

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

Grange Cottage Residential Home

6 Grange Road, Sutton, SM2 6RS

Tel: 02086422721

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September 2013

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

Management of medicines

✓ Met this standard

Assessing and monitoring the quality of service provision

✓ Met this standard

Details about this location

Registered Provider	Grange Cottage Limited
Registered Manager	Mrs. Vijayantimala Halkoree
Overview of the service	Grange Cottage is a residential home for up to nineteen people who either have a diagnosis of dementia or have long term mental health problems.
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 Grange Cottage Residential Home had taken action to meet the following essential standards:

- Management of medicines
- Assessing and monitoring the quality of service provision

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 20 August 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and were accompanied by a pharmacist.

What people told us and what we found

This visit was a follow up from a previous inspection undertaken on the 16th April 2013. During that inspection we did not consider that the home was meeting minimum standards as laid out by legislation and therefore made two compliance actions. These actions required the provider to tell us in a report how they would meet these standards. This inspection was undertaken to check that they had complied with what we had required of them.

We made two compliance actions at our previous inspection. One related to medication, the other quality assurance. After our visit we concluded that the provider had met the minimum standards required of them and therefore both compliance actions had been removed.

To get full picture of the home and how it functioned, the reader is advised to read this report in conjunction with report written following our visit on the 16th April.

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

Management of medicines

✓ Met this standard

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 as the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

When we inspected the service in April 2013, we found that the provider did not have appropriate arrangements in place to store medicines safely. Some medicines records were not fully completed. There was no evidence staff giving medicines had received recent medication training, and staff had not been assessed as competent to give medicines. We asked the provider to make improvements, and they wrote to us following the inspection to let us know that most of the improvements had already been made, and to provide a date for completion of the outstanding issues, such as medicines training.

We returned on 20 August 2013 to assess these improvements.

We saw that all medicines were now kept safely. A controlled drugs cupboard and a cupboard for topical medicines such as creams had been installed. A new medicines trolley and a medicines refrigerator had been obtained. The provider was monitoring the temperature of the medicines refrigerator daily, and these records showed that medicines requiring cold storage were stored at the correct temperature to remain fit for use. The provider began to monitor the temperature of the room in which the medicines trolley was stored on the day of our visit. Therefore we saw that all medicines were now stored securely.

Staff handling medicines had now received medicines training and had been assessed as competent to give medicines. The supplying pharmacist had carried out a thorough medicines audit following our inspection, and the home manager had carried out a second audit in July 2013. These audits showed that medicines were now being managed safely and the provider told us that they planned to continue these audits on a regular basis to assess the quality of the service.

Appropriate arrangements were now in place for the recording of medicines. We looked at the records of medicines received, administered to people and disposed of, for all of the people living at the service, and saw that these were now accurate and up to date, therefore there was evidence that medicines were being given regularly, and as

prescribed.

The provider may find it useful to note that when the GP stopped a medicine, we could not find a note in peoples care plans or medicines records to evidence when and why these medicines were stopped. The provider contacted the GP directly following our visit, to obtain written proof that these medicines had been stopped.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of the service that people receive.

Reasons for our judgement

At our previous inspection in April we did not consider that the provider was meeting the minimum standard required by legislation with regard to the complaints policy. In particular there was no independent arbitrator. This was an issue as the service was run by a manager who was married to the deputy; the deputy was also a director of the service.

Since our last inspection the complaints policy had been rewritten. An independent arbitrator had been identified and the person's name appeared on the new complaints policy. The new policy contained details of timescales to which the provider would adhere should a complaint be made. There was also a section which outlined what learning could be achieved from complaints made or any incidents.

In addition, the home had sent out questionnaires to relatives of people who used the service and their representatives. Included were questions that related to the quality of the service, and if people aware of how to make a complaint if they needed to. Copies of the completed questionnaire were available for inspection and we saw that people had been provided with a copy of the new complaints policy.

There was also a questionnaire that had been devised for professionals who had been involved with the service. These were also available for inspection and had been completed by a range of visiting professionals.

As a consequence of peoples particular needs within the service, many were not able to give us any meaningful feed-back about the home. Although one person we spoke to about the home, when asked what they would do if they had a problem, replied "I'd talk to the head lady if I had a problem, she's nice."

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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