

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

The Grange Nursing Home

Vyne Road, Sherborne St John, Basingstoke,
RG24 9HX

Tel: 01256851191

Date of Inspection: 11 July 2014

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September 2014

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
Safeguarding people who use services from abuse	✓	Met this standard
Management of medicines	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Britaniascheme Limited
Registered Manager	Mrs Janet Ann Marie Green-Bennett
Overview of the service	The Grange Nursing Home is a care home with nursing that offers a service for up to 26 people with general nursing needs. The service provides re-enablement facilities for up to two 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

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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 11 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 and talked with staff.

What people told us and what we found

A single inspector carried out this inspection. The focus of the inspection was to answer five key questions; is the service safe, effective, caring, responsive and well-led?

Below is a summary of what we found. The summary describes what people using the service, their relatives and the staff told us, what we observed and the records we looked at.

If you wish to see the evidence that supports our summary please read the full report.

Is the service safe?

People who use the service were cared for in a safe and clean environment. Domestic staff cleaned daily and during our visit we saw people's rooms and the communal areas were clean. Equipment used had been well maintained and regular maintenance checks were performed which ensured equipment was fit for purpose. There were enough staff to meet the needs of people and the manager used the "safer guidance for nursing homes" staffing tool when planning staffing requirements. Gaps within the rota for registered nurses were filled by care workers which ensured enough staff were available and the registered manager was available to provide nursing assistance and advice as necessary.

Staff's personal records showed that the majority of staff had completed mandatory training in line with the home's policy, and staff were able to demonstrate their knowledge of safe care of people.

CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. No applications had needed to be submitted, however proper procedures were in place and staff were able to demonstrate knowledge of the procedures when asked.

Is the service effective?

People told us they were happy with the care they received and felt the staff met their

needs. One person told us "they look after me well" and are "really excellent". The care plans we reviewed contained detailed assessments of people's needs and the people we spoke with told us they were involved with planning their care. Staff told us they "get to know residents well" which they felt enabled them to meet their needs. Staff that at the home had completed national vocational qualifications (NVQ) in support of their work. Care plans we reviewed demonstrated where care workers had high-lighted changes in people's care needs, for example: a person complained of knee pain and action had been implemented by referral to the GP services and a review plan had been put in place. This meant the care staff were effectively meeting the changing needs of people who use the service.

The manager told us about their re-enablement facilities. People requiring short term rehabilitation with a view to returning to their own home used this service. One of two re-enablement rooms were being used during our visit. The manager told us a person that had been recently admitted to this facility had been unable to return home due to a high incidence of falls. As a direct result of assessments completed at the home they had been moved to alternative nursing accommodation.

Is the service caring?

People were supported by staff who were kind and caring. We observed staff knocking on doors and asking politely when care tasks were required, which meant they cared about respecting people's privacy and dignity. People told us they were supported to do things in their own time and chose when they wanted to do things such as: activities and the time they went to bed. One person told us " I prefer to be alone" but the "staff would take me downstairs if I wanted to go". A visitor that we spoke with told us "we are a family" and felt the staff were approachable and accommodated individual needs.

We observed staff speaking with people and saw they asked " how are you?" and saw they gave people time to move freely at their own pace around the home. During mealtimes we saw they spoke kindly to people and checked they had eaten and drank enough.

Is the service responsive?

People's needs were assessed before moving to the home and reviewed on a monthly basis. Activities were provided daily and people were encouraged to take part and chose what they wanted to do. The activities coordinator told us if people wanted to change the daily activities then they were supported to do so. Visitors were encouraged at the home and staff always checked with people that they were happy for their visitors to come in.

Is the service well led?

Regular resident and staff meetings were held and people were involved in decisions about the home. During our visit we were told about a planned extension to the home and people said they were consulted about the plans during the resident's meetings. Drawings and information about the extension were displayed in the main hallway. Staff told us they felt involved in the running of the home and the manager kept them informed of any changes.

We reviewed the last residents satisfaction survey conducted in April 2014 and saw that actions had been put in place to address negative comments including signage to remind people to close doors quietly. The majority of comments were positive and people stated

they were "happy" living at the home.

There were two complaints made to the manager in 2014 and people told us they had "no complaints" about the home. They said they understood the complaints process.

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. We reviewed the care plans for three people and saw consent forms were signed for a variety of different needs which included care and treatment, use of wheelchairs, photography and clinical tests. People's capacity to consent had been documented in the care plans during initial assessments. The manager told us best interest meetings were held with social services and GP's which meant people with dementia were assessed for their capacity to make decisions. Lasting Power of Attorney was in place for people who were unable to manage their own finances.

We spoke with two members of the care staff who told us "I ask them what they would like" and "get permission" before performing and care. They told us they gave people "choice" about the care they received and ensured they "tell people before doing anything" and "check they are ok with it" which meant they informed people about their care and ensured they consented.

We spoke with three people who told us staff asked permission before performing any tasks and they felt they had good choices in the home.

During our visit we saw that some people used bed rails. We reviewed the care plans for three people and saw that bedrail assessments were completed with people who used them and consent was obtained for their use. This meant that people were protected from the use of unlawful restraint under the "Deprivation of Liberty Safeguards". The manager showed us a resource file that had been made available to all staff after the supreme court ruling for deprivation of liberty safeguards. Care workers were expected to sign when the document had been read, we saw the majority of care workers had read and signed this file.

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. We reviewed the care plans for three people and saw that a wide variety of assessments were performed including: maintaining a safe environment, breathing and circulation, mobility, communication, eating and drinking and cleansing and dressing. Consideration was given for people's preferences including: the time they liked to go to bed and dietary requirements. We spoke with three people who told us they had seen their care plan and felt it reflected the care given. They told us care workers "just get on with tasks as they know me well" and they saw the same care workers regularly. This meant people received continuity from staff they knew well. None of the people they cared for had been diagnosed with dementia although some people had memory problems. Care workers we spoke to told us they "tailor their approach to people when supporting them" and "talk to people to find out their likes".

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that a wide variety of risk assessments were performed which ensured the safety and well-being of people. Malnutrition Universal Screening Tools (MUST) were performed and people were weighed monthly. We saw that people's weight was maintained at a consistent level. Skin assessments were performed using the "waterlow" tool, which is a risk assessments that identifies people at risk of developing skin damage. Any damage to skin integrity was photographed and documented in the care plan. People's mental capacity had been documented in the care plans and advanced decisions were included in initial assessments. Families and other health professionals including GP's and social workers were involved with enabling people to make decisions. Medical conditions had been documented in the care plans and action plans identified for people who had diabetes or who developed illnesses such as urinary tract infections. People's wishes for end of life care had been asked and details placed in the care plan

Dependency tools were completed monthly which indicated people's dependency for completing tasks independently. This manager used this information when assessing staffing requirements which meant they were able to identify changes to nursing need within the service. During our visit we observed that care workers were able to answer call bells quickly and people were not rushed to complete tasks. One person we saw had been

supported to eat independently at lunch time despite this taking them significantly longer than other people.

There were arrangements in place to deal with foreseeable emergencies. We spoke with three members of staff who told us they had received first aid training and were able to tell us what they should do in a medical emergency. People who required hospital admissions had documentation completed to send with them which meant the receiving hospital had information about people's past medical history and their health needs. During our visit we saw that safety procedures were displayed around the home and fire doors were clearly identifiable. Maintenance records were up to date for fire checks and routine fire checks were completed weekly.

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

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. We reviewed the procedures for safeguarding people and saw that the service followed a multi-agency safeguarding procedure from the local authority. Safeguarding alerts had been made using the procedures and referral forms found within this document. We saw information about the Deprivation of Liberty Safeguards (DoLS) were displayed on notice boards and a staff information folder was located by the nurses' office which contained recent updates about DoLS.

The manager told about a safeguarding concern which had been notified to the Care Quality Commission (CQC) where a person developed a pressure ulcer. We saw correct procedures had been followed which ensured the continuing safety of this person in the home. Further interventions had been implemented to support this person during treatment and to prevent future recurrence.

We spoke with three members of staff who told us they had received safeguarding training and were able to tell us about what they would do if they had concerns about a person living in the home. Training records demonstrated that most of the staff had completed up to date training and dates were booked for staff whose training had expired.

We spoke with three people who told us they felt safe living at the home and could talk to the manager if they had concerns.

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 medicine. People's medicines had been dispensed using a dosset box system. Individuals had their own box which identified them using name and date of birth. Photographs of each individual were on the packaging. Medication doses and times for administration were clearly labelled which meant nurses could follow prescriptions with ease. Repeat prescriptions were ordered through the GP and stock had been managed to ensure it was sufficient for people's needs. The manager told us they kept a minimal stock of people's medicines which meant they could minimise the risk of medications expiring and ensured the stock cupboards remained organised.

Appropriate arrangements were in place in relation to the recording of medicine. We reviewed the medication administration records (MARS), nursing staff had signed to indicate prescriptions medicines had been given and signatures were legible.

We reviewed the controlled drugs record and saw each medicine had been signed out by two people in line with current guidance. The manager told us that stock checks which should ensure correct stock of controlled medicines should happen weekly. These had not been completed in line with the services' guidelines. The manager told us they were aware of this and were working with staff to ensure checks were completed. They told us previously checks had been carried out overnight. The manager told us they planned to carry out checks during day time hours which they felt would ensure checks were performed regularly.

Medicines were not always kept safely. Medicines were stored in locked cupboards located on each floor of the home. However, during our visit we saw medicines that had been delivered arrived in boxes that were too large for the secure cupboards. This meant that they were stored in the hallway until the nurses were able to put them away. We observed that the boxes remained in the hallway for the duration of our visit which meant there was a risk that they were accessed by people living at the home or visitors.

We saw the medicines fridge and saw the temperatures were monitored daily which monitored if medicines were stored at the correct temperature. During our visit the temperature displayed was above the expected range. The manager explained that the air

conditioning had been turned off over night and that during the day the hot summer weather made the room warm and impacted the fridge temperature. We saw the temperature returned to within expected range within five minutes of the air conditioning being turned on. The manager told us on rare occasions staff forgot to turn the air conditioning unit on in the morning.

Medicines had been prescribed and given to people appropriately. We spoke with the manager who told us that when new prescriptions were delivered the nurses checked them against the GP prescription. This ensured any changes had been made by the pharmacy. Homely remedies whereby nursing staff could give low risk medicines without a GP prescription such as: paracetamol were not used. All medicines were prescribed by the GP and dispensed through the pharmacy.

Medicines were safely administered. We reviewed the incident reports for the home and saw that only one incident had been recorded for a drug error which involved a person being given the wrong medicines. We saw that the manager had investigated the incident and dealt appropriately with the staff member involved.

Medicines were disposed of appropriately. Medicines at the home were disposed of in large bins stored in a locked cupboard, these were then sealed and sent off site for incineration. Stock levels were kept at a minimum to prevent expiry of medicines and excessive waste.

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. We reviewed the results of the last residents survey which had been completed in April 2014. Comments included "quite a selection" about food and beverages and people stated they were "happy" with the care provided. There were two comments regarding staff being "busy" and not being supported to do activities. An action plan showed that the activities coordinator had increased activities and a second coordinator had been recruited. They were due to commence in post in August 2014. Another comment stated that the doors were noisy and signage had been put in place to remind people to close doors quietly. This meant the staff had listened to people's wishes and acted on them.

We spoke with three staff members who told us there were regular meetings with the manager and they felt this was a good forum to talk about their views. We reviewed the minutes of staff meetings which had been held every three months. Changes such as those regarding people's care and results of quality audits were shared. The meetings focused on standards of care which ensured staff were putting people at the forefront of their daily work.

We spoke with three people who told us there had been monthly resident meetings and a monthly newsletter which they felt informed them about what was happening in the home. They told us about plans for a new extension to the home which had been communicated via the meetings and the newsletter.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. We reviewed the care plans and saw people's care was reviewed by the registered nurses and other professionals had been involved in decisions about their care.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. We reviewed the incidents reported at the home since January 2014 and saw that seven falls had been recorded. The manager told us a person admitted to one of their re-enablement rooms, which were rooms for short term stays for rehabilitation back to a person's own home, had accounted for these falls. The

manager told us the reporting and monitoring of these episodes led to a direct change of care for this person who had subsequently been admitted to another nursing home. This meant they had responded appropriately to the increased incidents of falls.

The provider took account of complaints and comments to improve the service. We reviewed the complaints for this service since January 2014 and saw that two complaints had been made. One of these complaints had led to a safeguarding incident that had been appropriately reported to the local authority and the Care Quality Commission (CQC). We reviewed the provider's policy for complaints and saw that the manager had followed the procedures as directed. The home had a number of thank you letters and cards which had been shared with the care staff.

We reviewed the homes quality assurance audits and saw that there had been regular audits performed which considered the safety of people including: hand hygiene, medicine management, environmental, kitchen, health and safety and housekeeping. Results for these audits showed the home had been compliant with the provider's policies and procedures.

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.

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