Inspection Report

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

Astley Grange

Woodhouse Hall Road, Huddersfield, HD2 1DJ

Tel: 01484428322

Date of Inspection: 21 July 2014

Date of Publication: September 2014

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

Respecting and involving people who use services	✖ Action needed
Care and welfare of people who use services	✖ Action needed
Safeguarding people who use services from abuse	✔ Met this standard
Staffing	✖ Action needed
Supporting workers	✔ Met this standard

Details about this location

Registered Provider	Mulberry Care Homes Limited
Registered Manager	Miss Karen Wilson
Overview of the service	Astley Grange Care Home provides nursing and personal care for up to 35 residents.
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'.

Summary of this inspection

Why we carried out this inspection

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

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 21 July 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information sent to us by commissioners of services and reviewed information sent to us by other regulators or the Department of Health.

What people told us and what we found

Prior to this visit we received information of concern. The concerns were there were not always enough staff on duty and this meant the needs of people living in the home were not always being met. We also received concerns about safeguarding at the home, care and welfare of people living at the home, respecting and involving people at the home and staff practice around moving and handling. We arrived for our inspection at 7am so we could see the staffing levels that were available during night shifts.

This visit was carried out by two inspectors.

We asked our five questions; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people who lived at the home, their relatives, staff members and from looking at records. If you want to see the evidence supporting our summary please read the full report.

Is the service safe?
We found the home was clean and equipment was well maintained. However, there were some issues with the availability of equipment.

Staff rotas showed us there were times where the home had less staff members on shift than was required. There were many shifts when staff absences had not been covered.

We found care records were comprehensive and up to date. However, we did find some issues with a lack of relevant information being included in some records we looked at.

Is the service effective?
People's care records were assessed with their involvement or with the involvement of relatives and other healthcare professionals.

We found that people's care records were mostly up to date and contained correct information.

Is the service caring?
People were supported by kind and attentive staff. We saw care assistants showed patience and gave encouragement when supporting people. People we spoke with said staff were kind and caring.

People's preferences, interests, aspirations and diverse needs had been recorded in some care records, but not others.

Is the service responsive?
People did not partake in many activities at the home. On the day of our visit we observed people sitting in lounges with little to no interaction from staff members for a considerable length of time, mainly due to the lack of staff availability. People who lived at the home told us they would like more activities.

Is the service well-led?
Staff told us they were clear about their roles and responsibilities. People who lived at the home and some staff we spoke with said they felt carers were 'stretched' and did not have a lot of time to carry out their duties.

We looked at staff personnel files and found that staff members were up to date with most of their training. However, we did find issues with a lack of supervision taking place for staff.

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 09 October 2014, 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

Respecting and involving people who use services ✖ Action needed

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was not meeting this standard.

People's privacy, dignity and independence were not always respected and people's views and experiences were not always taken into account in the way the service was provided and delivered in relation to their care.

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

During our visit we looked at the care records of seven people who lived at the home. In the files we looked at, we found that the person, or where appropriate their relatives, had been involved in the care planning process.

We saw care documents recorded people's preferences, such as what name they preferred to be called, whether they liked a bath or a shower and what time they liked to go to bed. This showed us people who lived at the home had been involved in making decisions about their care and treatment. One person's care records stated, "I like to get up at 9.30am and go to bed at 10pm" and "[Person] likes to get up out of bed every day. However, we found through our observations and through speaking with people and staff that these requests were not always observed due to shortages of staff. This showed care staff were not always able to take account of people's preferences when delivering care.

We observed care staff speaking courteously and kindly with people. However, we also observed people often had to wait some time for assistance and care staff supporting people did so in a somewhat rushed manner. We heard care staff explaining to people what was happening to them when they were receiving care and support. These observations showed us staff showed respect to people but were often rushed, resulting in people's choices not always being respected.

We observed lunchtime in the dining room and saw many people who lived at the home sat at separate tables. We spoke with staff about this, who told us that people chose where they would like to sit. One person we spoke with told us; "The food is lovely here and we get a choice." This demonstrated staff respected people's choices.

People and relatives we spoke with said people were treated with respect whilst receiving care and support. One person we spoke with said; "All the staff are lovely and friendly. Very kind." However, we found that people's dignity was not always maintained. For example, people said that they often had to wait a considerable amount of time, when requesting assistance to go to the toilet. One person we spoke with told us; "I don't go to the toilet through the day because there aren't enough staff. I wear an [incontinence] pad because there aren't usually enough staff around to help me." This showed the dignity of people who lived at the home was not always maintained.

During our observations on the residential floor of the home, we observed people were treated with respect and given choices. For example, we saw one member of staff offering a choice of three different flavoured juices to people. We also observed this staff member asking people if they would like to listen to music, and what sort of music they would like. People who lived at the home chose the genre of music and the staff member played this in the lounge for them, often singing along and encouraging people to join in. This demonstrated people were given choices and staff observed these.

People were not always supported to become involved in the community. One person's care records stated that they like to sit outside after breakfast. However, we observed that this person remained in bed for the majority of the day during our inspection. We spoke to this person, who told us they had been in bed for several days and that they would like to get up. We spoke with staff about this, who told us this person was unable to get out of bed due to the required equipment being unavailable at that time. This meant people were not always able to have their choices respected.

Care and welfare of people who use services ✖ Action needed

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was not meeting this standard.

Care and treatment was planned but not always delivered in a way that was intended to ensure people's safety and welfare.

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

People's needs were assessed but care and treatment was not always planned and delivered in line with their individual care plans.

During our visit we looked at the care records of seven people who lived at the home. We saw care records were clearly indexed, comprehensive and individually tailored to meet people's needs. However, we saw in some of the care records we looked at a lack of information around the person's life history. Completing a life history document is important in establishing an understanding of the person's experiences in order to be able to provide more person-centred care and support.

The seven care files we looked at contained individual care plans and risk assessments, along with the actions staff needed to take. These included care plans for personal hygiene, moving and handling and emotional wellbeing. For example, one persons 'depression and anxiety' care plan stated; "Staff should settle [person] with compassion and a cup of tea or give [person] a task, such as folding dusters." This demonstrated that care and treatment was planned and delivered to ensure people's safety and welfare.

In one care record we looked at, we found the person had a very poor appetite. However, we also found in this care plan that the person had not been weighed in order to monitor the person's weight losses or gains. This meant the service did not take into account all of people's dietary requirements.

In one care record we looked at, we found no care plans. This person had issues around their communication with others due to language barriers. We saw evidence that the person's relative had put 'common phrases' in the person's room to enable staff to communicate effectively with them. However, we saw no evidence that the home had put measures in place to cater to these requirements.

We saw records which required completion within the care files were generally up to date and completed as required. These included daily reports, bath records, activities records,

food intake charts and fluid intake charts.

In all care records we looked at, we found people's preferences around bathing or showering and how often they would like to have a bath or shower. However, we also found in all care records that these wishes were not always respected. We found several people at the home had only had one bath or shower in the last month. We saw evidence that people had received 'bed baths/washes' but nothing to state that the persons preferences around the frequency of bathing and showering were observed. We also found, through our observations, that many people who lived at the home had dirty fingernails. This meant people's choices were not always respected and the personal hygiene needs of people were not always catered for.

Every care record we looked at contained details of other healthcare professionals involved in the person's care. These included district nurses and doctors. This showed people who lived at the home had appropriate additional support in order to meet their care and treatment needs.

People, relatives and staff all told us care staff were good and had people's care and welfare at heart. One person told us, "The staff are all lovely. I know they wish they had more time for us but there are just not enough of them."

We saw there were a lack of activities offered at the home. One relative told us, "There is absolutely nothing to do. People just seem to sit around or lay in bed with the television on." The delivery of care, treatment and support should maintain people's welfare by taking account of all their needs. This should include consideration of people's mental, social, and emotional needs, including daytime and evening activities.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We carried out this visit in response to some concerning information that we had received regarding the safeguarding of people who lived at the home.

We looked at the home's safeguarding policy. We found this policy to be accurate and fit for purpose and the policy was in date.

During our visit we spoke with two staff about safeguarding. We found staff were knowledgeable about what signs to look for and could describe different types of abuse and the effect this could have on people living at the home. Staff were able to describe what they would do in a situation where they suspected abuse, the actions that they would take and who they would report any issues to.

We looked at the training matrix to check that all staff were up to date with safeguarding training. We found the majority of staff at the home had received safeguarding training or refresher training in the last 12 months. However, the provider may wish to note that some care staff members were overdue refresher training. Due to continually changing legislation, it is imperative that all staff were up to date and received regular refresher training.

We looked at details of safeguarding concerns that the home had. We found the provider had carried out disciplinary procedures of staff members involved with these safeguarding concerns and had reached a satisfactory result from this. This demonstrated the provider acted appropriately to safeguarding concerns that had been raised.

Staffing ✖ Action needed

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was not meeting this standard.

There were not enough qualified, skilled and experienced staff to meet people's needs.

We have judged that this has a major 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

When we inspected the home in February, we found issues with staffing levels. During this inspection, we checked to see what measures the provider had put in place regarding this.

We arrived at the service at 7am. At the start of the inspection the night nurse told us there were 35 people living at the home. We saw that care was provided to people over three floors with the bottom two floors consisting of people who required nursing care and the top floor being people who required residential care. We noted that the night nurse should have finished their shift at 8am. However, they were still at the home completing paperwork at 9.30am.

The home had carried out a 'dependency tool' which identified the number of required hours care at the home. Staffing levels at the home consisted of eight staff during the day and four staff during the night, including one nurse on each shift.

We looked at the duty rotas between 23rd June 2014 to 20th July 2014 and found that the number of staff on duty at the home did not always meet the required levels. We found there were staff shortages on nine of the day shifts we looked at and three of the night shifts. We spoke with the manager about this, who told us staff members who had been on day shifts remained on shift until night staff arrived. However, on checking timesheets, we found that staff did not stay until staff members for night shifts arrived and there was often a period of four hours where the home was left with only two carers. The manager told us that they often used agency staff to cover shortfalls. However, when we spoke with other staff members and people who lived at the home, they told us that this was not always the case and there were regularly times when the home was short staffed. This meant there were not enough qualified, skilled and experienced staff to meet people's needs.

We spoke with people who lived at the home. One person told us "Staff are lovely but there are never enough of them about." Another person told us; "There's just hardly anything to do. Staff usually don't have time to take us to the toilet, never mind do activities with us."

During our visit, we sat in communal areas and lounges in the home. We found that people were often left for periods in excess of 20 minutes after asking to be assisted to the toilet. We spoke with staff about this, who told us they were unable to take people to the toilet as they required the assistance of two care assistants and no other staff members were available. This issue was particularly apparent during morning time, when people wanted to get out of bed and during lunch time, when people were being taken into the dining room or being assisted to eat. This demonstrated there were not enough staff available to meet people's personal care and hygiene needs.

We also observed in communal areas there were, at one point in the day, four people sat in wheel chairs waiting for assistance to transfer into lounge chairs. These people were sat waiting for assistance in excess of 20 minutes. This showed there were not enough staff available to assist with transferring people, when required.

We found that all eleven people who lived on the ground floor of the home required the assistance of two care assistants for all personal care needs. However, we observed that there was only one care assistant allocated to this floor with one 'floater', who worked across all three floors as required. This meant people had to wait for their personal care needs until the 'floater' was available.

One person we spoke with said they were waiting for assistance to shave. We saw this person had been waiting a considerable amount of time. We checked on this person later on during the day and found that staff had assisted him to shave.

We asked the manager what they planned to do regarding staffing levels at the home. The manager and provider told us they had recruited two new senior care assistants, who were awaiting start dates. The manager also told us they were going to interview two additional care assistants and had placed advertisements for care assistants and bank staff at the home. We asked the provider and the manager what they planned to do regarding staffing levels in the meantime. They told us they would ensure all shifts were covered through the use of agency staff, if required.

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

Suitable arrangements were in place to ensure staff were appropriately supported in relation to their responsibilities.

We looked at the staff personnel files of three members of staff; these included a care assistant, a senior care assistant and a nurse. We found all files contained the relevant documents, in relation to each person's employment. For example, we found copies of reference checks from previous employers and up to date Criminal Record Bureau (CRB) or Disclosure & Barring Service (DBS) checks. However, in the nurse's personnel file, it appeared their registration with the Nursing and Midwifery Council (NMC) had recently expired. We asked the manager about this, who told us the registration hadn't expired but that an updated certificate had not been added to their file. The provider found this information and added it to the nurse's personnel file immediately.

We looked at the homes staff training matrix and found staff were mostly up to date with their training. All staff at the home were required to undertake annual training, or refresher courses. We asked the manager and the administrator how they knew when someone required refresher training. They told us they had a spreadsheet that stated people's required training dates. The provider also told us they were going to implement a 'traffic light system' that 'flagged up' when people required additional or refresher training.

We asked the provider for their supervision matrix, which showed the last dates that staff members had received supervision. The provider may wish to note that we found there were several staff members who had not received supervision in the past 6 months. We asked the provider and registered manager about this, who told us supervisions were overdue as the home had been without a manager for the past three months. However, this meant that, due to there previously being no manager in post, staff had not received regular, appropriate supervision and appraisal.

We spoke with staff members, some of which told us they felt the new manager was making positive changes to the service and others who told us they felt the manager was unapproachable. These staff members told us that the new manager had ordered new uniforms for them to wear but had not consulted with them on their preferences. We asked

the provider and the manager about this, who told us they had conducted staff meetings where this was discussed but was only attended by approximately five members of staff. We saw evidence of this during our inspection.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010** **Respecting and involving people who use services**
	How the regulation was not being met: The registered person must make suitable arrangements to ensure the dignity, privacy and independence of service users. Regulation 17(1a) The registered person must treat service users with consideration and respect; provide service users with appropriate information and support in relation to their care and treatment; provide appropriate opportunities, encouragement and support to service users in relation to promoting their autonomy, independence and community involvement. Regulation 17(2a, b & g)
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of	**Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010** **Care and welfare of people who use services**
	How the regulation was not being met: The registered person must take proper steps to ensure that each service user is protected against the risks of receiving care or treatment that is inappropriate or unsafe, by means of the planning and delivery of care and treatment in such a way as to

This section is primarily information for the provider

disease, disorder or injury	meet the service user's individual needs and ensure the welfare and safety of the service user. Regulation 9(1b(i) & b(ii))
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010** **Staffing**
	How the regulation was not being met: In order to safeguard the health, safety and welfare of service users, the registered person must take appropriate steps to ensure that, at all times, there are sufficient numbers of suitably qualified, skilled and experienced persons employed for the purposes of carrying on the regulated activity. Regulation 22.

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 09 October 2014.

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.

Contact us

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