Inspection Report

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

Castle Grange

Ings Lane, Newsome, Huddersfield, HD4 6LT

Tel: 01484223439

Date of Inspection: 03 March 2014

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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
Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Staffing	✗ Action needed
Records	✓ Met this standard

Details about this location

Registered Provider	Kirklees Metropolitan Council
Registered Manager	Ms. Sarah Nunns
Overview of the service	The location is registered to provide personal care for up to 40 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 3 March 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

When we visited the home in August 2013 we found there were issues in relation to the home having no staff available to
provide activities for people who lived at the home. We also observed that staff were respectful of people when they were talking with them. However, we observed practices which showed very little regard for people. We said we were concerned and improvements were needed.

We returned on this inspection to check whether improvements had been made.

We observed how staff provided care to people living at the home and we saw they did so in a caring and respectful manner.

We looked at the arrangements the home had in place for obtaining consent from people and saw people were being supported to make decisions about their care. We also saw that if they were unable to do so staff were involving people's relative in decisions about the care provided.

We found people's needs were being assessed and care and treatment was planned and delivered in line with their individual care plan.

We saw there were not enough qualified, skilled and experienced staff to meet people's needs. This was in relation to the provision of activities and stimulation for people throughout the day. We observed some of the care staff were in the office for periods of time when their assistance may have helped other care staff when providing personal care and support to people.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

We spoke with two people who used the service. One of them told us "It's alright here but there's not much to do." The other person told us "It's not home, it never will be but I don't mind it." Both people told us the staff were kind and they felt well looked after. They told us

the food was good and they enjoyed times when entertainment was provided. On the day of our inspection the home had a volunteer providing live piano music for people living at the home.

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

What we have told the provider to do

We have asked the provider to send us a report by 16 April 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

When we visited the home in August 2013 we found people were not supported in promoting their independence and involvement. We said that improvements were needed.

We went back on this inspection to check whether improvements had been made.

People expressed their views and were involved in making decisions about their care and treatment.

We spent time observing care and saw staff encouraging people to be as independent as possible by engaging and involving them in daily care routines. We saw staff interacting with people in a respectful manner and communicating with people in a way that most suited them.

We looked at the care records of four people and saw they all contained information about each person's lives, families, friends, interests, hobbies and medical histories. We found care planning was person centred and included the involvement of the person and/or their family/carer.

We spoke with two people who lived at the home and they told us the staff were kind and they felt well looked after. They told us the food was good and they enjoyed times when entertainment was provided. We observed people having their lunch and saw the tables were set and people were encouraged to eat their meals in the dining room. The staff asked one person if they would like some music on and when they said yes they said they would play the person's favourite CD.

Staff who were serving people their meal plated up the two meals on offer and showed each person which meals were available. This enabled people to make choices about their meals. We saw staff sitting down next to people when supporting them to drink and eat. This showed compassion and respect.

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. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

When we visited the home in August 2013 we found there where people did not have the capacity to consent, the provider did not act in accordance with legal requirements. We said that improvements were needed.

We went back on this inspection to check whether improvements had been made.

We looked at four people's care records and saw there were documents in place for the purpose of obtaining consent from people. The documents showed that people or their relatives had been involved in decisions about the care and treatment they received at the home.

In two care records we looked at we saw both people's relatives had signed their consent documents. This was in relation to making decisions about receiving personal care on a day to day basis and taking medication as prescribed. We saw the home had carried out assessments of both people's mental capacity in relation to them being able to make decisions about these issues. The assessment identified both people didn't have the capacity to make decisions about these issues. Following this the home had made 'best interest' decisions about the care people received. We saw relatives and other professional had also been involved in the process.

In another person's file we saw they had refused to give their consent. The home had assessed the person's mental capacity in relation to this. This showed the person had capacity to make decisions about their care. The home had then sought the involvement of the person's relative to obtain consent. This showed the home respected the decision of this person to refuse consent.

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

When we visited the home in August 2013 we found care and treatment was not planned and delivered in a way that was intended to ensure people's safety and welfare. We said that improvements were needed.

We went back on this inspection to check whether improvements had been made.

During our visit we looked at the care records of four people who lived at the home. We saw they were detailed, comprehensive and person centred. Care plans were reviewed by staff on a monthly basis. This showed care planning took account of people's changing care needs.

Within each of the care records we found evidence to show people's needs had been assessed. Each person had a care plan in place which provided staff with clear guidance on how to support the individual concerned. This showed people's care planning was individually tailored to meet their needs.

All four care records included the details of any contact people had with other healthcare professionals. These included visits by GP's, social services and community nursing staff. This showed people who lived at the home received additional support when required for meeting their care and treatment needs.

All of the care files we looked at contained detailed risk assessments. This meant any risks relating to the environment in which the care was to be supplied or any equipment needed had been assessed. For example falls, nutrition and moving and handling. This showed care and treatment was planned and delivered in a way intended to ensure people's safety and welfare.

Staffing ✖ Action needed

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was not meeting this standard.

There were not enough qualified, skilled and experienced staff to meet people's needs.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

When we visited the home in August 2013 we found there were not enough qualified, skilled and experienced staff to meet people's needs. We said that improvements were needed.

We went back on this inspection to check whether improvements had been made.

On the day of our visit there were 25 people living at the home, four people were using the service on a short stay basis. We spoke with the manager who told us that staffing levels had not increased since our last inspection, although there had been a change in the hours worked by care coordinators. They also told us the home had 105 hours care staff vacant as well as 53 hours of team leader shifts which required covering. The manager told us they had advertised for staff several times since August 2013 but recruitment had not been successful. The vacant hours were being covered with a mixture of the homes own staff working extra hours and, with use of agency staff.

The current staffing at the home ensured one staff member was based on each of the ten bedded units with one staff member who acted as a 'floater' offering support when required. There were two team leaders on duty, each offering support on both floors. This dropped to one team leader in an afternoon for the whole building. A care coordinator was now on duty between 7.30am and 10pm.

We observed how staff were deployed within the home and saw care staff were very busy supporting people with personal care. We observed some of the care coordinators and team leaders were in the office for periods of time when their assistance may have helped other care staff when providing personal care and support to people. This meant that at times people who were seated in the communal lounge and dining area were not properly supervised.

We were given an activity timetable by the manager which showed weekly planned activities which were to be delivered by a team of volunteers. However, we saw there were long periods of time on most days were there were no planned activities. We were also

unable to see any evidence of activities planned for people who chose to spend time in their rooms or may have preferred one to one time with staff.

We spoke with the manager who told us they did not have a staff member employed for the purpose of planning and delivering activities. On the day of our inspection the home had a volunteer providing live piano music for people living at the home. We saw this was well attended however, we did not see any other activities taking place in the other areas of the home. When we looked around the home we saw staff had put out some children's colouring books out on tables for people to use. We did not see anyone using these during our visit. The delivery of care, treatment and support should maintain people's welfare by taking account of all their needs. This should include consideration of people's mental, social, and emotional needs, including daytime activities.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

When we visited the home in August 2013 we found people were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained. We said improvements were needed. We went back on this visit to check whether improvements had been made.

We spoke with the manager who told us the home had reviewed all care records since our last visit in August 2013.

We looked at the care records of four people and saw they contained different sections for different aspects of care. These sections were clearly indexed which allowed easier access and reading of each record. We saw that care plans in place provided staff with clear guidance on how to meet the person's needs. This meant people were protected from the risk of inappropriate care.

In one person's care record we saw on the 'medical information sheet' it stated the person did not have any allergies. Further on in the care record we saw it had been recorded that the person was allergic to an antibiotic medication. We brought this to the attention of the manager who dealt with the issue immediately.

In the same person's care record we saw on the person's 'nutritional chart' they had refused some of their meals. We saw at the bottom of the document it stated 'staff are to offer alternatives if the person refuses their meals'. However, we were unable to see any evidence that this had been done. We brought this to the attention of the manager who agreed that the documentation did not provide evidence of action taken by the staff when the person refused their meals.

Throughout the course of our visit care records were stored securely and were not left unattended. Overall we did see that records were complete. They contained evidence to show that when changes had occurred records had been updated to reflect this. This showed up to date records were maintained.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010** **Staffing**
	How the regulation was not being met: There were not enough qualified, skilled and experienced staff to meet people's needs.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 16 April 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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

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