

Review of compliance

<p>Britaniascheme Limited The Grange Nursing Home</p>	
<p>Region:</p>	<p>South East</p>
<p>Location address:</p>	<p>Vyne Road Sherborne St John Basingstoke Hampshire RG24 9HX</p>
<p>Type of service:</p>	<p>Care home service with nursing</p>
<p>Date of Publication:</p>	<p>July 2012</p>
<p>Overview of the service:</p>	<p>The Grange Nursing Home is a care home with nursing that offers a service for up to 26 older people.</p>

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

Our current overall judgement

The Grange Nursing Home was meeting all the essential standards of quality and safety inspected.

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 as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 28 June 2012, 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

We spoke with six people who used the service, who were able to talk to us and two relatives. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us to understand the experience of people who could not talk to us.

People told us that they were always treated with respect and dignity. They told us they were given choices about their daily life and were involved in planning their care. People described the home as "a happy home" and told us that it was a "good place to live". People told us that they felt very safe in the home and could speak with the manager if they had any concerns. They told us that staff were "nice, very caring and comforting" and were always around when needed.

Relatives of people who lived in the home described the quality of care as "brilliant".

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

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People's privacy, dignity and choices 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.

The provider was meeting this standard.

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

People experienced care, treatment and support that met their needs and protected their rights.

The provider was meeting this standard.

Outcome 07: People should be protected from abuse and staff should respect their human rights

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.

The provider was meeting this standard.

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

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

The provider was meeting the standard.

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

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

The provider was meeting this standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

The provider was meeting this standard.

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.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

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

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People told us that staff were "always respectful" and they were always treated with respect and dignity. They told us that they were given choices about food, clothing and many aspects of their daily life. People told us that they were involved in planning their care.

Relatives of people who lived in the home told us that staff always treated their family members and others with respect.

Other evidence

People, who used the service, where they were able, expressed their views and were involved in making decisions about their care. Relatives were involved in care planning processes to support people, as appropriate. The individual or their representative signed their plans of care to show that they had read and agreed with them. Consent forms for several areas of care planning were included in the six plans of care we looked at. These included care planning, medication administration, nursing and personal care and use of bed rails.

People's diversity, values and human rights were respected. Any special needs, religious beliefs or special physical needs were noted on plans of care along with the

action needed to meet those needs. Examples seen were end of life care choices and attending religious services.

People were supported in promoting their community involvement. Examples of this included attendance at local coffee mornings in the village hall and local children performing in the home, on special occasions.

The manager told us that the home did not use shared rooms because they felt that this compromised people's privacy and dignity.

Four people were observed using the Short Observational Framework for Inspection (SOFI) for one hour, in the dining area over a lunch time period. Staff were seen speaking to people respectfully, asking their opinions and giving them choices of drinks and food. They were seen responding discreetly to a person who wished to use the toilet.

Staff were observed calling some of the people who lived in the home 'darling', this was discussed with people who used the service. They told us that they were comfortable with being addressed in this way as it was a term of endearment and made them feel cared about.

Our judgement

People's privacy, dignity and choices 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.

The provider was meeting this standard.

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

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People who used the service told us That it was a "happy home". They said that it was a "good place to live". People told us that the food was "A1" and they were never rushed during meal times.

Relatives of the people who lived in the home told us that the quality if care was "brilliant".

Other evidence

People's needs were assessed and care and treatment was planned in line with their individual care plan. The six plans of care we looked at contained all the relevant information to enable staff to appropriately support people, in the way they preferred. They were person centred and reflected people's levels of independence. Plans of care included all activities of daily living such as assistance with hygiene, pressure area care and moving and handling. Daily notes were up to date and accurate. The provider may find it useful to note that daily notes focussed on people's physical well being and included limited information about their emotional mood/well being. Plans of care were reviewed regularly.

Our inspection of 21 June 2011 and 21 July 2011 found that staff had not always responded quickly enough when a change in the condition of an individual who lived in the home was identified. The provider wrote to us and told us that they would make changes to the way they dealt with health issues.

At this inspection we found that care and treatment was planned and delivered in a way

that ensured people's health, safety and welfare. Comprehensive health care records were kept and included the recording of referrals to external professionals. Referrals to healthcare professionals were made in a timely way and health issues and appointments were followed up appropriately. Examples included GPs and a dietician. A book was kept of all GP visits and the nurse recorded their findings, new medications and diagnosis in the book for future reference. The provider may find it useful to note that cross referencing symptoms from daily notes to health records was not always effective. It was therefore not immediately clear what action had been taken when a person displayed signs of illness.

Training records showed that registered nurses and care staff had access to training to up-date their specialised skills and knowledge. An example was additional training provided when the local health provider changed the type of pumps used for people who were fed by artificial means (PEG fed). The registered nurses in the home worked with external colleagues such as the tissue viability nurse and district nurses, as necessary.

The six plans of care we looked at included risk assessments. The risk assessments noted how to minimise the risk for the individual. Individual's risk assessments included areas such as tissue viability and falls. We saw that the risk assessments were reviewed monthly and any necessary changes were made to them.

There had been 12 deaths since July 2011. The manager told us that 11 of these were expected and were mainly people who had resided in the home for many years. The other was 'sudden' but was a natural cause of death. The manager told us that other professionals had not expressed any concerns about the number of deaths in the home.

Four people were observed using the Short Observational Framework for Inspection (SOFI) for forty minutes, in the dining area. We saw that staff interacted positively with people. For example they led discussions about what was happening during the day and activities planned for the future. People who lived in the home were seen to be comfortable and confident when communicating with staff. We saw that people's needs, whether expressed verbally or by behaviour, were identified and met by staff.

The home had an activities co-ordinator and provided a variety of activities. The home had their own transport which enabled them to provide trips into the community.

Our judgement

People experienced care, treatment and support that met their needs and protected their rights.

The provider was meeting this standard.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People who used the service told us that they felt very safe in the home. They told us that they are treated well and nothing 'nasty' ever happens. People told us that they would speak to their families or the manager if they felt unsafe or scared.

Relatives of people who used the service told us that they were totally happy that their family members were safe.

Other evidence

There had been no safeguarding concerns identified in 2012.

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 it from happening. There were comprehensive safeguarding policies and procedures, including whistle blowing, available and accessible in the home. The local authority's safeguarding procedures were available for staff to refer to. Training records showed that 24 of the 27 care staff had received safeguarding training; staff confirmed that they had completed this training. Safeguarding training was regularly up-dated to ensure all staff were kept up-to-date with policies and procedures. The staff we spoke with had a clear understanding of their responsibilities with regard to protecting the people in their care. They described how they would deal with a safeguarding issue, including reporting issues outside of the organisation, if necessary. Staff members told us that they were confident the manager would take action if a safeguarding concern was brought to her attention.

Mental Capacity Act assessments were included, as appropriate in all plans of care. Deprivation of liberty safeguards tick lists were completed for individuals. The home had not made any Deprivation of liberty safeguards referrals in 2012.

The home did not, generally, offer a service to people whose behaviour may cause themselves or others harm or distress.

The home did not use any form of restraint. The use of bed rails were risk assessed and consent for their use was given by the individual.

Any bruising or injury was clearly recorded on body maps. The reasons for bruising was noted on daily notes or in healthcare records. The provider may find it useful to note that incidents of bruising or injury were not always clearly cross referenced to the actions taken to minimise the risk of further occurrences.

Our judgement

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.

The provider was meeting this 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

The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

People told us that they received their medication on time and were always offered a drink with their pills.

Other evidence

Appropriate arrangements were made in place in relation to obtaining, recording and handling medication. The home referred people to the GP, as necessary. The GP prescribed medications and reviewed them at least three monthly and more often if necessary. The home had a comprehensive medication policy. The home used the Boots monitored dosage system, only registered nurses administered medication. Medication administration record sheets checked were accurate and up to date. The provider may find it useful to note that detailed guidelines were not in place for medicine prescribed to be taken as necessary.

Medicines were kept safely and disposed of appropriately. Controlled medications (used for pain relief) were locked in the medicine cabinet which was sited in a locked room. Two staff signed for all controlled medication administration. The home used a controlled drugs stock control book, which was accurate when checked, on the day of the inspection.

Our judgement

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

The provider was meeting the standard.

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

People told us that the staff "couldn't be faulted". They told us that all the staff were "nice, very caring and comforting". They said that staff were always around when needed and came quickly when they rang the bell.

Relatives of people who lived in the home told us that staff were "very caring and professional".

Other evidence

The home had a total of 27 care staff. The minimum staffing ratios were six care staff from 7.00 am to 2.00pm and five care staff from 1.45pm until 9pm. There were three care staff on duty during the night. The staffing ratios were more usually seven and six. The care staff were supported by ancillary staff and the manager who were not part of the rota'd care hours. We saw rotas for June 2012 which showed that staffing levels did not drop below those described as minimum. The senior staff member, on duty, was able to decide if more staff hours were needed on a daily basis. Staffing shortfalls were covered by staff working extra hours or bank staff. Staff members we spoke with told us that they had enough staff and there was sometimes time to 'chat' with people and spend some quality time with them.

There were enough qualified, skilled and experienced staff to meet people's needs. Staff told us that they had good training opportunities. They told us that they were supported to do their jobs and were supervised and appraised regularly. Staff members told us that the senior nurse, on duty, decided where people worked on a particular

shift, to ensure that there was a good skills mix in each area of the home.

The training matrix showed that staff received 'specialist' training as well as opportunities to gain professional qualifications and up-date core training. Examples were understanding Parkinson's and 'syringe driver' training (nurses only). Twenty two of the 27 staff had completed level two of the Quality Care Framework or equivalent qualification.

The four staff we spoke with told us that it was a good working environment and people received very good care. They told us that they didn't feel there was anything specific that the home could do better at this time although there was always room for improvement.

Our judgement

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

The provider was meeting this standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People who used the service told us that staff always listened to them and acted on their views and opinions, if they could. They told us that they knew how to complain but had never had cause to. People told us that they felt comfortable to talk to the manager if they had any issues or concerns.

Relatives of people who lived in the home told us that staff always addressed any worries or concerns that they had.

Other evidence

People who used the service and/or their representatives were asked for their views about their care and treatment and they were acted on. Family and residents forums were held approximately six and four monthly. The home provided a monthly newsletter to keep people who lived in the home and their relatives up-to-date with any changes or important information. Changes made as a result of listening to the views of people who lived in the home included putting a clock in the dining room, providing a ramp to the patio and ensuring there were more trips into the community.

The director of nursing visited the home approximately two weekly and sometimes left a report and action plan of issues they had noted as being in need of improvement. The provider may find it useful to note that the last recorded visit was in October 2011. The manager told us that the nursing director and the provider continue to visit on a very regular basis.

There were regular health and safety audits completed by the manager of the service. The home had appropriate health and safety generic risk assessments and each room had a specific risk assessment relating to the room and the individual occupying the room.

There was evidence that learning from incidents took place and appropriate changes were implemented. Accidents and incidents were recorded in detail and audited monthly, by the manager. Records included the actions taken to minimise the risk of recurrence. An example of an action taken to minimise risk was that additional staffing was provided. This was because incident reports showed that a person who lived in the home developed a behaviour that may have distressed others.

The home had a complaints book and comprehensive complaints policy. No complaints had been recorded in 2012.

Our judgement

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

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

The provider was meeting this standard.

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.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. 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

Document purpose	Review of compliance report
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