Inspection Report

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

Sussex Grange Residential Care Home

14 Vincent Road, Selsey, Chichester, PO20 9DH

Tel: 01243606262

Date of Inspection: 13 August 2013

Date of Publication: September 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Sussex Grange Limited
Registered Managers	Mrs. Karen Tracey Halford Dr. Tom Jameson
Overview of the service	Sussex Range Residential Home provides accommodation and support for up to twenty 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'.

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 13 August 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.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

People told us that they received kind, gentle care that met their needs. They said they liked living at the home and that they were afforded plenty of choice about how they lived their life. One relative told us, "We are always made most welcome and feel very much at home." Someone who recently received respite care wrote to say, "The care was excellent. The staff were very good and supportive of my needs."

We spoke with staff who said they enjoyed their work and felt the home provided good care. We were told they would be happy for their relatives to be cared for at the home. The training on offer to staff ensured they were sufficiently skilled and knowledgeable to meet people's needs. They had a good understanding of their roles and the needs of individuals living at the home. Staff and people resident at the home appeared to enjoy each other's company very much.

The care records we looked at provided evidence that the care was planned to meet people's needs and that it was delivered as planned. Attention to detail in recording the care that had been provided showed us that staff observed and reacted to changes in people's condition and needs.

The community nurse we spoke with, along with what people living in the home told us, demonstrated that where staff had concerns about someone, they sought advice from the relevant healthcare professional and where appropriate, discussed the situation with relatives. One family member told us they felt very well informed about the care their relative was receiving and that staff always phoned them if there were any concerns, no matter how small.

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 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

People expressed their views and were involved in making decisions about their care and treatment. People we spoke with told us that they retained control and choice. They said staff always asked them how they wanted things done and responded to requests whenever possible. One person said, "We can ask for anything we like and they try their best. Obviously, they have to make sure that everyone else is happy to but as far as possible they let us do what we want."

When we went around the home we saw that staff spoke courteously and respectfully to people. We noticed that staff used touch as a means of communicating warmth and affection. Some people's doors were open but we were assured this was from personal choice. One person said they felt isolated with the door shut all the time. We saw that staff knocked on doors and waited for a response before entering, even if the door was already open.

We saw the minutes of several residents meetings. One meeting was held in May with 10 people plus staff, including the manager and the provider attending. One of the issues raised concerned the doors and windows from people's bedrooms to the gardens. We saw that the provder had responded to this and changed the doorframes.

People living at the home had been supported and encouraged to discuss their wishes, should their condition deteriorate. We saw that people had discussed advanced care planning with staff from the home, so that their wishes regarding the level of intervention they wanted as they approached the end of their life was recorded. Some people had made it clear that they wished to remain at the home, being cared for by staff who they knew with the support of their GP and the community nursing service. It was clear from the records that we saw that these decisions were supported but did not prevent the staff from seeking hospital care for an unexpected but treatable condition. The relatives of one person who had died at the home wrote afterwards and said, "She loved her room and everyone treated her with kindness, dignity, respect and a warm understanding."

People were supported in promoting their independence and community involvement. We saw one person's care record had recorded that they had been accompanied to a hospital appointment by a staff member. This enabled the person to be fully involved in the decisions regarding their treatment but also meant that the member of staff could explain things again, if necessary.

People told us about how they were encouraged to continue to be involved in their local community. One person said. " I still get out to church on Sundays; that is really important for me as I have always been a practising Christian." Another person mentioned outings they had enjoyed to the theatre or for a pub meal. We were also told about a 'Boys night out' that had been arranged as the men were very much in the minority and wanted to do something that was traditionally a male activity. A trip to a suitable show and the pub was arranged with the provider being the male member of staff that took them.

When we looked at one record of staff supervision we saw that the manager had reminded the staff member to make sure they offered people a choice of drinks, even though they usually had the same drink every day. The staff member was told never to assume what people want but to ask them. We saw from later records that the manager had checked to see this was being done and made a positive comment to the staff member about the change in their practice.

Staff were provided with training in equality and diversity and the Mental Capacity Act 2005. Some staff had completed a course called 'Positive about you' which encouraged them to look at people in care homes as individuals.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We looked at the care records of six people. We also spoke with people living in the home, four relatives and a community nurse. People told us that they received good care and that their needs were met. One person's relative said, "Mum thinks the staff and other people here are her family now. She is really happy and really well cared for." They went on to explain that the home was some distance from where they lived but they would rather drive an hour each way to ensure their mother was being well cared for.

Each person had a folder in their room that contained a record of the care they had received and any assistance they had been offered. The files were comprehensive and showed us that when staff assisted people to wash and dress each morning that they also made sure that people were wearing their glasses and hearing aids, if necessary. The records provided evidence that people were offered assistance to bath or shower regularly. As we went around the home, we saw that people were well groomed and dressed appropriately for the weather. Some women were wearing make-up and jewellery whilst others carried handbags. People had neatly styled hair and the men were shaven.

The care records showed us that staff had considered and assessed the extent to which each person was at risk of falling. Where the risk assessment showed someone was at increased risk of falling, a care plan was created to reduce the risk. We noticed that there were also more general steps taken to reduce the number of falls in the home. People were all wearing well fitted shoes or sturdy slippers. We saw that people who required assistance when moving around the home were reminded to ring their bells for assistance before attempting to stand. The records also indicated that staff had noticed the rubber ferrules on the base of one person's walking frame were worn and that they had arranged for these to be replaced. We also looked at the minutes of a staff meeting where staff were reminded to make sure people had their walking aids to hand and to encourage people to use them. We looked at the accident and incident records for the home. We saw that one person had fallen several times and that this had triggered the staff to consider why this might be. The GP was asked to review the person's medication as it was felt that this might have made them more unsteady on their feet.

We sat in the lounge and observed how care was being provided and the relationship between staff and people living at the home. Initially, a group of people were taking part in a quiz session. The staff member leading the session had motivated most of the people present to join in and provided prompts to people who were struggling to recall the answers. Another two staff members were circulating around the room offering additional drinks and reminding people to drink more as it was such a hot day. As they carried out their work staff chatted with people, picked up dropped items and rearranged cushions to make sure people were comfortable. As the quiz ended, the manager brought a tray of glasses and a bottle of sparkling wine into the lounge. People were asked whether they would like a glass of wine for 'the toast'. Orange juice was offered as a non alcoholic alternative but most people chose the wine. One person explained that the practice of having a weekly toast had started as a celebration of the recent birth of HRH Prince George but now they found something to toast each week. We were told that this week's toast was to celebrate the safe return and good health of the home's eldest resident, who had been in hospital. The toast was followed by a very enthusiastic, impromptu, singing session.

We spoke to people who remained in their own room and were told that this was their preference. One person said that they found it difficult to hear the television properly if others were chatting and they had very limited vision so could not see it. This person explained they were sad at not being able to live in their own home but said,"The staff are very kind and all my needs are met." They showed us how their room had been adapted to enable them to do as much as possible for themself. We saw, for example, that they had powerful table lamp placed above their plate at mealtimes so that they could see what they were eating.

Another person told us they chose to stay in their room as they found "moving too much bother". They assured us this was not that the staff made them feel that way but rather that they found wheelchairs uncomfortable and that they had painful legs. They said, "I am quite happy here in my room. The staff pop in an out all the time for a chat. I love listening to what they have been up to. My family come in every day so I never seem to get a dull moment. I am very lucky to be here." They showed us the bird table that their family had bought them and which staff had placed immediately outside their window. They said they enjoyed watching the wild birds and squirrels from the comfort of their chair.

We saw from people's care records that the staff had taken measures to reduce the risk of people developing skin damage from prolonged pressure. We spoke to one person who was assessed as being at high risk of pressure damage. They showed us how fragile the skin was on their legs and said the staff made sure they put their prescribed cream on several times a day. The care records also showed us that this had happened regularly. We looked at other people's care records and saw that each contained a risk assessment based on a tool called the Waterlow score that assisted staff in determining to what extent people were at risk of pressure damage.

People told us that any pain they had was managed well. They said staff offered pain killers regularly. We saw records that showed one person used analgesic patches and that these were changed regularly. We saw another record that showed us that staff had noticed one person had a slightly swollen "puffy" arm. They were offered pain killers and staff continued to monitor the person closely until it had settled. Other records also showed us that staff provided ongoing pain assessment. One person had been given several 'as necessary' doses of paracetamol as their back was hurting despite having prescribed medication.The staff arranged for the GP to visit and review the person's medicines.

People who use services were only deprived of their liberty when this had been authorised by the Court of Protection, or by a Supervisory Body under the Deprivation of Liberty Safeguards.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. We saw that the home had policies and guidance in place for staff to follow to reduce the risk of cross infection.The polices followed the guidance provided by the Department of Health in The Code of Practice on the Prevention and Control of Infections.

When we looked at staff files we saw that those who were involved in catering had completed certificated training in food hygiene.Training records showed us that all staff had been provided with training in infection prevention and control.

As we went around the home, we saw that it was clean and free from unpleasant odours. Bedding looked freshly laundered. We asked people about the laundry arrangements and were told that there were never any problems; clothes were washed frequently and returned promptly in good condition. One person said that it was, "The best thing about living in a care home, not having to do the laundry." We saw that the washing machines had a sluicing facility for heavily soiled items and a high temperature cycle for proper disinfection of soiled linen.

We saw staff were using personal protective clothing when assisting people with personal care. There were plentiful supplies of disposable gloves and aprons throughout the home. We also saw that staff were transporting soiled laundry, according to the homes policy, in red bags that dissolved in the wash. This meant that the risk of contamination from such items was reduced and provided protection to both staff and people living at the home.

People had single rooms, so it would be easily to isolate anyone who developed an infection that could potentially be passed to others.

There were cleaning schedules in place, with a checklist to show work had been completed. These were monitored by the registered manager.

Waste was disposed of via a contract with a licensed third party contractor. Clinical waste was separated from usual domestic waste; bags were stored in large lockable bins.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection procedures in place. People we spoke with that used the service were positive about the staff who worked in the service. They said, "The staff are good" and, "The staff are kind people". Staff told us that when they were recruited they had completed an application form, provided references and had a criminal records check completed. All these checks helped to make sure that only people who were deemed as suitable were employed to care for people that used the service.

There was a recruitment and selection policy with procedures in place to make sure that staff were checked before they started work at the service. We looked at three recruitment files. The files contained information that included an application form, two references, criminal records checks and contracts of employment. Each file had photographic ID and details of each prospective staff members National Insurance numbers. Copies of certificates from any qualification mentioned in the application process were also stored in each staff members file. This showed that the service had effective recruitment and selection procedures in place that enabled them to safely meet the health and welfare needs of people that used the service.

Each new member of staff was required to complete a 12 week induction programme based on the nationally recognised Skills for Care Core Competencies framework.

The home employed apprentices in care from a local college. The staff files contained details of the arrangements for the apprenticeship and an agreement with the college. We also saw details of the support arrangements for the individual apprentice.

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

People were given support by the provider to make a comment or complaint where they needed assistance. There was a written complaints procedure for the effective and speedy resolution of any complaints or concerns. We looked at the complaints file and some of the thank you letters for the service. We saw that people were provided with details of how to make a complaint. The manager confirmed that there had been no complaints since the last inspection in March 2013.

People who used the service told us that staff were friendly and helpful. One person told us "I am happy as can be here". They said that they would speak to the staff or manager if they had any concerns. All of the people that we spoke to said that they had no concerns at this time. One person said, " I can't see why anyone would complain about this place, it is lovely."

We looked at the minutes of the resident's meetings held over the past year. We saw that people felt confident to raise any concerns or to mention issues they wanted addressing. We also saw that the provider responded to these comments. One example we noted was that people felt some of the rooms 'had no air' in hot weather unless the sliding door from their room to the garden was partially opened. Whilst we were inspecting we saw that new window and door frames were being fitted throughout the premises. The new frames had smaller windows incorporated that could be left opened overnight. This meant that people who used the service had their comments and complaints listened to and acted on effectively.

We also spoke with several relatives who told us they were aware of how to complain, if necessary, but had never felt the need to do so. We also saw a letter that showed that staff from the home had assisted a family to make a complaint to another healthcare provider when a person living at the home had received poor care when they had been unwell. The famly described the provider and home staff as being persistent and assertive in making sure their relative received the care they needed. This showed us that the staff acted as advocates and supported people in making complaints outside of the home, when necessary.

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.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk