

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

## Epworth Grange

1 Chirmside Street, Bury, BL8 2BX

Tel: 01617617500

Date of Inspection: 25 January 2014

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Meeting nutritional needs</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Management of medicines</b>	✓ Met this standard
<b>Safety, availability and suitability of equipment</b>	✓ Met this standard

## Details about this location

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

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*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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We carried out a visit on 25 January 2014, observed how people were being cared for, talked with people who use the service and talked with staff. We talked with commissioners of services.

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### What people told us and what we found

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During our inspection visit we spoke to five people who lived at the Epworth Grange. They spoke positively about the care and support they received. They commented "It's super. Five star!" "It is an excellent place" and "I can't grumble because I have nothing to grumble about".

Everyone appeared well cared for, wearing well laundered clothes and their hair brushed. Interactions between staff and people living at the home were frequent, friendly and polite. The atmosphere was relaxed and friendly. People we spoke with told us that staff members were "supportive and helpful" and "everything was done to time and how it should be done".

Everyone we spoke with said that they were happy with the food and that it was "very good". One person commented "The chefs are very good and are always ready to oblige if I want anything".

There was a member of the domestic staff on duty every day. We saw that the home was clean and tidy and no malodours were detected.

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

There was enough equipment to promote the independence and comfort of people who use the service.

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

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

The provider was meeting this standard.

People who use the service were given appropriate information and support regarding their care or treatment. People's privacy, dignity and independence were respected.

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### Reasons for our judgement

During our inspection visit we spoke to five people who lived at the Epworth Grange. They spoke positively about the care and support they received. They commented "It's super. Five star!" "It is an excellent place" and "I can't grumble because I have nothing to grumble about".

We spoke with people about why they had chosen to come and live at the home. Those who were able told us that they either knew about the home through the church circuit, had visited people at the home previously and so knew about the home or had been struck by their first impression of the home and the way they were greeted. People were able to bring some of their own furniture and other belongings with them to personalise their room.

People told us that when they had moved into the home they had received a bunch of fresh flowers to welcome them. They had also been given a lot of information about what care and support they could expect and what was happening at the home which including an introduction from staff and the service user guide, the weekly activities sheet and the newsletter. Some people told us about what activities they had taken part in and which they had enjoyed for example armchair Zumba and quizzes. One person told us they had tried reflexology for the first time and felt relaxed after it.

Other people told us they did not want to take part in activities and there was no pressure to do so. They said they liked to stay in their rooms and watch sport or films on the television and read in some cases their daily newspaper.

Some people told us about their birthdays. One person said they had received fresh flowers and the chefs had made a beautiful cake covered in pink and white roses. The staff on duty came and sang Happy Birthday. They said "I was so overcome by it all I could not speak".

We observed a group of 11 people in the homes coffee lounge and those who were able were taking part in a reminiscence quiz. A person living at the home was the quiz master

with the support of a volunteer. Classical music was gently playing in the background and others people recognised some of the pieces of music being played.

Last year some people living at the home grew vegetables, which were cooked and eaten. People also had the opportunity to bake in the coffee lounge.

The home had it's own chaplain and there were regular services at the home throughout the week. There was also a church next to the home so people were able to attend services there on a Sunday.

We saw that on people's bedroom doors they had a slide sign that could be positioned to show please knock and come in, or in red, do not disturb if they were receiving personal care or had visitors. We saw that people were given their mail unopened where appropriate.

Everyone appeared well cared for, wearing well laundered clothes and their hair brushed. Interactions between staff and people living at the home were frequent, friendly and polite. The atmosphere was relaxed and friendly. People we spoke with told us that staff members were "supportive and helpful" and "everything was done to time and how it should be done".

**Food and drink should meet people's individual dietary needs**

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**Our judgement**

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The provider was meeting this standard.

People were provided with a choice of suitable and nutritious food and drink. People were supported to be able to eat and drink sufficient amounts to meet their needs.

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**Reasons for our judgement**

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We joined a group of 11 people for lunch. On everyday but Sunday people had a snack at lunchtime and the main meal of the day at teatime. Tables were seen to be nicely set with milk and sugar on the tables that people could use independently if they were able to.

People were offered a choice of three different juices before the meal. People had a choice of assorted sandwiches for example, tuna, egg and ham which had been kept covered to keep them fresh with salad and/or crisps or cheese on toast. A person who required a soft diet had corned beef hash. People were encouraged to eat as much as they could and offered more. Pudding was an appetising apple crumble and custard and yoghurt and fresh fruit was also seen to be available for people to eat.

There was a choice of pork casserole or chilli, rice and garlic bread followed by cake, fresh fruit or cheese and biscuits on request for the main meal. People were asked what they wanted on the day of the meal but we saw that they could also request something else if they changed their mind or wanted something else, for example one person requested a baked potato and ham for tea. We also saw a chef asking new people whether they were happy with the portion size they were receiving or if they wanted to change it.

Everyone we spoke with said that they were happy with the food and that it was "very good". One person commented "The chefs are very good and are always ready to oblige if I want anything". They were aware that staff members were supporting them to put on weight. People were offered a small glass of wine or sherry with their Sunday dinner or celebration meals such as Christmas.

People were being supported by two care workers during the meal, one of whom was a nutrition champion at the home. They explained to us a new system that had been put in place that showed if people were losing or at risk of losing weight. The food and fluid intake for these people was closely monitored by staff. We were told that some people had started to put weight back on since the home had adopted the new system.

The chef was also fully aware of this system and the needs of people living at the home. The chef was aware of the likes and dislikes of people and if an item was on the menu it was not put on the person's plate so it would not distract them from eating their meals.

People who were identified as being at high risk were given fortified milk to increase their calorie intake. The chef also knew people's allergies for example shellfish or gluten and those people who were diabetic or required a soft diet due to difficulties in swallowing.

The menu was changed every three months to ensure that people were being offered a variety of choices. The meals had been assessed by the organisation to check they were nutritious. Food was sourced locally and there were regular deliveries to ensure that food was fresh.

We saw that people were offered drinks and cakes between meals had that people also had access to water in their rooms.

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

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**Our judgement**

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The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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We saw there were colour coded cloths and mops used by staff, for example blue clothes were for people's rooms and green clothes were for public areas. We saw that domestic staff had a cleaning schedule which they had to sign when they had completed a task. There was a member of the domestic staff on duty every day. We saw that the home was clean and tidy and no malodours were detected. Specialist cleaning products were used by domestics and they were kept locked away in sluice areas.

Care staff members who carried out intimate care tasks wore disposable aprons and gloves, which were available in each en suite. Paper towels and liquid hand wash were available for them to use in en suite and bathroom and shower areas.

When people were eating their meals they were served by staff who wore white jackets and their hair was covered. All the food offered was served using utensils and was not touched by a staff member's hands.

In the kitchen we also saw staff wearing appropriate clothing and their hair was covered. We saw that fridge and freezer temperatures were checked and recorded three times a day to ensure food was been kept properly. Colour coded chopping boards were used to prevent the spread of bacteria to different foods for example raw meat onto vegetables.

Paper towels and liquid hand wash were available in all bathroom areas including en suites that were seen.

The red bag system was used by staff to transfer soiled items to the laundry to minimise the risk of infection. Items were washed at high temperatures where appropriate or clothing on lower temperature on a special wash cycle. People where necessary were assessed by the continence nurse for pads to meet their individual needs and reduce the likelihood of leakage.

Monthly infection control audits were undertaken across care, domestic and kitchen teams for example staff members' hands were checked to ensure their finger nails were short and free from nail varnish and they were not wearing rings with stones that could harbour dirt or tear fragile skin.

The manager told us that all staff had completed infection control and food hygiene training.

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

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## Our judgement

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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.

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## Reasons for our judgement

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We looked at medication practices at the home. Medication was kept in locked trolleys within a locked room. Only staff members authorised to do so were involved in the administration of medication. One staff member was the key holder at each shift and had to sign to confirm they had received the keys.

The staff member told us that people were given their medication either just before a meal or once they had finished their meal so as not to distract them.

We checked the controlled drugs cabinet and controlled drug book and found them to be properly completed and the number of drugs recorded matched the medication held.

Medication was being stored in a fridge. The lock to the fridge was broken and we were told that a new fridge had been ordered. The temperature check of the fridge was taken daily and recorded to ensure that medication was being stored properly. Room temperature checks were also taken. If the room became too hot then air conditioning was available to ensure the room was kept cool.

Three people were self-medicating. We saw that lockable cabinets were available in their en suite and that a risk assessment had been undertaken.

Prescribed creams were kept in the person's en suite and medication administration records were kept in a file held out of sight in a cupboard in their room.

Prescribed "thick and easy" was kept in the kitchen area of the small dining rooms. Thick and easy is used to thicken drinks for people who have difficulty swallowing. We were told that care staff had received training in how to use it.

Where people were using patches there were skin patch body maps to show staff where they were to be placed.

Where a person who had recently died had the home had been receiving medication this was being held for seven days in line with policy and procedures.

Medication records were recorded on a hand held computer. We were shown how the computer system worked. The system produced a daily report for the manager so they could check that medication was being administered properly and resolve any problems that may have arisen.

The staff member told us that arrangements were in place for a local consultant to visit the home every fortnight and the mental health team doctor was also a regular visitor. They said the home had a good relationship with doctors at the local health centre and district nurses. Because they ran seven day a week services they could get any support and advice quickly. This was particularly important for people who were on the end of life medication and addressed the need to make sure that all the required documentation was in place.

Audits by a manager of the medication system were carried out regularly.

**People should be safe from harm from unsafe or unsuitable equipment**

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**Our judgement**

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The provider was meeting this standard.

There was enough equipment to promote the independence and comfort of people who use the service.

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**Reasons for our judgement**

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We looked at what equipment was available to assist people and whether it was being used safely.

We saw that where people had reduced mobility there was a range of different types of walking frames being used to ensure that people maintained their independence for as long as possible. We were told by a member of staff that people were always assessed by a physiotherapist for the equipment they needed. Attention to properly fitting footwear was also given. Where people were using a wheelchair we saw that footplates were always used to prevent harm to their feet. Wheelchairs and other equipment were also cleaned regularly.

We were told by a staff member that there were three hoists and a stand aid available to help staff members transfer people, safely. There were two staff members who were trained to train other staff at the home. One was a member of the night staff team. The trainers also assessed people for the correct sling for people to use. We were told by the staff member that only those staff who had received training were allowed to use a hoist and that there were always two staff members involved in the process. We checked one of the hoists and slings and information confirmed that they had been recently serviced and checked.

The home also had a hoist that people who were not able to weight bear could use to ensure their weight could be monitored. There were seated scales and a new set of scales had also been purchased for people to be able to stand and be weighed.

We were told by a staff member that where people had been assessed as needing pressure relief to prevent pressure sores developing that a district nurse would come in and assess the person for the equipment they required. We were told that a range of different mattresses were used dependent on people's individual needs.

At lunch time we saw a people using a high sided bowl that allowed them to eat their meals independently and beakers with straws as necessary.

We saw that toilets had rails in place to support people using them. Every person living at the home had their own en suite with a toilet and hand basin. We saw that there were a

range of different bathrooms and shower rooms. Two bathrooms had recently been refurbished. The home had a special bath in place that could be used for people with a high level of need. The staff member said that everyone living at the home had the opportunity to have a bath if they wanted one.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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