

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

Epworth Grange

1 Chirmside Street, Bury, BL8 2BX

Tel: 01617617500

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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
Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Methodist Homes
Registered Manager	Ms. Carole Hope
Overview of the service	<p>Epworth Grange is owned by a national company called Methodist Homes for the Aged. It is situated near a main road in a residential area approximately one mile from Bury town centre and is close to bus stops and local shops. It is a detached purpose built home set in its own grounds with gardens. There is car parking to the front of the building. The home is divided into 5 wings and is registered for a maximum of 41 people.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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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 7 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

We spoke with three people who lived at the home and a visiting relative. One person living there told us "everybody is lovely". Another said that they were "very happy" there.

The relative told us they were "very impressed" and thought Epworth Grange was an "absolutely wonderful home".

We looked at three peoples' care records. We saw that people and their families were involved in planning the care and support they needed. Care plans were regularly reviewed and were person centred. They took account of peoples' individual needs and choices.

We found that effective processes were in place to ensure people were asked for their consent to care and treatment.

We saw that there were opportunities for people and, where appropriate, their relatives to express their views about the service. People had choices about where and how they spent their days. They were encouraged to pursue their own interests and a wide range of activities were available if they wished to participate.

The home was well maintained and furnished throughout. The design and layout of the premises were fit for purpose to safely meet the needs of people receiving care there. Procedures were in place to identify and address risks to safety.

There were sufficient staff on duty to meet peoples' care and support needs.

Epworth Grange had a clear procedure in place for dealing with complaints.

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

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, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

One person who lived at Epworth Grange told us they "enjoyed all the activities" that were available. They told us there was "no pressure" to join in.

We looked at three peoples' care records. We found that people had been involved in planning their care. Before they moved into the home senior staff completed a comprehensive assessment of their needs with them. People were asked about their worries and concerns. Subjects discussed with people included eating and drinking preferences, emotional wellbeing, spirituality and religious practice. People were encouraged to visit the home before they decided to move in.

We saw that during their first few days at the home new residents had personal meetings with the chef, activities coordinator and the chaplain to discuss their preferences and needs.

The manager told us of opportunities for residents and relatives to express their views. For example, there was a residents' and relatives' meeting held every two months and an annual residents' satisfaction survey.

We saw that people living at Epworth Grange had choice about where and how they spent their day. For example, there were people in the lounge, the dining rooms, the coffee shop and the hairdressers. We saw one person taking a walk in the gardens. Others were taking part in crafts in the activities room.

People were encouraged to pursue their interests and aspirations. For example, there was a 'seize the day' scheme where staff tried to support people achieve a personal ambition. On one wall we saw a display completed by people living at the home about 'what makes our day'.

There was a weekly programme of activities. Examples included baking, quiz, pet therapy, poetry, crosswords, Chinese new year celebrations, one to one sessions and afternoon exercise.

We saw a thank you card from relatives of a person who had lived at the home. It said that their relative had "enjoyed all the activities, especially the gardening".

We were told the Epworth Grange has the support of volunteers from the local community. During our inspection a number of volunteers were seen speaking with people and helping with activities.

We looked at a copy of Epworth Grange's monthly newsletter, produced for residents and relatives by a volunteer. This included dates for your diaries, latest news and events, and residents' articles.

A resource room was available to people, relatives and staff. We found that the resource room contained a lot of information, for example on good dementia care. We saw booklets on subjects such as 'Visiting people with dementia' and 'Worship and people with dementia'. The resource room also had internet access. The manager told us one volunteer assisted people to use the internet to maintain contact with friends and relatives.

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 give their consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

In the care records we reviewed we saw that people had signed and agreed their care plans.

Information also showed that people had been asked for their consent about a number of matters. For example, consent to have their photographs taken, for healthcare professionals to look at their files and to take part in outings.

We saw evidence that the manager monitored and reviewed consent forms and care plans. Regular audits were carried out to make sure staff had followed the correct procedures.

We were told that all staff received training on gaining consent from people, and applying the requirements of the Mental Capacity Act 2005. We saw evidence of a comprehensive staff training programme that included this subject.

Information booklets were available for staff, people and their relatives on these topics in the reception area.

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 three people living at the home and a visiting relative. One person living there told us "everybody is lovely". Another said that they were "very happy" there.

The visiting relative told us they were "very impressed" and thought Epworth Grange an "absolutely wonderful home".

We saw thank you cards from relatives of people who had lived at the home. They included comments such as "Thank you for so many acts of kindness beyond the high level of care you so dedicatingly provide".

We looked at the care records of three people. They were well organised in a consistent standard format.

People and, where appropriate, their families were involved in planning the care and support needed when they moved to Epworth Grange. For example, we saw assessments and care plans that people had signed, and detailed 'life story' information that families had provided about people. The care plans were regularly reviewed with people and their families whilst they continued to live there.

The care plans we reviewed were person centred. They took account of people's individual needs and choices. For example, subjects such as mobility and dexterity, sleep patterns, promoting continence and personal care were considered.

Risk assessments were in place to identify how people could best be supported to meet their needs. For example, to avoid risk of falls.

Daily records were maintained for each person. We saw that entries in daily records corresponded with care and support needs that had been identified in the care plans.

The manager and the staff we spoke with told us that the home had good links with other healthcare professionals, for example, district nurses, the local outreach team, physiotherapists and dieticians. We saw entries in care records which supported this.

We saw that the manager audited care plans on a regular basis for quality assurance purposes, to check whether peoples' need had changed and ensure their needs continued to be met. We saw evidence to show that concerns identified were acted upon, for example, increased frequency of observations.

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 risks of unsafe or unsuitable premises.

Reasons for our judgement

Epworth Grange comprised of five residential units in a modern two storey building serviced by a lift. The entrance was secure and we were asked to sign a visitors' book on arrival.

The reception area was warm and welcoming. Signs indicated that an induction loop was available to support people who used a hearing aid.

The home was well maintained and furnished throughout. Pictures, clocks and ornaments were on display. There was one large communal lounge furnished with groups of comfortable chairs and occasional tables. The lounge had a television, music system and a piano. There were small dining rooms on each unit.

Corridors were wide, well lit and free from obstructions. Hand rails were available. Radiators were covered and the home was warm throughout. We detected a slight odour in one area of a corridor. In all other areas the home was fresh and odour free.

All bedrooms were single occupancy with en suite facilities. Each room had a call bell in place, or an alternative system appropriate to meet peoples' needs.

Spacious bathrooms, shower rooms and toilet facilities were also available on each floor. Bathrooms were fitted with aids and adaptations to meet the needs of people living at the home. Safety measures were in place to control hot water temperature. For example we saw thermostatic mixer valves were fitted to baths and showers to prevent people from being scalded.

The grounds of the home were well maintained and secure. There were two user friendly garden areas. One garden had a patio area with seating and a canopy to provide shade. People could easily access the gardens through wide double doors.

The home employed a part time maintenance person. We saw that a maintenance log system was in place. It was evident that requests for maintenance tasks to be completed had been met in a timely manner.

We saw that there was a secure outside storage area for clinical waste and bins. Waste was clearly separated. Inside the home there was a locked cupboard for storage of cleaning materials and hazardous substances.

We looked at records that showed regular servicing of equipment, for example, gas safety checks, the lift servicing report, electric portable appliance tests. A health and safety report completed by an external auditor was carried out in January 2013. We saw that an emergency procedures were in place. They were easily accessible to staff and a copy could be found on the notice board in the reception area.

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 spoke with two members of staff about their work at the home. Both were very positive and enthusiastic about their work. One said she "loved every minute of it".

During our visit there were sufficient staff on duty to meet peoples' care and support needs.

We were told that the home had a staff structure that, in addition to the manager, included senior carers and carers. Staff worked on a rota system to ensure there was always an appropriate level of cover to meet peoples' needs.

The manager told us that there that a number of care staff had recently been recruited. This recruitment was primarily due to the creation of new staff posts. To ensure continuity for people receiving care and support no agency staff were used.

In addition to care staff the home employed an activities coordinator, kitchen, domestic and maintenance staff. The team was supported by the resident chaplain and a volunteers' coordinator.

The manager told us that all new staff were required to complete induction training in key areas such as moving and handling, nutrition and infection control. It is the provider's policy that all staff also complete training in subjects such as the dementia, challenging behaviour, the Mental Capacity Act 2005 and the provider's values.

One staff member we spoke with said they had sufficient training available to them and also had the benefit of a resource library on site. This was available to staff, people living at the home and their relatives. We saw that there was a lot of information available in the resource library on subjects such as good dementia care.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

One person living at the home told us "I have no worries or concerns but if I did I could speak to staff about it".

Epworth Grange had a clear procedure in place for dealing with complaints. This included information about the action a person could take if they were dissatisfied with the response they received to a complaint.

A copy of the complaints procedure was displayed in the communal reception area and available to people and their visitors. Information about independent advocacy services that were available to people was also on display.

There were no complaints at the time of our visit.

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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