

# Review of compliance

<p>Britaniascheme Limited The Grange Nursing Home</p>	
<p><b>Region:</b></p>	<p>South East</p>
<p><b>Location address:</b></p>	<p>Vyne Road Sherborne St John Basingstoke Hampshire RG24 9HX</p>
<p><b>Type of service:</b></p>	<p>Care home service with nursing</p>
<p><b>Date of Publication:</b></p>	<p>September 2011</p>
<p><b>Overview of the service:</b></p>	<p>The Grange Nursing Home is registered to provide accommodation for up to 26 residents who require nursing care. The Grange is owned by Britaniascheme Limited. The home is set in large gardens, in a semi-rural location, in the village of Sherborne St John, Basingstoke, Hampshire.</p>

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**The Grange Nursing Home was not meeting one or more essential standards. Improvements are needed.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review because concerns were identified in relation to:

Outcome 04 - Care and welfare of people who use services

Outcome 09 - Management of medicines

Outcome 13 - Staffing

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 21 June 2011, carried out a visit on 6 July 2011, checked the provider's records, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

### What people told us

People that we spoke to were generally happy with the care and support that they received at The Grange. Residents told us that they were comfortable. They said that generally staff responded to them quickly when they asked for help. They also told us that staff respected their privacy. We observed that staff spoke with residents in a friendly and respectful way. Residents said that in general there were no problems when staff gave them their medication.

### What we found about the standards we reviewed and how well The Grange Nursing Home was meeting them

#### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

People are happy with the care and support that they receive at The Grange. Their health and care needs are generally accurately recorded and are acted upon appropriately. However staff have not always responded quickly enough when a change in a resident's condition has been identified.

Overall, we found that some improvements were needed for this essential standard

**Outcome 09: People should be given the medicines they need when they need them, and in a safe way**

The service has amended procedures to help to ensure that any changes to medication are acted upon promptly.

Overall, we have minor concerns that The Grange Nursing Home may not sustain compliance in this area and have set an improvement action for the management of medicines

**Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**

There are sufficient numbers of staff employed with the right competencies to meet the needs of people who use the service

Overall we found that The Grange Nursing Home was compliant with this outcome.

**Actions we have asked the service to take**

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. Any regulatory decision that CQC takes is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

**Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

There are moderate concerns with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

Some people at The Grange had difficulties talking to us because of their poor health. Therefore, not everyone was able to say how well they were being cared for and supported. To help us to understand the experiences of people who had communication difficulties we used our SOFI tool (Short Observational Framework for Inspections.) We spent time observing what was going on during a lunchtime in the dining room and recorded what sort of support people received.

We saw that staff spoke with residents in a friendly and respectful way, talking for example, about the weather and the forthcoming fete. When residents needed help with their meal, staff sat alongside them, did not rush them and involved them in choosing what they wanted to eat next. Staff ensured residents had plenty to drink and made certain that meals were presented in such a way as to promote people's independence as much as possible, for example, making sure food was cut up where necessary and that people had adapted cups that they could drink from without assistance.

People that we did speak to were generally happy with the care and support that they received at The Grange.

A relative described how they had been asked to complete a document called 'this is me' on behalf of their mother as their mother was too unwell to do this herself. This described their mother's preferences, needs and wishes and was designed to help staff to care for her the way she wanted and needed to be.

Another relative said that staff had been quick to involve a specialist tissue viability

nurse to ensure that their mother's skin condition did not deteriorate.

Residents told us that they were comfortable at The Grange. They said that generally staff responded to them quickly when they asked for help. They also told us that staff respected their privacy.

One resident who had moved to The Grange a few days before we visited said they had "no complaints." She questioned why she had rails on her bed which were raised at night because she said that she had never used them before and hated them. This was discussed with the manager who said that she was already aware of this and was in the process of sorting this out. When we visited again we spoke with the same resident who confirmed that bed rails were no longer being used.

Another resident described how staff helped her to get up very early in the morning. This was at her request.

Some residents spent quite a bit of time in their bedrooms during the day with their bedroom doors open. All people we asked said that this was their preference.

### **Other evidence**

The manager sent us a provider compliance assessment, (PCA) which is a self-assessment tool used by the home to monitor compliance with the essential standards. This had been completed in respect of care and welfare of people who used services. The PCA described how people's needs were assessed; detailed what information was included in the plans of care for people and explained how the service identified and minimised any risk to residents' wellbeing. It described how people or their relatives were involved in planning their care needs or in giving their views about the daily life within the home. The PCA identified some improvements to be made, although the impact of any shortfalls on residents was judged to be minimal.

Improvements they reported included how staff documented the outcomes of clinical tests and the treatment prescribed. A further improvement suggested was to display photographs of all staff members (at present only some were displayed) with names and job titles to help residents and visitors to identify them more easily.

When we visited the home, the manager told us that most people at the home needed to be hoisted in order to move safely. Staff we spoke with confirmed that they knew how to move people safely and said that they had received training in moving and handling.

We saw care plans and notes which included information about visits of health care professionals. Care plans had been reviewed regularly and we saw that where a risk had been identified, for example, if a resident was at risk of developing pressure ulcers, or at risk of falling, these records had also been reviewed every month or sooner. Records we saw showed that people's families had been consulted at times in the review of residents' care.

Records we saw for one person who had been catheterised showed that their catheter had not been changed for over seven months when this should have been done after three months. Staff said that this had been an oversight. We checked two other people's records who had a catheter fitted and saw that although their catheters had been changed regularly, there was no date given for the next change.

We saw from one person's records that staff had noted that they appeared confused and were not eating or drinking well. A urine infection was suspected but the test for this had not been carried out as the testing strips had not been available. Staff said that test strips had been supplied on the day of our visit which was four days later. Records showed that another person had had a positive test to indicate a urine infection. There was no written evidence that any action had been taken as a result of the positive test and staff we spoke to about this were also unclear about what action, if any, had been taken.

We found that people's notes did not always reflect accurately when a person's condition had improved. For example, we saw guidance on one person's file for staff to follow to prevent a skin condition from deteriorating further. It appeared that the guidance had not been followed consistently as the daily monitoring had stopped. When we asked staff why this was, they said that it was no longer necessary. The written guidance had not been updated to reflect this which could have proved misleading to other staff.

One person's notes said that they would prefer a female carer but "understood that it would be difficult to be cared for by a female only". This was discussed with the manager who agreed that this could be looked into further to ensure that this resident's wishes were being respected as much as possible.

Since our visits, we have had written evidence sent to us by a senior manager which demonstrated that further checks had been made relating to residents' care and welfare. Some changes had been made to improve the continuity of care. For example, new guidance had been provided for staff to follow in the event of a resident developing a urinary tract infection. We have not yet had a chance to establish what effect the new systems have had upon the care and welfare of residents at The Grange.

### **Our judgement**

People are happy with the care and support that they receive at The Grange. Their health and care needs are generally accurately recorded and are acted upon appropriately. However staff have not always responded quickly enough when a change in a resident's condition has been identified.

Overall, we found that some improvements were needed for this essential standard

## Outcome 09: Management of medicines

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Will have their medicines at the times they need them, and in a safe way.
- \* Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

### What we found

#### Our judgement

There are minor concerns with Outcome 09: Management of medicines

#### Our findings

##### What people who use the service experienced and told us

One resident said that there were no problems when they were given their medication and said that staff gave them to them on time.

Another resident said that everything was 'ok' with her medicines and said that staff always offered her water to take with her tablets. She said that on one occasion she had had a pain and had asked for painkillers but did not get them.

##### Other evidence

During our visit, we observed that staff were not interrupted when giving out medication. We saw that medicines were securely and correctly stored.

We looked at the medication administration record for one person during our first visit. This showed that there were a total of five gaps in administration records for different medicines during a four week period. This appeared to show that medicines had not been administered as prescribed. On our second visit, we looked at some medication administration records and there were no unexplained gaps. The manager said that she was now doing a weekly check of medicines administered because a recent quality audit had identified that this had been needed.

The manager told us that no residents administered their own medication. She said that the nurses gave out medication and that the medicine suppliers had done a recent audit of medicines within the home which had not raised any significant concerns.

We saw that one resident had a pain care plan as they were unable to tell staff when they needed pain relief. Records indicated that this had been followed consistently. Staff we spoke to had a good knowledge of who would be able to ask for pain relief when they needed it and described how they would recognise when people who were unable to ask for analgesics were in pain.

We saw the care notes for one resident who had had her medication changed by a GP nine days before our visit. According to the medicine administration sheet, her medication had not been altered and staff said that the prescription had not been chased up.

At the end of our second visit, we asked the provider to send us a PCA (provider compliance assessment) which evaluated the extent to which the service complied with the outcome regarding the management of medicines. Although they concluded that their management of medicines largely complied with this outcome they acknowledged that staff had failed to chase up a prescription that had been ordered or amended by a GP.

We have since been told that procedures had been changed to reduce the possibility of this happening again. They also said that their own quality assurance visits would not have picked up this issue as they did not cross reference records of health professional visits with changes in the medication administration records. They said that this was now being done. We have not yet had a chance to establish what effect the new systems have had upon the management of medicines within the home.

### **Our judgement**

The service has amended procedures to help to ensure that any changes to medication are acted upon promptly.

Overall, we have minor concerns that The Grange Nursing Home may not sustain compliance in this area and have set an improvement action for the management of medicines

## Outcome 13: Staffing

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 13: Staffing

#### Our findings

##### What people who use the service experienced and told us

Residents that we spoke to generally said that staff were good and said that they were skilled to provide the help they needed.

One resident described how grateful they were when a member of staff had supported them during a recent hospital visit. Another resident said staff knew what she needed and said that staff responded "as much as they can" when she needed them. Another resident said staff were lovely, she described, however, that she did have a problem one day when she needed assistance and she had to wait for a long time, which she said upset her a lot. The manager was alerted to this and was following this up. Another resident said that the manager was great. Another resident, who needed to be hoisted to move, said that she felt safe when staff were helping her.

A relative said that staff responded very quickly to anything she raised with them and described them as "a godsend".

##### Other evidence

The provider compliance assessment (PCA) for this outcome described the range of staff employed at the home to cater for people's health, care, social and domestic needs. The home had been divided into two separate nursing suites, each with a sister who led a team of nurses and health care assistants. Staff turnover was described as low and the home had recruited a team of bank staff who covered for any vacancies or staff sickness or when staff were on training courses.

We spoke with staff who said "we try our best" and said that sometimes residents had to wait for assistance but said that this was not for too long. During the two days that we were at the home, we did not witness any time when a call bell was not responded to within a reasonable time. Staff said that they generally had enough time to do their job and felt that they were given enough information to care for people appropriately. They received this either at handover or by looking at care plans.

One staff member said they were a very good team and said that staff "all worked together". Staff said that they did not always get enough time to talk with residents as they would wish. Another staff member said that the manager was 'absolutely fantastic' and two said that they got enough support from management.

When we visited, we asked the manager to tell us how many staff were on duty. She said that there were two nurses on duty during the day as well as four or five care workers. At night, there was one nurse on duty with two care workers. The nursing and care team were supported by a team of domestic staff who cleaned, cooked and did the laundry. The home employed an activity coordinator as well. The manager said that she also spent time with residents and this was observed to be the case when we were at the home.

The manager said that a senior manager within the organisation visited every week to monitor the quality of the service. We received written reports as evidence that they had visited the home, had spent time with residents and staff and had reviewed policies and procedures.

A number of staff told us that staffing levels had decreased recently because the number of residents who lived at the home had decreased. They said, however, that now they were back to full occupancy, the staffing levels had increased again.

### **Our judgement**

There are sufficient numbers of staff employed with the right competencies to meet the needs of people who use the service

Overall we found that The Grange Nursing Home was compliant with this outcome.

## Action we have asked the provider to take

### Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	<p><b>Why we have concerns:</b></p> <p>The service has amended procedures to help to ensure that any changes to medication are acted upon promptly.</p> <p>Overall, we have minor concerns that The Grange Nursing Home may not sustain compliance in this area and have set an improvement action for the management of medicines.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

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 within 14 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

## Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p><b>How the regulation is not being met:</b>            People are happy with the care and support that they receive at The Grange. Their health and care needs are generally accurately recorded and are acted upon appropriately. However staff have not always responded quickly enough when a change in a resident'S condition has been identified.</p> <p>Overall, we found that some improvements were needed for the essential standard Care and Welfare of people who use services</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

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 within 14 days of this report being received.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

# What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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