with identified needs had their daily intake of foods and fluids recorded.

The manager and staff told us that when an issue had been identified in relation to people's diet or weight a GP appointment would be made so that referrals to dieticians could be made.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

A pharmacist inspector from the Care Quality Commission looked at medicine management in this service.

We looked at medicine management systems and records. The service had good facility to allow safe storage of medicines. All medicines were kept locked within these storage areas. Some creams were kept in bedrooms. These were not locked away but out of sight. There was a medicine key handover record. Temperature of the medicine fridge and the medicine rooms were monitored and recorded. We saw from records that the temperature remained within the recommended range for medicines to be effective. This meant that medicines were stored safely and at the correct temperatures for them to be safe for administration.

We looked at controlled drugs management. Controlled drugs (CD) are medicines that require stricter controls by law. The controlled drugs were checked and a record made by two members of staff each time CDs was used. We saw that all the controlled drugs records were correct. The amount recorded in the register matched the amount seen in the cupboard.

All records for medicines ordered, received, administered and destroyed were kept. The use of prescribed nutritional products was recorded on the fluid chart. A body chart was available to record topical medicines. Whenever a variable dose was prescribed the amount given was recorded on the medicine administration record (MAR) chart.
We saw records of reminder dates for medicines to be administered at regular longer intervals so that this was not missed. There was evidence that the new MAR charts received were checked for correctness before they were used. Any duplicate items were crossed off and any newly prescribed medicines were hand written onto the printed MAR charts.
This meant that clear, current and accurate records were kept of all medicine usage. We saw an audit of medicine records. This meant any concerns would be picked up before they escalated into a problem.

This service has good support from the doctor and systems were in place to ensure people

see their doctor when needed.

Supporting workers ✓ Met this standard

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

Staff received appropriate professional development.

People who used the service were complimentary about staff and care they received.

Staff told us that they had attended an induction training when they commenced their duties at the home. The manager showed us the induction training book that was being used at the service. This was in line with the Common Induction Standards which is a national induction programme for staff. This meant that new staff were provided with the training and guidance they needed which enabled them to undertake their duties at the service.

Staff told us that they received training that was repeated regularly for example, fire awareness, manual handling, medication and food hygiene. The manager provided us with a training programme that showed all staff were up to date with their mandatory training.

We looked at the training record for three staff at the service. We saw that the training they had attended included first aid, fire, moving and handling, food hygiene, infection control and Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards. The MCA is provides protection to people who cannot make decisions for themselves. It contains provision for assessing whether people have the capacity to make decisions, the procedures for making decisions for people who lack mental capacity and safeguards. This meant that staff received training that enabled them to carry out their roles as carers. Staff told us that they had supervision sessions with their manager to help them in their work. We looked at the supervision records for three members of staff. We saw that staff were receiving regular recorded one to one supervision with their manager. We were provided with records of supervisions for all staff. This provided evidence that all staff were receiving regular supervision. This meant that staff were provided with the opportunity to review their performance or identify any training needs they may require.

The manager has been registered with the Care Quality Commission since January 2013 therefore had not undertaken annual appraisals as they had not completed a year as the

manager. However, the manager told us that annual appraisals were due to commence in December 2013. We saw evidence that staff had been provided with documentation about their forthcoming appraisals.

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.

Contact us

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