

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

Alder Grange

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Trent, ST11 9HL

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Date of Inspection: 28 June 2013

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Consent to care and treatment ✓ Met this standard

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

Details about this location

Registered Provider	Eungella Care Limited
Overview of the service	Alder Grange provides accommodation and personal care and support for up to 15 older people.
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

We carried out this inspection to check whether Alder Grange had taken action to meet the following essential standards:

- Consent to care and treatment
- Care and welfare of people who use services

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 June 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider. We reviewed information sent to us by commissioners of services, talked with other authorities, talked with local groups of people in the community or voluntary sector and used information from local Healthwatch to inform our inspection.

What people told us and what we found

At our last inspection of the service we identified two areas of non compliance that we asked the provider to address. The provider responded to our concerns and told us of the action they had taken to ensure that that people that used the service were safe.

During this inspection the provider was able to demonstrate that they had acted to ensure that the service complied. We saw that documents detailed people's capacity and consent to care, that people's needs were assessed and their care was planned. Risk assessments were also in place which provided staff with the information they may need to keep people safe from harm.

People told us, "I like it here. I'm happy enough" and "Everything is lovely". Some people who used the service were not able to tell us how they felt about the service because their dementia affected their ability to recall. We observed how people interacted and responded to each other and to the staff supporting them. We saw that staff interactions were positive for example we observed staff supporting one person at a time when they were particularly anxious. They did so with good humour and compassion.

The provider did not have a registered manager in place as required in The Care Quality Commission (Registration) Regulations 2009. The acting manager for the service told us that they had yet to apply to be registered and had an application form to complete. The service had not had a registered manager since 2010.

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.

Reasons for our judgement

At the last inspection we noted that there was a lack of documentary evidence of people's capacity to make decisions and their consent to care and treatment. Following the inspection the provider told us that changes would be made to care records to ensure that the format captured evidence of the assessment of people's capacity and their consent.

During this inspection we saw evidence that consent and capacity had been considered in the assessments of people's needs. New paper work and care planning included a section where people could sign as an indication they had consented to care and treatment. We looked at a sample of care records. We saw that the people who used the service or their relative had signed the documentation. This meant that the provider had responded to our concerns promptly and ensured people's rights were protected.

Records showed that one person who did not have the capacity to make decisions about their environment, aspects of their care or their finances had been supported by relatives who advocated on the persons behalf and had been involved in making decisions.

At the last inspection we noted that the service had not considered that a Deprivation of Liberty assessment should have been requested for one person who was observed to have their movement restricted, because the chair they were in prevented them from getting up from it. The relative of the person involved had provided consent for this to happen, but there is a formal process of assessment that should be accessed to determine if the method constituted a restriction of the person's freedom of movement and liberty, or was in their best interests.

The provider told us following the last inspection that they would apply for an assessment to be carried out.

At this inspection the provider told us that they hadn't requested an assessment but had decided not to use the chair in the way that it was used at the last inspection, but rather as

an ordinary arm chair. We observed this during our time in the home.

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

At the last inspection there were concerns that the service wasn't reviewing people's plans of care and that people were not being provided with the support or care agreed in their care plans.

Following that inspection the provider told us that they were reviewing people's care needs and the documentation they used. The provider told us that staff had received training or updates to ensure that they had the skills and expertise they needed to provide people with the support they required.

During this inspection we reviewed the care records of four people and spoke with each of them, we also spoke with staff and with other people who used the service. We saw that care plans were in place that reflected the assessed needs of people who used the service. We were able to confirm that the provider had introduced new documentation that helped staff to focus on planning care and the regular review of it. Risk assessments where areas of risk were highlighted supported the plans we saw. This meant the provider had acted to ensure people's safety and welfare.

Some people we pathway tracked were not able to express their opinions of the support they received, we observed their interactions with staff and their demeanour throughout our inspection. We observed how staff spoke with people and how they supported them. We observed staff were kind and attentive and treated people with care and compassion. People who were able to talk to us about the support they received said, "They (the staff) are very good, excellent in fact". "You couldn't wish for better".

We saw that the provider had sought person centred training and cascaded this to the support staff. We saw that each person was allocated a key worker and that the key worker's had signed a key worker contract, that outlined their role and responsibilities for the people they supported. Staff we spoke with told us that they were allocated as key workers to people. This meant that they supported them, reviewed their care, acted as a liaison with relatives and as advocates for people when they attended appointments. This meant that staff knew how to support people and to meet their care and welfare needs.

We saw that people had regular access to health professionals and were supported to access health appointments. Records we looked at showed that people had received input from the GP and chiropody. The provider may find it useful to note that we could not evidence that people had been able to access dental services on a regular basis.

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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