

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

Anisha Grange

Outwood Common Road, Billericay, CM11 2LE

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

Respecting and involving people who use services

✓ Met this standard

Care and welfare of people who use services

✓ Met this standard

Safeguarding people who use services from abuse

✓ Met this standard

Supporting workers

✓ Met this standard

Assessing and monitoring the quality of service provision

✓ Met this standard

Details about this location

Registered Provider	Hallmark Care Homes (Billericay) Limited
Registered Manager	Mrs Johanna Coughlan
Overview of the service	Anisha Grange is a home that is registered to provide accommodation, nursing and personal care for up to 73 older people some who may have needs associated with dementia.
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

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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 9 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.

What people told us and what we found

During our inspection we spoke with 14 people who used the service and three visiting relatives. We also spoke with the Hospitality Manager and Acting Regional Manager and 10 staff.

We looked at the care records for six people. We also looked at how people were involved in their care and in developing the service, how safe they were, support and supervision systems for staff and quality assurance checks.

We considered our inspection findings to answer questions we always ask; Is the service safe? Is the service effective? Is the service caring? Is the service responsive? Is the service well-led?

This is a summary of what we found;

Is the service safe?

Staff had received a range of training to protect people from harm. Safeguarding of vulnerable adults from abuse (SOVA), Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) training were completed every year. Staff we spoke with told us that they were aware of the action they would take if they suspected abuse was or had taken place. They were also aware of what it meant to deprive someone of their liberty and why this was sometimes necessary. This assured people who used the service that staff had the knowledge to know how to protect them from harm.

We found that the service had suitable arrangements in place to gain people's consent and assess their mental capacity to make decisions before acting on their behalf.

The policy, procedures and quality monitoring of the service included health and safety and reviews of care planning and delivery. This system was comprehensive and ensured people lived in a safe environment with safe care.

Is the service effective?

People's assessments showed that their care, support and treatment was planned and delivered in a way that ensured that their needs were being met. Individualised care meant that people were fully involved, where possible, in choices and decisions about their lives. This made their care more effective as it enhanced their wellbeing and independence. One person said, "The carers are really good and the food is alright."

Is the service caring?

We saw good interaction between staff and people who used the service. Staff spoke to people respectfully; they were caring and courteous in their manner. People told us that the staff were very kind and gentle. One relative said, "The staff are very caring here, very caring indeed."

Staff had a good knowledge of people's likes and dislikes. People told us that the staff treated them respectfully. One person said, "They [the staff] have a heart of gold." People's preferences and diverse needs had been recorded in their care files and care and support had been provided in accordance with their wishes. This showed that people were cared for by kind and caring staff.

Is the service responsive?

The service offered a range of activities and places of interest for people to go within the service. Themed areas such as a 'shed', library and café had been developed from listening to the views of people who used the service and their relatives. One person said, "I can choose to do something if I want, there's always something going on."

Reviews of people's care and health records showed that the service made sure that people received their care in a joined up way. People were responded to on an individual basis and staff knew people's needs well.

We saw from the records viewed that the service worked well with other agencies. A range of professionals from the community were involved in people's care. This showed that people's specialist health care needs were considered and that the service was responsive to people's changing needs.

Is the service well-led?

A comprehensive quality monitoring process and improvement plan was in place. Regular care reviews and discussions about nursing, care and social needs with people who used the service and their families took place. This ensured that people's changing needs and preferences were always taken into account. A survey had been sent to relatives to enable the service to capture peoples' views and experiences.

Staff training and supervision was provided for all staff. They told us they felt supported in their role.

The service was well-led as it was continually improving in its care provision and in the environment to make Anisha Grange a good place to live and work.

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

Respecting and involving people who use services ✓ Met this standard

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 meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care

Reasons for our judgement

We spoke with 14 people who used the service. People who could not verbalise their experiences, we observed how they spent their time and how staff interacted with them.

People told us that they liked living at the service. They had nice rooms, which were well decorated, personalised and comfortable. Bedroom doors were closed whilst personal care was undertaken to respect people's dignity and privacy. People said, "I have a lovely room, I am very comfortable."

People told us that they were able to talk to staff about their needs and preferences. Some people told us that they were able to decide when they got up and went to bed, what they wanted to do during the day and what meals they wanted. One person said, "There is always a choice about what to have for lunch."

We looked at six people's care records. People's life histories, their culture and personal circumstances had been recorded. We also saw information recorded which showed how people were treated and respected as individuals. For example, preferences about their preferred name they wanted to be called and choice of where they wanted to die. People's different relationships were also recorded such as 'living with partner' and 'significant other'.

The daily recording of personal information was written in a respectful way and showed that the staff cared for people's dignity and privacy. Care records showed that people's independence was promoted and people's choice to care for themselves respected. Where this was not possible, clearly written records explained why a person was unable to do this and the plans in place to assist them.

The involvement of other professionals was recorded with regards to the balance of risks and benefits involved in any particular course of action or treatment. For example, a

person was offered to see the dietician and attend a weight reduction clinic. They had refused to take up this opportunity and the reasons why were recorded and signed by the care worker. This meant that people could have choice and control over their health and well-being and the service respected the decisions they made.

People we spoke with confirmed that staff assisted them to do everyday tasks and to make choices and decisions for themselves. One person we spoke with told us, "I like to do certain things, but not everything. The carers ask me, but don't push me if I don't want to do something." Another person said, "I am very happy here, its lovely and I like the company."

We observed the interaction between staff and people who used the service. It was polite, caring, warm and professional. We saw staff members comfort a person when they were upset. This reassured them verbally as well as physically. Staff talked about people in a respectful and positive way and about their preferences and choices. This showed us that people's dignity was respected.

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 told us that they were happy living at Anisha Grange. "We get very good care," one person told us. Another said, "Lovely place, lovely carers, and lovely company."

We looked at the arrangements that were in place for the care and welfare of people who used the service. We found that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

The pre-admission assessment was completed to ensure the service could meet the person's individual health, nursing and personal care needs. One relative said "I looked at a number of homes and this was by far the best. I am glad they had a space, [relative] is well looked after."

The six care plans that we looked at contained detailed information about people's needs and preferences. We found the care plans to be person centred and built around what was important to the individual. They described the level of support, care and treatment people needed to maintain their well-being and to give them a good quality of life.

The manager told us that the care plans were being re-organised in order to make them more person centred. We saw one that was in progress. However, we did feedback to the manager that we were unsure how this improved the existing care plans as the file we inspected contained no details about who the person was, only their medical and care needs.

People's life stories had been put together in an album. These provided staff with an understanding of the person, their history and who they were. We asked the manager why this information had not been incorporated into the care file so that it was the first thing a staff member read when they looked at their file. They agreed to look at ways to incorporate this valuable information.

There were assessments in place for identified areas of risk together with clear management plans showing how the risks were to be managed. These included pressure ulcer care, nutrition, mobility and falls, behaviour and moods and moving and handling the

person safely.

We saw that there were charts in place for people who required them which monitored their weight, fluid input and output, pressure ulcer care, blood pressure and nutrition. This ensured people's changing needs were met.

The daily records were detailed and informative and they showed how people had spent their time. They described the individual's mood, communication, behaviour and detailed staff interaction with the person. We were told that one person had reverted to using their first language which was not English. This made it difficult for the staff to understand their communication. We asked the manager if the use of an interpreter had been considered to aid an understanding of their experiences. The managers agreed to investigate this possibility.

Intervention and communication with specialist professionals such as general practitioners, dieticians, speech and language therapists and tissue viability nurses was recorded. This ensured people's physical and mental health was looked after and reduced the risk of admission to hospital.

The service had a variety of activities, arts and crafts and entertainment on offer which people could participate in if they wished. They said that they took part in exercises, quizzes, news and views, games, flower arranging and film evenings. One person said, "I like darts and tennis, but I like the company the best." People could also use the computers which were available and we were told that two people use 'Skype' to talk to their relatives who live abroad on a regular basis. This meant that people were supported to live meaningful lives and partake in activities of their choice.

Staff we spoke with had a good knowledge of people's personalities, likes, dislikes, needs, behaviour and preferences. This ensured they received good quality care.

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

Our judgement

The provider was meeting this standard.

People who used 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

Policies and procedures for the safeguarding of vulnerable adults from abuse (SOVA) were in place and the manager knew how to make safeguarding referrals and notifications. Staff we spoke with were able to tell us what they would do should they suspect, see or hear any abuse taking place.

During our inspection we assessed how the Mental Capacity Act (MCA) 2005 was being implemented. This is the law that provides a system of assessment and decision making to protect people who do not have capacity to give their consent. We also looked at the Deprivation of Liberty Safeguards (DoLS). DoLS aim to make sure people in care homes are looked after in a way that do not inappropriately restrict their freedom.

The service had policies in place in relation to the MCA 2005 and DoLS. Mental capacity assessments had been completed for two out of the six people whose care records we looked at. These had been completed correctly and in consultation with relevant people to maintain the safety of people who used the service.

During our inspection, we saw that one person was being deprived of their liberty. We saw that a DoLS application had been completed and reviewed appropriately. The person concerned had been involved fully in the process. This showed us that people experienced effective, safe and appropriate care, which met their needs and protected their rights.

Staff had been trained in SOVA, MCA 2005 and DoLS as part of the mandatory yearly training that staff were expected to undertake in order to keep people safe.

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

We saw that a system was in place at Anisha Grange to train, support, supervise and appraise staff.

The supervision records we looked at showed that staff had been provided with one to one supervision in order to discuss their work practice and personal development.

We saw a training schedule that was comprehensive and outlined what training staff across all parts of the service had undertaken and training that was planned. Mandatory training for staff included fire safety, control of substances hazardous to health (COSHH), bed safety rails, food safety, infection control, moving and handling, MCA 2005, DoLS and SOVA. We saw a range of certificates of training undertaken which confirmed that training of staff was being undertaken.

Over 55 staff had a recognised qualification in health, nursing or social care work. A further 15 care staff had started their National Qualifications Framework (NQF) diploma in Care.

Staff told us that they felt supported in their work. One staff member said, "The staff team are terrific." Another said, "I know who I can go to so that I check things out." Another said "It's a good place to work, you hear staff singing all the time."

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 received.

Reasons for our judgement

We saw that the service had a comprehensive system to assess and monitor the quality of the service. The manager told us that the system helped them track and review not just all parts of people's personal, nursing and dementia care needs but also staffing, catering, housekeeping and the maintenance of the environment.

We saw audits that had been completed relating to the planned care plan and risk assessment reviews. This ensured that any changes and improvements could be made promptly.

We saw that dependency levels were audited to ensure that the service continued to meet people's needs with the appropriate staffing level. Systems to ensure staff were suitably skilled, trained and supported were in place.

We saw documentation that demonstrated that health and safety checks were regularly carried out and that the appropriate action was taken to ensure that any maintenance or repair issues were dealt with promptly.

Records seen confirmed that monthly audits were regularly carried out on areas such as medication, infection control, falls and catering and any action identified was dealt with promptly. The monitoring of falls and the time of day that people most experienced them had been undertaken. The analysis revealed that between 17.00 and 23.00 most falls took place. The service responded by putting an additional staff member in place to assist during the evening shift. The rate of falls people were having had been reduced as a result. This shows that the service learnt from analysed events and improved the service as a result.

There was a resident's forum which was held monthly and a family and friends forum which was held quarterly at the weekends. These forums enabled people to express their views and experiences of the service. Notes of the forums were taken and these were emailed to relatives to ensure they got feedback about the action taken. One person said, "The news and views thing is good – it gets you thinking."

Relatives we spoke with told us that they were informed about events at Anisha Grange and that the management communicated with them about the needs of their relatives. One relative said, "I am very happy with the care here. My [relative] is doing really well." Another said, "I don't get too involved in things, I just want to make sure my [relative] is looked after."

A six monthly survey was undertaken in 2013 to seek people's views of the service. The results of the survey found that 97% of relatives were positive about the service. Individual issues or concerns were picked up at the time and dealt with promptly.

The service had received one complaint in February 2014. The managers told us how this had been dealt with and what they had learnt from the process. All actions taken at the time were documented accordingly.

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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