

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

Astley Grange

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Tel: 01484428322

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2014

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

Care and welfare of people who use services

✘ Action needed

Staffing

✘ Action needed

Details about this location

Registered Provider	Mulberry Care Homes Limited
Registered Manager	Miss Karen Wilson
Overview of the service	Astley Grange Care Home provides nursing and personal care for up to 35 residents.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

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 28 February 2014, 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

Prior to this visit we received information of concern. The concerns were there were not always enough staff on duty and this meant the needs of people living in the home were not always being met.

We spoke with 12 people living in the home, three relatives and four members of staff. These were some of the things they told us:

"Some staff are better than others, there just aren't enough of them."

"The owner is enthusiastic and committed and is always here."

"Our relative is not happy here."

"Sometimes I have to wait a long time for staff to answer my buzzer."

We found there were not enough staff on duty to meet people's needs in a timely way.

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

What we have told the provider to do

We have asked the provider to send us a report by 28 March 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

We have referred our findings to Local Authority: Safeguarding. We will check to make sure that action is taken to meet the essential standards.

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

Care and welfare of people who use services

✘ Action needed

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

Our judgement

The provider was not meeting this standard.

Care and treatment was not planned and delivered in a way that was intended to ensure people's safety and welfare.

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

Reasons for our judgement

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

We looked at the care plans for two people who were receiving nursing care. In the first care plan we saw the individual had been assessed at being at high risk of falling. The care plan stated the person needed constant supervision when they were sat up in the chair. We saw this person sitting in the lounge. They were sitting in a recliner chair that had been reclined. This meant they could not try and move out of the chair. We also noted the care plan instructed staff to make sure the lap belt was used when this person was using the wheelchair. We saw the lap belt was not used during our visit. This meant the care plan to reduce the risk of the person falling had not been followed.

In another care plan we saw the individual was at risk of developing pressure sores. When we looked in their bedroom we saw there was a specialist mattress in place. On top of the mattress there was an incontinence sheet in place, which would have reduced the effectiveness of the mattress. We asked the registered manager about this and they told us they didn't know. We also noted the air mattress was on a high setting, but the person was very slight in stature. There were no instructions in the care plan as to what the correct setting was. We asked the nurse on duty who agreed the mattress was on the wrong setting. If specialist equipment was not being used correctly it could increase the risk of damage to the skin.

We saw care plans contained information about people's personal preferences for example in one plan it stated the individual liked to get up between 8:30am and 9:00am. However, when we arrived at 9:30am this person was still in bed.

We also witnessed staff not responding to people during our visit. These were some

examples: one care worker asked an individual if they were OK. The person responded stating they were cold. The care worker did not respond. Another care worker asked the same person how they were. The individual said they had 'a bit of a headache.' The care worker responded saying "Oh! I'll shut up then." Another person was complaining that they felt dizzy they reported this to more than one member of staff but no action or reassurance was given.

We did see some good interaction between care workers and people living in the home, however, staff were very busy and had no time to spend with people unless they were delivering personal care.

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

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

Reasons for our judgement

There were not enough qualified, skilled and experienced staff to meet people's needs.

Prior to our visit we had received information advising us there were not enough staff on duty to meet people's needs. We had also received information from a 'whistleblower' (this is a term that is widely used when a current or former member of staff raises a concern about their place of work). The concerns we received detailed information about a memo that had been addressed to all nurses and carers at the home, from the registered manager, requesting them not to not complain to the Care Quality Commission about staffing levels.

The accommodation at Astley Grange was arranged over three floors. At the time of our visit there were eight people living on the lower floor, 10 on the middle floor and 11 people accommodated on the top floor. There were two care workers allocated to each floor and one nurse working between the middle and lower floor where nursing care was provided.

We spent time on each floor and saw staff were busy throughout our visit. On the middle floor nine of the 10 people required two members of staff to meet their moving and handling and personal care needs. We saw people having to wait for staff attention. These were some examples: One person told us they liked to get up at 9:30am but hadn't been able to get up that morning until 11:45am because the care workers were busy. One person wanted to go and lie on their bed before lunch, but had to wait as one of the care workers was on their break. One person asked us for assistance with a drink, the two staff on duty were busy assisting someone to get up. This meant the person had to wait. At 11:30 am one care worker was serving hot drinks, they then were called away to attend to someone's personal care needs so people were left waiting for their hot drink.

On the lower floor staff told us six of the eight people needed the assistance of two care workers to meet their moving and handling and personal care needs. Again we saw people having to wait for staff attention. At 11:50am the two care workers were assisting one person to get up. Another person was asking for the toilet but no staff were available. This person had to wait 10 minutes for staff to attend to their needs.

One person told us they were fed up with having to wait for staff to attend to their needs. They also told us they were reluctant to say anything "As they take it out on you." The same person told us when we spoke with them at 11:15am that they hadn't had a wash that morning or had their teeth cleaned.

We spoke to some relatives who told us they felt the staffing levels were too low. One relative told us their family member sometimes looked unkempt when they visited.

People told us generally that staff were nice but there just weren't enough of them. Three people told us when they used their emergency buzzer it could take up to 10 minutes for staff to attend to their needs.

One person told us they like to get up before the night staff go home. They told us this had not been possible on some mornings as there had not been enough staff on duty. We looked at the duty rota, signing in book and handover sheets and saw there had been three occasions during February 2014 when only three members of staff had been on duty instead of four. The manager told us this had been due to staff not turning up and them not being able to find cover.

We showed the provider the copy of the 'Memo' we had received and discussed our concerns about the content. We also showed the 'Memo' to the registered manager who told us they had put a memo up in the staff room about staffing levels, but that our copy had been 'tampered' with. The provider informed us they would be investigating these particular issues further following our visit.

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 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services
Diagnostic and screening procedures	How the regulation was not being met: Care and treatment was not planned and delivered in a way that was intended to ensure people's safety and welfare.
Treatment of disease, disorder or injury	
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: There were not enough qualified, skilled and experienced staff to meet people's needs.
Treatment of disease, disorder or injury	

This report is requested under regulation 10(3) of the Health and Social Care Act 2008

This section is primarily information for the provider

(Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 28 March 2014.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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