

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

Alder Grange

51 Adamthwaite Drive, Blythe Bridge, Stoke On
Trent, ST11 9HL

Tel: 01782393581

Date of Inspection: 23 November 2013

Date of Publication:
December 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
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Eungella Care Limited
Registered Manager	Mrs. Tina Jane Whalley
Overview of the service	Alder Grange provides accommodation 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

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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Management of medicines	9
Supporting workers	10
Complaints	11
About CQC Inspections	12
How we define our judgements	13
Glossary of terms we use in this report	15
Contact us	17

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 23 November 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 talked with commissioners of services.

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

We inspected Alder Grange residential care home to determine if people were receiving support and personal care that met their needs and kept them safe. Some of the people were not able to tell us if they were happy with the service, because their dementia affected their ability to recall or to communicate. So we observed interactions between people and staff, to assess if they were comfortable in their environment and were treated with respect.

We spoke with six people who used the service, two relatives, four staff, the provider and a volunteer during the inspection. Comments we received included, "It's lovely", "The girls are smashing", "Everything I ask for is provided". We observed that staff treated people with great care and compassion, we heard them talking to people respectfully and supported people with their personal care needs discreetly.

We checked to see if medication was managed safely and people received the correct medication at the right time. Staff we spoke with demonstrated their knowledge and understanding of safe medication management procedures.

Staff received the support and training they needed to deliver good standards of care. They met regularly and received on-going assessment of their practice to ensure they were competent.

We asked people if they had any concerns about the support they received and if they knew who to go to if they needed to complain. Information relating to the complaints procedures was available in the home.

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.

Reasons for our judgement

People we spoke with told us they were treated with respect and care. One person told us, "Everything is just so", another person said, "I'm delighted to have come here, you can choose to do what you like. I slept in until nine this morning. I haven't done that for years, it's like being on holiday and in a hotel". We observed interactions between people who used the service and the staff who supported them. We saw people being treated with dignity and their privacy was respected when staff carried out personal care tasks.

People were given information regarding their care and support. Documents showed that when people had been considering moving into the service they had been given written information about the facilities and services provided. People had also been told how they would be involved in making decisions about their care and support. This had been done so they could decide whether or not the service was right for them. An assessment of people's capacity to consent had also been undertaken. One person told us, "My relative came here to have a look around and the staff couldn't have been more helpful." The same person said, "I didn't think I'd like it, but I have this lovely bedroom, where I prefer to stay because I can be private and watch my programmes". We noted that staff respected people's privacy and dignity by knocking on bedroom doors before entering. This showed that people's privacy and dignity was respected.

People were supported in promoting their independence and community involvement. Records showed that staff encouraged visitors to the home and relatives told us, "We visit nearly every day, we can come and go as we please nothing is too much trouble and we always feel welcomed. We have no concerns about the care our parent receives". During our inspection people told us that they were involved in activities of their choice. One person commented, "There is always more I would like to do, but they are very good. If we want to we can go to the shop with the staff". Another said, "We can do what we want". This showed that people were encouraged to be involved in decisions about their social activities, and relatives were encourage to play an active role in the support of their relatives.

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

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked in detail at key parts of the care for two people. We found that each of them had an individual written plan of care that contained information about the support they needed, getting about safely and managing medical conditions. Staff said that these plans helped them to provide assistance for people in ways that meant they were safe.

We saw that people were receiving the assistance they needed and wanted. This included assistance with personal care, such as washing and dressing, using the bathroom, getting about and taking medication. We observed that staff were caring and patient when they were helping people and people were not rushed. We noted how they took the time to ask people how they were and to enquire if they needed anything to make them more comfortable. A person said, "The staff are always asking if I'm alright and if I need anything".

We observed people during lunchtime and saw that when necessary people received individual help to dine in safety and comfort. Some people needed to be supported to ensure they had an adequate dietary intake. Staff told us, "Some people don't eat so well and have been prescribed supplements to ensure they receive the calories they need. It can be difficult sometimes, but we persevere and ensure they have little and often. That usually works". We saw that records of people's dietary and fluid intake meant the staff could check and ensure that people received adequate levels of nutrition and fluid throughout the day.

Records showed that people who used the service had their medical needs attended to promptly because the service contacted and arranged appointment with health professionals, these could include doctors, district nurses and community dietitians. This meant that people had received the healthcare they needed.

People's care was planned and delivered in a way that was intended to ensure their safety and welfare. We saw that assessments of risks to people's health and safety had been carried out so they could stay safe from avoidable hazards. This included having hoists to

help people with reduced mobility and the support people required if they became anxious and the risks to people if they used the stairs.

There were arrangements in place to deal with foreseeable emergencies. Personal emergency evacuation plans (PEEP's) were in place. These plans outlined the support people would need if the home had to be evacuated. They were designed to enable the service to respond effectively to adverse events such as interruptions in the supply of electricity, water and gas. This meant that people could be confident that their accommodation and care needs would be reliably met.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Medicines were safely administered. We checked to see if medication was managed properly and safely. We observed a staff member administered people's medication in line with good practice guidelines. They demonstrated a good knowledge of the people taking medication and their preferences. They ensured people had enough time to take their medication.

We saw that medication was stored in a locked room and in a lockable trolley. Medication that was known as 'controlled' was stored, recorded and administered appropriately. Some medication not being used on a daily basis was stored in the locked medication room but was not in a secure cupboard. The provider may find it useful to note that all medication should be securely stored to ensure that that risk associated with not doing so are reduced.

We saw records of medication indicating that prescribed to people, the dose and the method of administration. Staff told us about the administration procedure they followed of, 'dot, pot, give and sign'. This meant they administered medication safely and only signed for it when the person had taken it. This showed appropriate arrangements were in place in relation to the recording of medicine.

We checked to see if medication stock control systems were robust and that medication could be accounted for. We checked a random sample of stock records and actual stocks. We found they were accurate.

We saw that people's medication was regularly reviewed with the prescriber, to ensure that it was appropriate to meet their needs. Where people had special requirements, such as difficulty swallowing medication, decisions were made and agreed in their best interests. For example it had been agreed that medication could be crushed to make it easier for one person to take. This meant medicines were prescribed and given to people appropriately.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke with staff and the management, to ensure that staff received the support and training they needed to deliver appropriate levels of care. Staff we spoke with said, "We have a training day at least once a month to ensure our mandatory training is up to date. We also look at training DVD's on other subjects such as 'end of life care' and 'dementia awareness'. We always discuss what we've seen and the managers/ seniors check we have understood". Another said, "We're always doing some training course or another. It keeps us up to date. We are encouraged to achieved qualifications in care". This showed staff were able, from time to time, to obtain further relevant qualifications.

Staff we spoke with confirmed that they attended monthly team meetings and received appraisals of their performance twice per year. They also had opportunities to meet with a supervisor on a one to one basis. This meant staff could talk about any concerns about their professional and personal life so they could be supported and additional training made available if appropriate. Staff told us, "Do I feel supported, yes definitely. They (the managers) are always there to offer advice".

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. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

Systems were in place to ensure that any complaints received were recorded, investigated and resolved to people's satisfaction. A complaints procedure was available and displayed in the home. People we spoke with said, "I have no complaints, I have everything I could need", and "You won't hear me complain". A relative told us, "I have always found that anything that could be a concern is dealt with before it becomes a problem, it helps that I visit regularly. I have no concerns at all". Staff we spoke with explained the procedure they would follow if a relative or person who used the service complained to them. They were able to describe how they would listen, report and help to reassure anyone who had concerns. This meant people had their comments and complaints listened to and acted on.

The provider told us they maintained a record of any complaints, or compliments received, "We have received one complaint, it has been looked into and resolved. We have learned from it and put measures in place to ensure it could not happen again. We can always learn from any mistake". This showed complaints were fully investigated and resolved, where possible to their satisfaction.

We saw many thank you cards and notes from relatives and supporters of people who used the service expressing their satisfaction with the support and care provided.

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@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
