

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

Alder Grange

51 Adamthwaite Drive, Blythe Bridge, Stoke-on-Trent, ST11 9HL

Tel: 01782393581

Date of Inspection: 12 December 2012

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

| | | |
|--|---|-------------------|
| Consent to care and treatment | ✘ | Action needed |
| Care and welfare of people who use services | ✘ | Action needed |
| Management of medicines | ✔ | Met this standard |
| Supporting workers | ✔ | Met this standard |
| Assessing and monitoring the quality of service provision | ✔ | Met this standard |

Details about this location

| | |
|-------------------------|---|
| Registered Provider | Eungella Care Limited |
| Overview of the service | Alder Grange provides accommodation and support for up to 15 people older people. |
| 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 12 December 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with three people using the service, two relatives and six members of staff. We also spoke with a visiting health care professional. People using the service told us that they enjoyed living at Alder Grange and found the staff to be caring and polite. One person said, "I like living here. The staff are nice and the food is good". Another person said, "The staff are all very helpful". Relatives we spoke with told us they were happy with the care their relatives received. One relative said, "I couldn't recommend Alder Grange highly enough, the staff give 100 percent".

During our inspection we found that people's care records did not always contain detailed assessments and plans of care. There was no evidence that formal assessments had been made to identify if people had the ability to make decisions for themselves or if they needed support to do this.

We saw that medicines were kept securely, but there was no effective system in place to ensure that people's medicines were accounted for.

We observed people being treated in a caring and relaxed manner by staff who were trained to meet people's care and welfare needs. Systems were also in place to ensure people's safety in emergency situations.

We saw that the provider used people's feedback to plan, evaluate and improve the service. Staff and people who visited the service told us that they were kept informed of changes to the service.

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 07 February 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

Consent to care and treatment

✘ Action needed

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was not meeting this standard.

There was no evidence to show that where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

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 reviewed how the provider followed the principles of the Mental Capacity Act 2005. Mental capacity is the ability to make an informed decision based on understanding a given situation, the options available and the consequences of the decision. People may lose the capacity to make some decisions through illness or disability, in these circumstances other people can be authorised to make decisions on their behalf as long as they are in the person's best interests.

We looked at the care records for five people who used the service, spoke with three people and two relatives. We also spoke with six members of staff. We did this to help us understand the outcomes and experiences of selected people who use the service.

The care records we reviewed showed that mental capacity assessments had not been completed. This meant that evidence was not available to demonstrate if people were able to make decisions or that decisions were being made in people's best interests.

We spoke with the relatives of two people who were unable to make decisions about their care. Both relatives told us that they were involved in some decision making on behalf of their relatives. We reviewed one of these people's care records and found no written evidence to support that the person's relative had been involved in decision making.

One person who used the service told us they had been involved in the planning of their care. Staff we spoke with confirmed this. When we looked at this person's care records there was no written evidence to confirm this.

All staff we spoke with told us they had received Mental Capacity Act 2005 training and were able to give examples of how this act relates to the people they care for. Training records conformed this. This meant the staff had the knowledge and skills to apply the principles of the Mental Capacity Act 2005, but they had not always complied with the

requirements of the Act with regards to assessing individual's capacity.

People with reduced or limited capacity who live in care homes need extra protection to ensure they are cared for in a way that keeps them safe and free from unnecessary restrictions. This extra protection is provided through The Mental Capacity Act 2005 Deprivation of Liberty Safeguards. These safeguards ensure that important decisions are made in people's best interests.

We saw one person sitting in a chair in a reclined position, preventing the person from getting up from the chair. We asked staff why this person was sitting in this position. Staff told us that this chair was used when this person was 'very active' to keep them safe. The provider told us this person was being 'trialled' using this chair for a period of one week and the person's relative had given their consent for this to happen. When this person's care records were reviewed, there was no evidence of a mental capacity assessment or a Deprivation of Liberty application to determine whether this practice was in their best interests or was used as a form of restraint. This meant that there was no evidence to show if this person was being appropriately restricted in their best interests. We spoke to the provider about this, they agreed that this may require a Deprivation of Liberty application and would take further action.

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

Our judgement

The provider was not meeting this standard.

People did not always experience care, treatment and support that met their needs.

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

People who used the service and their relatives told us they were happy with the care they received. One person said, "It's lovely here, they're so kind to us". One relative told us, "X is looked after as well as can be and as safe as can be".

We saw staff interacting with people in a positive manner and people were encouraged to participate in activities in the home and in the community. Staff we spoke with told us about people's needs, including people's likes and dislikes.

We reviewed five people's care records, spoke to six members of staff and observed people receiving care. People's needs were not always delivered in line with their individual care records. We saw that the care records for two people stated that monthly monitoring of their weight was required. There was no evidence that this had been completed. We asked staff why this had not happened. Staff told us there were no weighing scales at the home to weigh people who could not stand. This meant that plans of care for people were not always being followed and people who were unable to stand were at risk of their weight changing without being identified by staff. Following our inspection, the provider told us they had purchased scales for people who could not stand. We have been unable to test compliance with this as this information was provided to us following our latest inspection.

One person's care records had not been reviewed for over one year. This person's care plan had not been changed to ensure that advice from a visiting health professional had been acted upon. When we spoke with staff they were able to tell us the person's needs and understood the professional advice. This showed us that despite care records not being kept up to date staff were well informed and did know the needs of the people who used the service.

People's needs were not always assessed by the provider. We looked at two people's care records who were staying at Alder Grange for a short period of time for respite care. There was no assessment of need or plans of care in these care records. Basic information from the local authority was available; however this did not state the specific care that these people required. This meant there was no written information about how staff should care

for these people in order to meet their needs. The provider told us that these two people were well known to the staff and staff confirmed this however, the provider agreed that new staff would require an accurate and up to date care plan to enable care needs to be met.

We observed two people being transported through the home on wheeled commodes. These were used as a wheeled chair as the seat lids were in place. These did not have footplates for people to rest their feet on. This meant that people were at risk of sustaining injuries to their legs and feet whilst being transported through the home. We asked two members of care staff why people were being transported in this way, but they were unable to answer. We informed the registered manager of this during our inspection who told us that this should not happen. Following our inspection the provider has told us that this practice has stopped. We have been unable to test compliance with this as this information was provided to us following our latest inspection.

We also observed two people eating their lunch on wheeled commodes. This meant that toileting equipment was being used in the dining area. People sitting on the wheeled commodes during lunch were also not adequately protected from pressure damage to their skin as they were no longer sitting on their pressure relieving cushions. We informed the registered manager of this during our inspection who told us that this should not happen. Following our inspection the provider has told us that this practice has stopped. We have been unable to test compliance with this as this information was provided to us following our latest inspection.

We saw that staff worked with external health care professionals as required. One person who used the service told us, "When I need to see the Dr, they always get him to visit". We spoke with a visiting health care professional during the inspection who confirmed that communication from the service was good.

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 provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

The provider had safe systems in place to ensure that all medicines, including controlled drugs, were stored securely.

Arrangements were in place for recording the administration of medicines. We reviewed the medication administration records (MAR) for five people. We found no gaps on the MAR which showed that each time a medicine was administered it had been signed to demonstrate this.

We checked the quantities of five medicines that people were prescribed. We found that only two of these medicines had the correct number of tablets in stock. This meant that the provider was unable to identify if three of the medicines had been given to people using the service appropriately.

We also checked the quantities of two controlled drugs stored at the home. These were both found to be correct.

Some people required 'as required' (PRN) medication. There were no PRN protocols in place to identify when people required PRN medication. When we spoke with staff they were able to tell us about people's PRN needs. This showed us that despite PRN protocols not being in place, staff did know the needs of the people who used the service.

Staff we spoke with told us how they disposed of medications which were no longer required. This was undertaken in a safe and secure manner and in accordance with current guidelines.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke to six members of staff. Staff told us they received a variety of essential training. This included; manual handling, first aid, mental capacity, infection control, health and safety and safeguarding. Additional training was also offered in a variety of other topics, including; supporting people and their appearance, promoting health and well being and diplomas in health and social care. We reviewed the staff training records which confirmed this. This meant that people benefited from having care and support from staff who were provided with opportunities to up date their knowledge and skills.

Staff told us they received a thorough induction and were given the opportunity to receive training and shadow other staff before commencing their role. This meant that staff received adequate training and support before working unsupervised.

Staff told us they received regular supervision and appraisals and felt well supported. One staff member said, "Management are very good here". Another staff member said, "Management are always available for advice".

Staff told us they were informed of any changes occurring within the home and the organisation through staff meetings. Staff meeting minutes confirmed this.

We spoke with staff about a recent incident that occurred within the home. Staff informed us that they had received debriefs and were given the opportunity to attend counselling sessions following this incident. This meant staff health and well being were also supported by the provider.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We saw quality audit questionnaires that had been completed by staff and people who used and visited the service. These questionnaires had action plans attached where appropriate. Meetings occurred every three months. The information gained from these meetings was used to plan activities and redesign the menu. This meant that the views of people used the service were sought and that the feedback received was taken into account with service improvement planning.

The provider published regular newsletters to inform people who used the service of upcoming events. These newsletters also communicated important changes and celebrated staff achievements. Relatives we spoke with told us they found these very informative and beneficial.

The provider completed regular spot checks covering day and night shifts. These checks monitored the staffing levels, quality of care and the professional presentation of staff. No problems had been identified through these checks.

There was an appropriate complaints procedure in place. People we spoke with and their relatives were aware that they could raise concerns if they wished. There were no complaints for us to review.

Personal emergency evacuation plans were in place which provided information to support people who could not get themselves out of the building unaided during an emergency situation. This meant the necessary information was available in the event of an emergency situation.

We saw that fire testing procedures were recorded and were clear and up to date. This meant the provider ensured that people who used the service and the staff were protected and safe.

The provider may wish to note that during our inspection we found that care plan audits were not completed. We spoke to the provider about this who confirmed that an effective care plan audit was not in place. This meant that the provider had not identified that; mental capacity assessments were not being completed, some people had not received

assessments of need and care plans were not always up to date.

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 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment |
| | How the regulation was not being met: There were no suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them. Regulation 18 |
| Accommodation for persons who require nursing or personal care | Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services |
| | How the regulation was not being met: Assessments of need were not always evident. Regulation 9 (1)(a) Care and treatment were not always delivered to meet service user's individual needs or ensure their safety and welfare. Regulation 9 (1)(b)(i)(ii) |

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 07 February 2013.

This section is primarily information for the provider

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.

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