Inspection Report

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

Anisha Grange

Outwood Common Road, Billericay, CM11 2LE

Tel: 01277658529

Date of Inspection: 09 April 2013

Date of Publication: April 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Hallmark Care Homes (Billericay) Limited
Registered Manager	Mrs. Johanna Coughlan
Overview of the service	Anisha Grange is a home that is registered to provide accommodation, nursing and personal care. The home is set over three floors.
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

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 9 April 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

What people told us and what we found

The people we spoke to were happy living at Anisha Grange. They spoke positively about the staff team and the care provided. Comments included: "The care here is very good, you would go a long way to beat this home." and "The staff here have a nice manner and they have the time to care, it's really very good."

We found that the care management at the home was good, that staff knew the people living at the home well and that they were aware of people's rights and the need to seek consent from people.

We look at the management of medication in the home and found that it was in good order and that the management team monitored the systems in place, to ensure standards were maintained.

We looked at the staffing in the home and found that the provider and manager had systems in place to ensure that they provided the right levels of nursing, care and ancillary staff to meet the needs of the people in the home.

We found the the provider had a complaints management system in place and although complaints were minimal, where they had occured the management team at the home had dealt with them appropriately and objectively.

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

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 had acted in accordance with legal requirements.

Reasons for our judgement

We spoke to three people living at the home. They told us that the staff who cared for and supported them always sought their consent before they provided any care or intervention. One person told us: "I am always consulted about my health. The staff have provided me with a list of my medication, so I know what I am taking." Another person told us: "The staff always asked for my consent. I gave consent for my photo to be taken."

Records showed that people had been consulted and their consent had been sought for a range of things that may occur whilst living in the home, such as photos being taken and for staff to administer prescribed medication. People living in the home were seen to have given their signed consent where ever possible.

Within the care management plans staff had completed capacity assessments as required under the Mental Capacity Act 2005. These were seen to have been completed in the person's best interests to enable staff to provide care and support. Where required, more detailed assessments had been completed in conjunction with the local authority advisor on mental capacity. Where deprivation of liberty assessments, which were minimal, had been completed, these were seen to have been completed competently and with professional advice. They were also seen to be in date and had been reviewed.

Care management plans were seen to be very person centred in that they recorded peoples wishes regarding their care and support. When talking to staff, they were very clear about the rights of the people living in the home and the need to follow people's wishes regarding their care.

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.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

The people living in the home spoke positively about the care and support they received. One person told us: "The care here is very good, you would go a long way to beat this home." Another person told us: "The staff here have a nice manner and they have the time to care, it's really very good."

People living in the home had care management plans in place. We reviewed four care management plans and found them to be up to date and sufficiently detailed to guide staff on the individual care and support people needed. The care management plans were based upon an up to date assessment of people's needs and were supported by a range of risk assessments. Assessments of risk were found to be accurate and the management of the risk was clear.

We found that care pathways were clear in that where people had been identified as at risk they had been referred to the appropriate health professional, for example, dieticians. Records relating to people's health showed that they had access to a wide range of health professionals including physiotherapists. Records showed that people were weighed regularly to help staff assess any nutritional risks. Where nurses were providing wound care, wound care management was recorded in detail and kept under review. This enabled staff to make informed decisions about ongoing wound management and progression in healing.

We spoke to two care staff who were able to give a knowledgeable account of the people that they cared for both as individuals and in relation to their care needs. Staff were also found to be knowledgeable with regard to health conditions and associated medication and treatments.

Care management plans were kept under review and records showed that staff undertook meaningful reviews of care management. This showed progression and assessed changes in people's needs.

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

Reasons for our judgement

People living in the home had care management plans in place that reflected the medication that they were prescribed. We found good detailed care plans with regard to pain management which detailed the need for ongoing assessment. Care records also showed that people's medication was kept under regular review and that where possible people were encouraged to self medicate.

We checked the storage, administration and recording of medication on two out of the three units in the home. We found that the management of medication was in good order. Medicines had been checked into the home correctly and medicines were returned or destroyed properly and records were maintained. Medicines were stored correctly, including controlled medications and the correct room and fridge temperatures were maintained and monitored by staff.

Medication administration charts were clear and staff had signed for medication administration correctly. Where staff had not administered medication the majority of staff were using a clear coding system that explained why the medication had not been given. Medication administration charts tallied with the pre-filled dispensing packs. Where boxed medication and liquids were used staff had, in the majority of cases, dated when the item had been open to enable them to audit quantities if required.

Records showed that the management team at the home regularly audited the administration and storage of medicines at the home and where required action points were recorded and addressed.

Staffing ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for, or supported by suitably qualified, skilled and experienced staff.

Reasons for our judgement

People living in the home told us that they felt there were enough staff on the shifts to care for the people in the home. One person told us: "The staff have time to care, there are enough of them about and they answer the buzzer quickly if you call." Another person told us: "The staff are happy and there is continuity in the staffing in this home, not lots of different people caring for you."

In people's care management plans we found up to date dependency profiles, which assessed people's needs and rated their level of dependency. These showed month on month changes in dependency. On talking to staff and reviewing records, these were an accurate reflection of the dependency of people living in the home. The management team used the records to help them assess the required staffing levels in the home.

We spoke to three staff in the home who all felt that the staffing levels in place enabled them to provide a good level of care to the people living in the home. They told us that the staffing levels and the dependency of people was kept under review by the manager. One member of staff told us: "The management team always know what is going on."

The manager confirmed that they used the dependency tool to provide some guidance as to the staffing levels provided in the home. The manager also told us that through regular/weekly contact with the staff and the people living in the home she was aware of people's needs and staffing was adjusted accordingly to meet those needs. The manager also used care related indicators to assess the level of needs. This included the number of wounds staff were managing or people that had lost weight and who needed more staff input. The manager stated that the staffing level was, as standard, generous in order to provider individual care and flexibility.

In addition to the staff team the home had reception staff, including weekends, so that nursing and care staff could concentrate on their roles rather than providing cover at reception. In the past year hours have increased in the home for staff providing social activities, housekeeping and kitchen services. The home have not used any agency staff.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

The provider had a complaints procedure in place. When people were admitted to the home they were given information on how to raise concerns and complaints and records showed that staff had gone through this information with people living in the home or their representatives.

We spoke to people living in the home. They were keen to tell us that they had no complaints but they knew who to go to if they did and would feel comfortable raising any concerns. One person told us: "If you ask for anything or query anything the staff sort it out straight away" Another person told us: "We see the manager regularly and you can discuss anything with her."

Records showed that the number of complaints was minimal and where concerns or complaints had been raised the manager had dealt with them thoroughly and within the appropriate timescales. Detailed records were maintained and the manager wrote to complainants with her response.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk