

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

Grange Cottage Residential Home

6 Grange Road, Sutton, SM2 6RS

Tel: 02086422721

Date of Inspection: 16 April 2013

Date of Publication: May 2013

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
Meeting nutritional needs	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Management of medicines	✗	Action needed
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✗	Action needed

Details about this location

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

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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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 16 April 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and were accompanied by a pharmacist.

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

What people told us and what we found

We found that the home had a relaxed, friendly and warm atmosphere. There was a lot of caring interaction between staff and people who used the service. Staff that were on duty had a good understanding of people's needs and were able to respond appropriately.

The paperwork relating to people who lived at the home was comprehensive, up to date and accurate.

There were some areas that the home needed to focus on in order to meet minimum standards of care. These have been outlined in the body of the report or as compliance actions at the end of the report.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 28 May 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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 views were taken into account in the way the service was delivered, in relation to their own care and treatment. People who live at the home were able to make informed choices about their lives and their dignity, independence and privacy was respected.

Reasons for our judgement

People were happy with the support and care that they received. We observed that staff treated people with dignity and respect this included knocking on bedroom doors before entering and addressing people in the way that they preferred.

We saw that people came into the home with information provided from other agencies and professionals. Needs assessments and a care plan had then been drawn up for each person and we saw that these plans had been reviewed monthly.

We looked at two sets of information about people who use the service. Within the documents there were care plans which showed how people wanted to be cared for. It also contained life history information, social and leisure interests so that staff could refer to people's background when talking to them.

There were risk assessments; these documents helped to identify potential difficulties for people in their daily lives and minimise the risk to them. These risk assessments had been reviewed regularly.

The sets of documents had important information about people's mental capacity and if they were subject to the Court of Protection. There was information about any end of life decisions the person or their representatives had.

We saw that staff were supporting people to be independent and giving them the opportunity to make choices. People were asked if they wanted to join in with certain activities, which room they wanted to be in and what drinks they would like.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights. Arrangements were in place to make sure people's welfare was encouraged.

Reasons for our judgement

People's needs were assessed and care was planned and delivered in line with their care plans.

During our visit, we used our SOFI (Short Observational Framework for Inspection) tool to help us see what people's daily experiences were. The SOFI tool allowed us to spend time observing staff interaction with people who used the service, both in the lounge and dining area over lunchtime.

From observations of the care provided we noted that staff spent time with people and had high levels of interaction. It was clear that these staff had good knowledge of individual needs and the ways that people like being supported.

On the day of our inspection the activities co-ordinator was present. The co-ordinator was employed for six hours per week, but she told us that she often would stay over to help if required. During our visit the co-ordinator used memory cards as a way of engaging and prompting people into conversations.

We were told that the deputy manager on occasions takes male service users out to the pub for a drink. However, the deputy manager was currently away on extended holiday.

We wish the provider to note that the opportunities given to people who used the service were limited and we would ask that the provider review the social and recreational activities on offer.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were supported to be able to eat and drink sufficient amounts to meet their needs. People were also provided with a choice of suitable and nutritious food and drink.

Reasons for our judgement

We used our SOFI observational tool over lunchtime. The food appeared well balanced and nutritious. We saw that people had been given a choice of two hot meals prior to lunch being served. However, we also observed that if people had changed their minds in the meantime, this could be accommodated.

People who needed assistance with their food were given the help they required in a relaxed manner. People who used the service told us that they liked and enjoyed the food, one person told us, "the foods good".

People who used the service were shown a choice of drinks so they could make an informed choice about what they wanted. We also saw that staff responded to requests for drinks throughout the day.

We saw that there was a white board in the dining area, which had the date and the menu choices for the days meals. We also observed that there was signage throughout the building which would assist people to orientate themselves.

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

People who used the service were protected from abuse and the risk of abuse. We spoke to members of staff about safeguarding and they showed that they understood and had knowledge of what to do if they observed any unsafe or inappropriate practice.

We saw that staff had access to the London Borough of Sutton's safeguarding training. Most staff had completed safeguarding Level 1 training and the deputy and manager had completed Level 3. There was no record that any staff had completed whistle blowing training. We wish the provider to note that to ensure the safety and well-being of people who used the service, staff should receive basic whistle blowing training on a regular basis.

There had been two major anonymous allegations made against this home in the last year. Both allegations had been investigated in full by the appropriate authorities and in both cases all the allegations had been unsubstantiated.

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

Our judgement

The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We assessed this outcome because we had received information which raised concerns about the management of medicines at the service.

When we visited the service on 16th April 2013, we found that appropriate arrangements were in place in relation to the receipt and disposal of medicines. All prescribed medicines were available and records were kept of medicines received and disposed of. These were up to date and arrangements were in place to dispose of medicines safely. We did, however, find concerns with how the service was handling medicines.

Medicines were not kept safely. We saw that controlled drugs were not being stored in a cupboard which met legal requirements. We saw that other prescribed medicines were being stored in an unsuitable cupboard and no risk assessment had taken place to cover this. We saw that a prescribed cream was stored in a laundry area. The manager told us that a lockable medicines refrigerator, a medicines trolley and a controlled drugs cupboard had been ordered. We could not be sure that medicines were stored at the correct temperatures to ensure their quality as staff were not monitoring the temperature of medicines storage areas.

The manager told us that the doctor saw people regularly, however we did not find evidence for this on the record of healthcare professional visits for some people. We saw that some people were prescribed medicines for agitation, aggression, and mental health conditions, however there were no records of these people being seen by the community mental health team for several years. The manager told us that these people had been discharged by the community mental health team, but they still had access to them and would be able to contact them if there were any concerns in the future.

People living at the service were not able to keep and take their own medicines because of their medical conditions, therefore medicines were administered to people by staff. When we asked for evidence that staff had been trained to handle medicines safely, the manager

showed us a training matrix which showed that only one member of staff had received medication training, in 2010. Inspection of training records showed that one person had not received any medication training since 2005 at a previous employer. The manager had not carried out any medicines competency assessments for staff who handled medicines and had not conducted any audits to ensure medicines were being managed safely. We saw one audit report from a local pharmacy dated May 2012.

Appropriate arrangements were not in place in relation to the recording of medicines. There were no medicines records for some medicines being stored for palliative care, including controlled drugs which were not currently in use. We looked at the records for medicines administration for people in the service. We saw that where people were given medicines in variable doses, for example "one or two tablets", the actual quantity given was not recorded. We saw that staff did not always record when prescribed creams were used. We also saw that staff were using correction fluid to make corrections to medicines records, so it was not possible to see what was originally entered. We saw that when people had allergies, this information had not been entered onto their medication charts. We saw that there was no supplementary information on medicines charts such as before food, disperse in water, to be chewed. This meant that the staff did not have appropriate information about when to give medicines and we saw that some medicines for osteoporosis were not being given at the correct times in relation to other medicines which could affect people's treatment.

Staffing

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

On the day of our inspection there were nineteen people in the home and there should have been three members of care staff, a cook, an activities co-ordinator and the manager as super numerate. The home was also providing palliative care for two people who used the service.

As the deputy manager was on a four week holiday, the manager told us the shortfall was being covered by herself. We observed that this was the case and the manager was hands on. In addition, staff confirmed that the manager would assist in all areas of caring for people who used the service.

We were told by the manager that amongst the general staff team, there was a level of sickness and someone on maternity leave, so they could not call on other staff to assist them. The manager told us the home does not use bank or agency staff.

We wish the provider to note that running a home requires that there should be enough staff to cover emergencies and any unforeseen circumstances. There should also be enough staff to cover additional needs of people such as the provision of palliative care. The provider should therefore give consideration to the use of bank or agency staff when required.

Assessing and monitoring the quality of service provision

✘ Action needed

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 not meeting this standard.

The provider did not have effective system in place to regularly assess and monitor the quality of service that people receive.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We noted that at our last inspection there was a complaints policy. We requested that as the home was run by a manager who was married to the deputy, there should be an independent arbitrator if any complaints were received. The manager informed us that they had unidentified a director of the company to look into complaints. However, the director was also a family member.

Additionally, the complaints policy must be openly available to all people who used the service, their relatives and representatives. The home must also ensure that relatives and stakeholders have an opportunity to comment on the service via anonymous questionnaires. The manager told us that the last questionnaire was completed over twelve months ago.

We have made a compliance action to ensure that the provider gathers information about the safety and quality of their service from all relevant sources and then acts upon them appropriately, including from any complaints received.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines
	How the regulation was not being met: People who used the service were not protected from the risks associated with the management of medicines. Regulation 13.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision
	How the regulation was not being met: people who used the service were not protected from inappropriate care as the provider did not regularly assess and monitor the quality of the service. Regulation 10(1)

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 by 28 May 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

This section is primarily information for the provider

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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