

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

Grimsargh House

Stanner House, Preston Road, Grimsargh,
Preston, PR2 5JE

Tel: 01772651031

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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	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✓	Met this standard
Management of medicines	✓	Met this standard
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Stanner Manufacturing Limited
Registered Manager	Mrs. June Rickus
Overview of the service	Grimsargh House is a residential home registered to provide personal care for up to 28 people. The home is situated in a quiet residential area close to the centre of Grimsargh village and has good links to local services and facilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 8 February 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

People gave us positive feedback about the service. This included that they were "very happy" with the home, that they were "very pleased" with the staff and that the staff "keep it spotless". People told us that they were given choices and their views were respected. People told us that the staff encouraged them to use their skills but provided support when needed.

Staff reported that it was a "homely" place to work with a "good staff team". They said that they had good support from their manager.

We observed activities and interactions in different parts of the home. All of these were carried out in ways which were appropriate to the type of care being provided. The interactions between people and staff were relaxed and friendly but showed respect for people's dignity.

We reviewed the provider's policies and a range of reports, records and information. All of these gave evidence that they were appropriate to the type of care provided. The care plans showed clear evidence of initial assessments being in place and regular reviews and updates. They highlighted the person's strengths and preferences as well as their needs and gave clear information to care staff on how to help meet those needs. There was evidence of appropriate liaison and working with external services such as the pharmacy, district nurses and GPs.

There was evidence of learning from feedback and of an ongoing refurbishment programme.

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

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

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We spoke with four people using the service and one relative. We inspected five care plans, spoke with care staff and reviewed the provider policies and procedures. We observed activities during our visit including lunch time and the giving of medication.

People told us that staff took the time to learn their choices and preferences. They said staff gave them choices and helped them with their choices when needed. People told us that staff encouraged them to use their skills and one person on a short term stay said that they were very pleased with how staff had helped their recovery to move back home.

The relative we spoke with was happy with the home and the staff and found it welcoming. They felt that people in the home were treated with dignity and respect.

The care plans were all clear and comprehensive. They showed understanding of the person's strengths and preferences as well as their needs. They showed appropriate reviews of capacity and consent and appropriate recording of lasting powers of attorney. They were based on the initial pre-admission assessment but showed evidence of regular review and updating when appropriate.

Our observations showed that people were encouraged to express choices and were appropriately supported in making choices. We saw that such activities were carried out in ways which were respectful to the individual.

Care and management staff showed a good understanding of the requirements regarding consent and capacity in this type of service. They had regular training updates. If care staff had any concerns about a person's changing capacity they sought help appropriately from the manager. The manager involved other professionals and services when appropriate. We inspected the provider's policies and staff records and these were appropriate to supporting choice and understanding capacity and consent requirements in this type of service.

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.

Reasons for our judgement

We spoke with four people using the service during our visit. They all expressed positive comments about the home. One said they were "very happy with the home". They liked to go out on walks and trips with friends and said staff always supported them to do this. Another person said they preferred to spend more time in her room when they were not out with their family and said that staff respected this. They said the room was kept "spotless and the food is good". Another person told us that they were moving through respite from the acute hospital to home and that staff had supported and encouraged them in their rehabilitation and recovery. All felt that their care was personalised to them.

The care plans were clear and well written. They were based on the original assessment which took place before admission. They showed clear evidence of regular updating and reviews. They showed evidence of working with other services including district nurses and GPs. They showed understanding of the person's strengths and preferences as well as their needs. They were written in a personalised way and covered the essential assessment and actions appropriately. They demonstrated directions for care staff around key issues such as medication and supporting nutrition.

We observed activities during our visit and saw that staff delivered care which was appropriately in line with the care plans and the provider policies. We observed that staff and people using the service interacted in friendly and casual but mutually respecting ways. The interactions throughout the home seemed friendly and relaxed.

We reviewed the provider's policies and procedures and these appeared appropriate for the type of care provided.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We spoke with four people and one relative and all were happy with the choice, quantity and quality of the food.

We observed that menus including choices were clear and prominently displayed when we arrived. Food was prepared in the on-site kitchen. The chef and manager told us that this meant they could cater for any personal choices as well as for any clinical or cultural requirements for particular types of diet. The kitchen area and food storage arrangements appeared appropriate. Appropriate cleansing and hygiene equipment was available and observed to be in use.

We observed the lunch time meal being served. People were clearly enjoying the food and several passed spontaneous positive comments to people near them and to staff. Some people needed additional support and prompting during the meal and this was done in ways which supported their dignity and encouraged them to use their skills. After the meal tables were thoroughly and efficiently cleaned without fuss or disruption to other activities.

The care plans that we reviewed showed appropriate assessment of nutritional needs. There was evidence in the care plans of monitoring of weight and nutrition including action taken when weight dropped. We saw the types of action that would be taken if someone was not finishing meals in addition to weight monitoring. These included the completion of fluid balance charts, liaising with other services for further assessment and giving dietary supplements when appropriate.

Care staff and the manager were all able to describe the provider's approach to nutrition which tallied with the provider's policies and seemed appropriate for this type of service. They reported good working arrangements with the chef and that the whole team including domestic staff worked well together. They had updates and training to maintain appropriate hygiene standards and knew how to access specialist help and advice on nutrition if required.

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 pharmacy service to the home was delivered through a contract with one pharmacy group. Regular supplies were delivered but the pharmacy would urgently dispense if needed, for example if a GP gave a new urgent prescription. We reviewed the ordering and supply system and this was appropriate to the type of care provided.

We reviewed the provider's policies for the safe storage and administration of medication and these seemed appropriate for the type of care provided. This included update training for staff on a regular basis.

We examined the storage arrangements for medication and these were appropriately secure. We inspected the policies, procedures, storage and records for the use of controlled drugs and these all seemed appropriate for the type of service provided.

We reviewed medication administration charts. These were appropriately and fully completed. We cross referenced the care plans we inspected against the medication administration records and they all tallied. The charts contained clear and appropriate explanations for when medications were occasionally omitted or refused. There was evidence that such omissions or refusals were appropriately reviewed.

We observed medication being administered to a number of people. This was done in a friendly but appropriately careful manner. People were treated with dignity and respect. If they needed help to take the tablets this was done in a calm and polite way without any fuss.

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

We talked with four people using the service, one relative, two care staff, the deputy chef and the manager as well as observing other staff carrying out their duties. People told us that staff were "excellent", "supportive" and "they keep it spotless", amongst a range of positive comments about the staff and their work. The relative we spoke with said that staff were helpful and welcoming.

We observed staff including care staff, catering staff and domestic staff carrying out their duties in different parts of the home. We saw that they did this in ways that were appropriate and that they had positive interactions with the people in the home.

We were told by staff that they had good support from their manager. We were told that it was a good staff team and that people liked working there. We were told that they received ongoing training and supervision. They reported that they enjoyed the homely feel to the home. In their personal appraisals they were encouraged to develop their skills such as through National Vocational Qualifications training.

We inspected staff rotas and these tallied with the staffing levels described by the manager. Five care staff were on duty for day shifts with three in the evening and two waking and one sleeping overnight. This was in addition to catering, domestic, catering, maintenance and managerial staff. The manager had authority to bring in extra staff if needed. The workforce was generally stable allowing good continuity of care.

We inspected staff records and training logs. These showed evidence of appropriate employment checks, appropriate reviews and appraisals and appropriate updates for 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 provider had an effective system to regularly assess and monitor the quality of service that people receive and had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We spoke with four people using the service and one relative. All were positive about the service and gave examples of how their views were sought and evidence that the service responded positively to their expressed views.

We observed people having their views sought in different parts of the home and about different issues including food and the scheduled activity on the day. These interactions showed appropriate respect for the opinions and dignity of the people involved. Staff explained to us how they sought information on the views and preferences of people using the service. We saw in the care plans that this linked in to personalised care. Staff were able to tell us how they would respond to any concerns or issues raised by people or their relatives and how these would be fed through to the manager.

We inspected a variety of reports and feedback documents including from people, their relatives and visiting staff from other services. These were generally very positive and we saw no reports suggestive of any major concerns.

The manager explained to us that she had delegated control from the provider of most aspects of the care including day to day running of the home. Major investment of capital over and above routine scheduled or day to day maintenance required agreement from the provider. The manager reported that these were positive dialogues and showed us improvement work carried out in the last year including those in response to the last inspection. There were building supplies apparent in the grounds and the manager showed me two rooms that had been left temporarily unoccupied as they were scheduled for refurbishment work in the next few weeks. There was therefore clear practical evidence as well as report evidence of review and making positive changes based upon review and feedback.

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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