

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

Autumn Grange Residential Home

19-29 Herbert Road, Sherwood Rise, Nottingham,
NG5 1BS

Tel: 01158417470

Date of Inspection: 13 September 2012

Date of Publication:
November 2012

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

Management of medicines ✓ Met this standard

Safety and suitability of premises ✓ Met this standard

Staffing ✗ Action needed

Assessing and monitoring the quality of service provision ✓ Met this standard

Records ✓ Met this standard

Details about this location

Registered Provider	Sherwood Rise Limited
Overview of the service	Autumn Grange Care Home is owned by Sherwood Rise Limited. The home is registered to provide accommodation for 52 elderly people who suffer from various stages of Dementia. The home consists of two units and is situated close to all amenities on a main bus and tram route.
Type of service	Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures

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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 reviewed all the information we have gathered about Autumn Grange Residential Home, looked at the personal care or treatment records of people who use the service, carried out a visit on 13 September 2012 and observed how people were being cared for. We checked how people were cared for at each stage of their treatment and care, sent a questionnaire to people who use the service, talked with people who represent the interests of people who use services and talked with people who use the service. We talked with carers and / or family members, talked with staff and talked with stakeholders.

What people told us and what we found

We spoke to four people and two relatives during our visit. We observed care being delivered and care workers were available to supply care and support.

People we spoke with told us they were happy at the home and there was nothing wrong with it. One person said, "The management were all right and they got on with everyone, they worked hard."

People were complimentary towards the staff. They told us most of the staff were OK and treated them well.

The person in charge told us they had been recruiting new staff to the home and as part of this process they had invited a person who used the service to be involved with the interviewing of potential new staff. This would help to ensure staff was able to meet and understand the people's needs.

The home was undergoing a refurbishment at the time of our visit. The person in charge told us they had moved all the people out of one of the units before they started the refurbishment. We were told this had been discussed with the people who used the service and their families. Family members we spoke with confirmed they had been consulted.

Each person had their own bedroom with privacy locks so they could lock their door if they wished. Each room had the persons name on the front of the door to identify whose room it belonged to.

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 16 November 2012, 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 privacy and dignity were respected, and their 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

One person said, "Its nice here." They saved my life; I was nothing until I came here." Another person said, "It's lovely, there is nothing wrong with the home." "I have everything I need." A third person told us they can come and go as they pleased as long as they kept the home informed.

We saw there were choices offered at lunch times and people confirmed there were enough choices given. A relative was taking their family member out to lunch, during our visit. They said, "We like to take them out it makes a nice change. Staff told us that some people had their food brought in as part of their culture. The person in charge confirmed the home had arranged for meal on wheels to be supplied everyday for the person. They said they preferred the sort of food which was part of their culture.

We saw appropriate information on display in the reception area which, were used to help meet peoples needs. There were leaflets regarding Dementia awareness, information sheets about Autumn Grange, safeguarding adults and infection control. We also saw a dignity and respect diagram. We spoke with three staff members who spoke respectfully about the people who used the service and how they met their needs. They said they closed people's doors and curtains when they provided personal care. One staff member said, I ask them what they want, what they like or don't like."

Another member of staff said, "Some times there can be a language barrier but we have access to staff who can speak the same languages when the person who uses the service's first language is not English," They told us they had access to 24 hour staff support if they needed. This ensured the home could meet all the people's needs even if English was not their first spoken language.

We spoke with the outreach team for people with dementia. They told us that it had become easier to communicate with the people whose first language was not English with the support of the staff and they had seen improvement in some people's behaviour patterns.

We were told by the person in charge that the home undertakes 'resident' and family surveys. We saw information regarding the results displayed in the reception area. The surveys were undertaken in May 2012 and the outcome was good. We saw where improvements had been made. This ensured people's views were considered on how the home was run.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

One person said, "The care is good here and the staff were amazing." Another person said, "I have been involved with my care planning. They discussed it with me and asked me what I wanted."

A relative told us the care at the home was OK. They said the only concern they had was there did not seem to be enough activities on offer.

The person in charge told us they had appointed a new activities coordinator, however this did not work out and they have approached existing staff to take on this task. We saw staff supporting people to participate in games and puzzles during our visit. There was an activities plan on the notice board in the dining area. Staff also said, there was someone who came in to the home to do 'sit to be fit' with people who used the service every Tuesday.

We looked at six care files. They were clear and well documented. We saw where care plans had been reviewed and signed that the person had been involved with the review. The files include the appropriate risk assessments relevant to the person, for example, if the person smoked, or if they were incontinent. We saw monitoring forms had been completed for nutrition, food preferences and what medication the person should be taking. There were plans for how the home managed risks such as pressure sores, epilepsy and diabetes. This ensured their care needs were being met.

There were appropriate referrals made to other professionals for things such as speech and language therapist. The person in charge told us they had made two referrals to DOLs (Deprivation of liberty safeguards for people who lack capacity to decide about their care or treatment, and who are deprived of their liberty to protect them from harm). They were awaiting the outcomes at the time of our visit.

The provider may find it useful to know that there had been no notification to CQC regarding these two referrals and should attend to this matter immediately to ensure the appropriate processes were followed accordingly.

Staff told us each person had a key worker. We saw information to identify this on the care files we looked at. People we spoke to confirmed they had a key worker responsible for their day to day care.

Staff also told us they used a handover sheets to communicate any changes to people's conditions to other members of staff at each shift change. They said they also use verbal and a communications book where they write messages to each other to keep everyone informed of all care needs.

We were told by Nottingham City Council that they had been working with staff at the home to update people's care plans. The acting manager told us they were updating the files at the time of our visit and all care plans were under review. We saw where some of the care plans had been reviewed in May 2012.

The home had an emergency procedure in place. Staff told us they were aware of the procedure and described to us what actions they would take. We saw staff members' action and follow the procedure on the day of our visit. A person who used the service was trapped in the lift. The relevant emergency services were contacted and attended in a timely manner. Staff reassured the person and kept them updated with progress and time frame for when they would be released. Once the person was released staff made the appropriate assessment of the person's wellbeing. The lift engineers were contacted and the equipment was fully working before we left the service.

The registered person may find it useful to know that the person was put in the lift with no staff in attendance. Appropriate risk assessments should be in place to identify the risk to people's wellbeing and safety if they travel by lift to the upper and lower floors of the home.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

One person told us they took medication as part of their daily care and treatment. We saw the correct dosage they were to take recorded in their care plan and MAR sheet (Medication Administration Record). They said, "The staff watched over me when I take it." We observed this happen during our visit.

Staff we spoke with told us they did administer medication to people who use the service. They confirmed they had completed the appropriate medication training in 2012. We saw records of this on the staff files we looked at.

Appropriate arrangements were in place in relation to recording and storage of medicines. We saw cubboards and fridges were locked and there was an appropriate place to store medicines and trolleys when not in use.

We observed a member of staff undertaking the medication round for the home during our visit. The staff member had good knowledge of the procedure they had to follow and were confident in the task they undertook. We saw them check the appropriate records (MAR sheet) for the relevant person. They proceeded to give the correct dosage of medicines as all medication was contained in blister packs appropriate to the person it was to be administered to. The staff member signed and used the relevant coding to confirm the medication had been given. They completed the monitoring systems that were in place and signed and dated as required.

Information we hold told us Nottingham City Council had been working closely with the home to ensure they followed the correct procedures. This was to ensure medicines were prescribed and given to people appropriately. A medicines management audit was undertaken on 13 August 2012. There were some recommendations highlighted, however it was stated that improvements had been made.

We were told the Community Pharmacist had trained all staff regarding administering medication in July 2012 and further plans were in place to train the senior staff with more in-depth training. Staff confirmed they had completed the medication training and we saw documentation in regards to this.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risk of unsafe or unsuitable premises

Reasons for our judgement

During our visit in February 2012 we found concerns in the management of the maintenance of the building. Bedroom doors were propped open with various objects such as a table and walking frame. We did not see any doors propped open during this visit.

The registered person had taken steps to provide care in an environment that was suitably designed and adequately maintained. The home was undergoing a refurbishment and one of the units in the home had been closed off. People who used the service were moved to the other unit. There had been a small amount of disruption but staff and people who used the service were looking forward to it being completed. One staff member said, "It will be like a new home."

The person in charge told us the refurbishment had been discussed in 'resident' meetings and one to one discussions with family members.

Appropriate measures were in place in relation to security of the premises. The Garden area was enclosed and the main gates secured. There was wheel chair access to the garden area and the home.

We saw safety precautions were in place for example safety gates had been installed at the top and bottom of the stairs. The person in charge told us although there had been no incidents concerning the stairs they felt it was appropriate to have them in place as a prevention.

We saw relevant testing had taken place regarding electrical tests in March 2012, Fire officer assessments Jan 2012 and risk assessments for Legionella in August 2012. The person in charge also said they completed daily checks to make sure everything was in order around the premises.

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

Our judgement

The provider was not meeting this standard.

There were not enough staff to meet people's needs when behaviours deteriorated.

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 observed people who used the service sitting in the lounge areas. They were chatting and interacting with each other. Staff were present and they spoke to people respectfully and gave care as required. They didn't always have time to interact with people especially at lunch time. We observed staff ignoring people as they were task orientated. There were one or two disruptive people and staff were not able to deal with them effectively. We spoke with the person in charge and they told us they were awaiting an assessment for two of the people because their behaviour had deteriorated.

Staff were unable to attend to people's needs when their behaviours were intensified especially at lunch times. This does not ensure the welfare and safety of the other people who use the service.

People told us they felt there were enough staff to meet their needs. We observed staff being attentive to people and supporting them when required. Although at times there were insufficient numbers of staff at a certain time of the day, such as lunch times.

We saw evidence that staff had completed all mandatory training. Three members of staff told us they had attended external training courses. We saw evidence of this on the staff files we looked at. There were no systems in place to evidence when staff were due for updates to their training records. The person in charge told us they were in the process of dealing with this issue and a system was being implemented. Since our visit we have been told the system is in place to identify any shortfalls in training.

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

Reasons for our judgement

People who used the service told us they had attended 'resident' meetings where they had voiced their opinions and made comments on the way the home was run. We saw information on the notice board regarding a meeting held in May 2012 and we were told by the person in charge that another meeting had been held in September 2012; however the minutes were not available at the time of our visit.

We saw evidence of a number of audits that had taken place in 2012, for example, PAT testing (Portable Appliance Testing), Gas checks, Hoist and Lift checks. The person in charge told us they undertook a daily audit of the premises to make sure all areas were clean, tidy and well maintained. We saw a system in place to record when a bathroom or toilet had been cleaned. Although the areas looked clean the records showed gaps as staff were not consistent with completing the record.

The registered person may find it useful to know that records for monitoring the cleaning and checking the sanitary facilities were not completed regularly. This could cause areas to be left unclean and records incomplete for monitoring the quality of the service.

People told us they had completed questionnaires. We saw evidence that quality assurance had been completed in May 2012 and August 2012. The person in charge confirmed they undertook people's views every three months. The results were posted on the notice board for people who used the service and their families to see.

We were told by the person in charge they had received one complaint in the last twelve months, which was substantiated. We saw evidence of the concerns raised and the action that was taken. This ensured the complainant received an outcome to their concerns. We spoke with the person concerned and they told us they were happy with the action taken by the home.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

During our visit in February 2012 we found concerns. Records we requested for one member of current staff could not be located and the maintenance record book was also not available.

Staff records and other records relevant to the management of the service were accurate and fit for purpose. We looked at six staff files which contained all relevant information. Staff had obtained all the relevant checks, such as a CRB (Criminal Records Bureau) check. The records did not identify if they had been checked regular. We spoke with the person in charge and they told us this was being addressed. They said they were implementing a system at the time of our visit and it was work in progress. This would make sure the records were accurate and up to date at all times.

We saw the fire testing log had been completed and regular testing had taken place. This ensured the records were accurate and fit for purpose.

We saw records such as care plans and staff files were kept securely and could be located promptly when required.

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 activities	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing
Diagnostic and screening procedures	How the regulation was not being met: The registered person must take appropriate steps to ensure that, at all times, there are sufficient numbers of suitably qualified, skilled and experienced persons employed for the purpose of carrying on the regulated activity. Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

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 16 November 2012.

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.

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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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