

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

The Grange Nursing Home

Vyne Road, Sherborne St John, Basingstoke,
RG24 9HX

Tel: 01256851191

Date of Inspection: 16 August 2013

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September 2013

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

Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Britaniascheme Limited
Registered Manager	Mrs. Patricia Dillon
Overview of the service	The Grange Nursing Home is a care home with nursing that offers a service for up to 26 people.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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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 16 August 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

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

People who used the services told us they were happy living in the home and were complimentary about the staff team. They told us they felt safe, cared for and that staff respected choices they had made. Comments included, "it's a homely atmosphere, with nothing being too much trouble".

We found that people's nutritional needs were reviewed and that they were provided with a choice of meals. People told us they enjoyed the quality of the food.

We observed the home was clean and had effective systems in place to reduce the risk and spread of infection.

We found that staff were knowledgeable of people's specific health and personal care needs and had received training to update their skills and knowledge. Staff told us they felt supported by the provider and management team.

Relatives of people, who used the services told us they were kept informed, were listened to and given opportunity to give their view of the services provided. Comments included, "I heard it was a nice place, and have found it is absolutely first class".

The provider had systems for monitoring the services provided.

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

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

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We looked at four peoples' care plans, risk assessments and supporting documents. The records identified risks associated with personal and specific health related issues, and included guidance for staff to minimise those risks. Peoples' health care appointments and outcomes were clearly documented and detailed external health and social care professionals involved. Daily observational reports and additional monitoring records described how the person's health and personal care needs were met, and of their general wellbeing.

A community health care professional was visiting the home on the day of our visit. They told us that they call in on the home regularly to offer advice and assessment of people with complex wounds. The professional, responsible for the management of pressure ulcer prevention and wound management told us they had no concerns about care practice within the home. They told us that nursing staff kept them informed of new concerns and/or of changes to individuals wound care that needed their advice.

We spoke with some of the people who used the services and their relatives. They told us they were happy with the services provided. Comments included, "staff are all so kind and pleasant, and very capable" and "staff will call me if they have a concern about mums health".

Staff told us about people's individual care and support needs and said people were encouraged to express their views and to make decisions that related to the care and support they received. They told us they had received training to meet people's health and support needs, which had included moving and positioning and first aid". Training records we looked at supported what staff had told us.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

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

We looked at four peoples nutritional risk assessments and supporting documentation. We found that people who were assessed as at risk of dehydration and malnutrition had their intake of food and fluid recorded daily for the purpose of continual assessment. Other records we looked at showed external dieticians and speech and language therapist had been involved to offer advice and assessment of peoples nutritional needs.

We found people were provided with a choice of suitable and nutritious food and drink. We observed staff serving the lunch and teatime meals to people who had chosen to use the dining room. People who remained in their room for their meal told us it was their choice. We observed some people remained in their room due to health related issues, and had observed staff being respectful and considerate of their needs. People told us they were happy with the choice and quality of the food provided and of the assistance given by staff. They told us that, "there was always plenty to eat" and "my mother is diabetic and they monitor her diet".

We spoke with the chef who referred to records they had which detailed peoples likes and dislikes and included any specialist dietary needs. The homes training matrix showed that staff had completed basic food hygiene and nutrition as part of their induction and compulsory training.

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

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed and were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection.

Hand washing facilities and protective clothing such as gloves and plastic aprons were made available for staff for the prevention and control of infection. We saw staff carrying out routine cleaning tasks and observed a clean environment throughout the home.

People and their relatives told us they had always found the home was clean with no persistent offensive odours.

The home had appointed an infection control lead to take responsibility for prevention and control of infections. We looked at an audit completed by the home in August 2013. The audit identified measures were in place to reduce the risk and spread of infection. These included a contract for the disposal of clinical waste and training for staff that included the correct and safe disposal of clinical waste.

Staff told us they had received infection control training. We looked at the home's training programme which supported what staff told us.

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

Staff received appropriate professional development and were able, from time to time, to obtain further relevant qualifications.

Staff told us they had received a good induction that had prepared them for their role. They told us they had received updated training and felt they were provided with enough training and support to meet people's needs safely. Training had included for example, health and safety, diversity and respect for all and fire safety.

Care staff told us they had attended regular team meetings, worked well as a team and had received regular formal one to one meetings with their line manager. We looked at staff records which supported what staff told us.

Staff were able, from time to time, to obtain further relevant qualifications. Staff told us they had completed National Vocational Qualification (NVQ) in care, level two and three. We looked at the home's training programme and records of staff training which supported what staff told us. National vocational qualifications have since been replaced with Diplomas in Health and Social Care.

People we spoke with told us staff were kind and were patient and understanding towards their care and welfare needs. A relative of a person who lived in the home said, "He does not talk much, but when staff come near he always puts his hands up and gives them a lovely smile, he would soon let them know if he was not happy".

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 in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

The home had developed monitoring systems to gather feedback on the quality of service people received. These included the organisation's complaint procedure, care reviews and residents forums. The provider may find it useful to note that there were no records of satisfaction surveys to people who used the services.

We found peoples' views had been considered through regular reviews of their care and support needs and had detailed information about how the person wanted their needs to be met.

The home's complaint procedure was accessible to people. People who used the services and their relatives told us if they had a concern they would raise this with the manager. The home had received no formal complaints in the twelve months prior to this inspection visit.

We looked at records that supported health and safety audits were completed regularly to promote the health and safety of people in the home. These included monthly audits of the accident book and an environmental audit completed in July 2013.

We found that staff worked well as a team and felt supported by the management team who had provided guidance for staff to ensure peoples care and support needs were met consistently and safely.

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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