

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

## Grange Cottage Residential Home

6 Grange Road, Sutton, SM2 6RS

Tel: 02086422721

Date of Inspection: 01 May 2014

Date of Publication: May  
2014

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

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Safety and suitability of premises</b>	✓	Met this standard
<b>Staffing</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Grange Cottage Limited
Registered Manager	Mrs Vijayantimala Halkoree
Overview of the service	Grange Cottage is a care home for up to nineteen people who either have dementia or mental health needs.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

## 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
<hr/>	
<b>Summary of this inspection:</b>	
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
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Consent to care and treatment	7
Care and welfare of people who use services	8
Management of medicines	9
Safety and suitability of premises	10
Staffing	11
Assessing and monitoring the quality of service provision	12
<hr/>	
<b>About CQC Inspections</b>	13
<hr/>	
<b>How we define our judgements</b>	14
<hr/>	
<b>Glossary of terms we use in this report</b>	16
<hr/>	
<b>Contact us</b>	18

## 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 1 May 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

---

### What people told us and what we found

---

We spoke with four people and observed staff interactions. We looked at care records for three people and spoke with two members of staff and the deputy manager. We had the opportunity to talk with a relative visiting someone who lived at the service.

We considered all the evidence we had gathered under the outcomes we inspected. We used the information to answer the five questions we always ask:

- 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. If you want to see evidence supporting our summary please read the full report.

Is the service safe?

People using the service told us they felt safe and that they were cared for individually. Assessments were carried out by staff to make sure that people's needs were identified and met. Risks were assessed and reviewed regularly to make sure people's changing needs were met. People were involved in making decisions about how they wanted to be cared for. People were supported to take their medicines in a safe way.

Staff had undertaken training in the Mental Capacity Act (2005) and were aware of their responsibilities in relation to the Deprivation of Liberty Safeguards (DoLS); although no application has needed to be submitted to the local authority.

There were systems in place to ensure that management and staff learnt from events that adversely affected the people using the service.

Is the service effective?

People received effective care from staff that were trained and supported by the manager. People were involved in assessments of their health and care needs and in writing their plan of care so they understood the information they included.

Staff encouraged and supported people to keep healthy and well through regular monitoring of people's general health and making sure they attended scheduled medical and healthcare appointments.

Is the service caring?

People were supported by attentive and patient staff. We saw them give encouragement to people and these interactions were caring and compassionate. Staff respected peoples' privacy, dignity and right to be involved in decisions and make choices about their care and treatment.

All the people we spoke with gave us positive feedback on the care and support they received in the home. Comments we received included, "staff are good" and "they do the best they can".

Is the service responsive?

We found staff continually monitored people's condition and where necessary sought advice and assistance from other community based health and social care professionals.

The views of the people using the service and their relatives were routinely sought by the provider who regularly had contact with them and also used annual questionnaires to their ascertain views. People we spoke with knew how they could make a complaint if they were dissatisfied or unhappy with the service they received.

Is the service well led?

The service had a registered manager who was experienced and knew the service well.

The provider carried out regular checks to assess and monitor the quality of the service provided. In this way the provider could ensure that the quality of the service was maintained.

Staff told us they were clear about their roles and responsibilities. Staff felt able to raise concerns and said that their manager was approachable and would act upon any concerns they raised.

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](http://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 staff acted in accordance with their wishes. We saw many examples of this, staff asked if someone wanted a shave or not and if they wanted any help to put on their own slippers or not. Staff told us they always sought permission before carrying out any care and support. The family member we spoke with said they were involved with their family members care and the development and review of their care plan.

We looked at three people's care records. We saw people had signed to confirm they had agreed to the contents of the care plans and risk assessments. If the person was not able to sign then a member of their family or representative was approached to sign on their behalf.

At the time of inspection there was no Deprivation of Liberty Safeguards (DoLS) in place. Staff had received training in DoLS and demonstrated a clear understanding about maintaining people's safety whilst promoting their independence. The deputy manager told us they knew what to do where there were concerns people might be deprived of their liberty. They were aware that they were required to contact the local authority for a 'best interest' assessment to ensure the person was cared for safely.

Mental Capacity Assessments had been completed for some people who used the service. This had been completed either by the person's social worker or advise had been sought by an Independent Mental Capacity Advocate (IMCA). Staff had received training about the Mental Capacity Act (2005) and showed that they could apply what they had learnt.

**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**

---

All the people we spoke with gave us positive feedback on the care and support they received in the home. Comments we received included, "they do their best". A relative we spoke with told us, "always keep you informed if there's any issue particularly if it's about health".

People's care was delivered according to their preferences and choices. People using the service had an individual care plan that was drawn up after care staff carried out a comprehensive assessment of each person's needs. This included obtaining information from other professionals and a personal biography; in this way staff could make sure that care was personalised. We looked at three care plans and saw these were reviewed monthly and changes were made where required.

Care was planned and delivered in a way that was intended to ensure people's safety and welfare. Care records contained risk assessments that ensured people were protected from harm whilst supporting them to maintain their independence. For example, we saw risk assessments relating to people's medical conditions. Where risks were identified, advice and support was sought from relevant professionals. This meant staff were aware of the potential risks for each person using the service and the actions required to manage these risks.

**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**

---

Appropriate arrangements were in place in relation to obtaining, storing, recording, administering and disposing of medicines. This meant medicines prescribed to the people who used the service were handled appropriately.

Medicines were stored in a locked metal cabinet secured to a wall in the medicines room. The home also had controlled drugs which were stored separately with appropriate records of medicines being maintained. In this way people could be assured that medicines were stored appropriately.

We saw that medicines were supplied monthly by the community pharmacist. Most of the medicines came into the home in blister packs for ease of administration. We saw that each person who used the service had an individual file, which included a list of their medication, a photograph and any known allergies; in this way the possibility of errors could be minimised. We looked at a random sample of Medication Administration Record (MAR) sheets and saw they were written clearly and had been appropriately maintained by staff. For example, we found no recording errors on any of the medication records we looked at during our visit.

Staff received appropriate professional development regarding the safe handling of medicines. Staff we talked with told us that only those staff who had attended the provider's medicine administration course were able to administer to people who used the service. Staff also had an annual competency assessment to make sure they were safe to administer medicines.

## Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

---

### Our judgement

---

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risk of unsafe or unsuitable premises.

---

### Reasons for our judgement

---

The provider had taken steps to provide care in an environment that was adequately maintained. Grange Cottage is an extended detached house within walking distance of Sutton town centre with all its amenities and transport links for people and their representatives to make use of.

During a tour of the premises we saw the home was furnished throughout with domestic style furniture which gave the communal areas a pleasant, homely feel. There was colour contrast on door frames and handle bars along corridors which would assist people with a visual impairment to independently move around the home. We noted that the home was clean throughout and that there was domestic staff on duty for much of the day who could clear up any spillages.

People's bedrooms were well maintained and clean. People could bring in some of their personal belongings such as items of furniture if they wished. However, the provider may find it useful to note that some bedrooms lacked personal items which detracted from the environment being homely.

## Staffing

✓ Met this standard

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

---

### Our judgement

---

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

---

### Reasons for our judgement

---

There were enough qualified, skilled and experienced staff to meet people's needs.

During our inspection we saw there were two members of care staff and the deputy manager working directly with people. There was also a member of domestic staff, a cook and an activities co-ordinator who worked four mornings a week. The deputy manager told us the staffing levels were different as the manager was on holiday. The usual pattern would be three members of care staff plus a manager.

We examined a random sample of weekly staff duty rosters and saw there were always at least three members of staff on duty and two waking night staff. The deputy manager told us that if there were shortfalls in staffing levels due to sickness or leave, they did not have to use agency or bank staff as their current staff team covered any absences. This meant that people had consistency and continuity for their care. The deputy manager told us that additional members of staff covered peak periods of activity which made it easier for the team to meet people's social needs and wishes.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

---

### Our judgement

---

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

---

### Reasons for our judgement

---

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

People we spoke with said they were able to provide feedback on the quality of the service. They told us if there was anything they did not like then they would talk to staff and they felt staff listened to them. Staff we spoke with told us they felt valued, well supported and were able to raise any concerns they had.

We saw completed questionnaires from people who used the service, their representatives and visiting professionals; the last questionnaire was completed in July 2013. In the hallway area of the home, we noted there was a suggestion box for people to provide comments on the service. In this way the provider was continually monitoring the quality of the service.

Accident and notification records were analysed by the provider to monitor for any trends and to consider if any learning or improvements were required. We saw the complaints policy and noted it was a thorough document. A summary of the policy was available in pictorial and easy read formats so it was more accessible to people using the service. We noted the policy and had the name of an independent arbitrator that people could contact if they wanted their complaint to be dealt with more independently. However there were no contact details of the arbitrator so people could not contact them if required.

We noted the manager arranged for various audits to take place to monitor the quality of the service. This included internal audits and external audit of medication. We saw that the provider had taken prompt action to address any shortfalls identified in the external audit to improve the service people received.

## 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

---

Phone: 03000 616161

---

---

Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

---

---

Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---