

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

Cuerden Developments Limited - Cuerden Grange Residential Home

Cuerden Grange Residential Home, 414 Station Road, Bamber Bridge, Preston, PR5 6JN

Tel: 01772629532

Date of Inspection: 24 May 2013

Date of Publication: June 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
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Cuerden Developments Limited
Registered Manager	Miss Georgina Kidd
Overview of the service	<p>Cuerden Grange residential home is located in Bamber Bridge on the same site as it's sister nursing home. The residential home accommodates up to 67 people needing help with personal care. Most rooms are of single occupancy. The village centre is close by with amenities such as, hairdressers, shops and a post office. A supermarket, local pubs, churches, a park and railway station are close at hand. A bus link to Preston and Chorley stops near the home and ample on site car parking is available.</p>
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'.

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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 24 May 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

During our inspection we were able to speak with eight people living at the home, who in general provided us with positive comments. They told us that they felt safe living at Cuerden Grange, with their needs being met by a kind and caring staff team. They said independence was promoted and they were able to make decisions and choices about what they wanted to do, whilst living at the home.

We found staff to be well supported and appropriately trained and those living at Cuerden Grange looked comfortable in their presence. We also spoke with two relatives who were very complimentary about the staff team and the managers of the home.

Methods for monitoring the quality of service provided had been established and systems had been developed in order to protect the health and safety of those living at the home.

Comments from those living at the home and some relatives included:

"My wife is being looked after very well. I am quite happy with the care she is getting."

"There could be a bit more going on."

"The staff are very good on the whole."

During our inspection we assessed standards relating to care and welfare and how people were supported to be involved in the planning of their own care. We also looked at the management of medications. Standards relating to staffing levels, staff training and monitoring the quality of service provision were also inspected. We did not identify any concerns in any of the outcome areas we assessed.

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.

People living at the home had agreed to the care and support they were receiving.

Reasons for our judgement

Written policies were in place, which outlined clear procedures for obtaining people's consent to care and treatment. Detailed information was also readily available about the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS) and access to advocacy services. We established that no DoLS referrals had been made and no-one living at the home was currently using an advocate to act on their behalf. However, the manager of the home told us that a best interest meeting had been held for one individual, but that he had declined the offer of support from the local advocacy team.

We discussed capacity issues with the manager of the home, who was aware of the process involved in assessing a person's mental capacity and ensuring best interest decisions were made for each individual.

We spoke with two visitors during the course of our inspection, who confirmed they were fully involved with the care their relatives received and the care planning process showed that people had been given the opportunity to decide how they wanted to be supported. We observed staff offering people a wide range of choices throughout the day and people spoken with confirmed they were able to make decisions about the care they received.

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 and support, which met their needs and promoted their health, welfare and safety.

Reasons for our judgement

The manager of the home had been in post for one year. She told us that she had introduced new improved care documentation since our last inspection. During our visit we looked at the care records of three people living at the home. The files seen contained a lot of good facts about people's life history, their likes, dislikes and preferences and they were well organised, making information easy to find.

One new resident told us that someone from the home had been to visit her before she came to Cuerden Grange to see what she needed. Records seen showed people's needs had been carefully assessed before a placement at the home was arranged. Information had been gathered from a variety of sources, such as previous care settings. This enabled the staff team to be confident they could provide the care and support needed by each person moving into the home.

Plans of care had been generated from the information gathered before admission. We found the new records to be well written and very person centred, providing staff with clear guidance about people's assessed needs and how these were to be best met. It was evident the manager was working hard to transfer all relevant information on to the new care planning framework.

Plans of care seen showed that appropriate pressure relief and good nutritional care was being provided. We observed the care of one individual who was visually impaired. This person was sitting at the dining table for lunch. Her clothing was appropriately protected and suitable utensils were provided to maintain independent eating. A staff member provided good explanations about what food was on her plate and how it was arranged, which promoted self-reliance.

The plans of care had been reviewed regularly and any changes in need had been recorded well, so that staff had up to date information about those in their care. Staff spoken with were able to discuss people's needs well and our observations established that staff were kind and caring towards those living at Cuerden Grange. People living at the home who we spoke with told us they were cared for in a way they wanted to be and that their needs were being met. Representatives were fully aware of the support being

provided to their relatives and they told us they were involved in the planning of their care. We were told that regular meetings were held, so that staff and individual residents could get together and discuss the action plans for the care of individual people living at the home.

We saw a resident asking to be assisted with personal care and we noted that attention was given to her request quickly. A hoist was used to transfer this individual to a wheelchair. This procedure was conducted in a confident and safe manner by the staff operating the equipment. We spoke with some people who were spending time in their rooms. They told us this was by choice and they were happy with the service provided. We noted that call bells were easily accessible by those we visited, to allow them to summon help when required. One person commented, "Most of the staff are lovely," and another told us, "I am quite satisfied with how Gina (the manager) deals with any problems I have."

Records showed a variety of external professionals were involved in the overall care of those living at Cuerden Grange, to ensure people's health care needs were being appropriately met. A range of assessments had been conducted, within a risk management framework and strategies had been implemented to reduce the possibility of harm to people living at the home. A clear business continuity plan had been established, which covered a range of environmental emergencies, such as bomb threat, disruption to utility services, flood and fire. Staff spoken with were aware of action they needed to take in the event of an emergency situation arising and in accordance with the policies and procedures of the home.

The District Nurse was on site at the time of our inspection. We were told she visited the home on a regular basis to attend to people's health care needs, such as wound dressings and insulin administration. Records seen confirmed this information to be accurate.

We saw an email from the Specialist Practitioner for care homes, which said that the completion of the hospital passport (This is a document which contains all relevant information about people, so that this can be passed to hospital staff, should they need to be admitted) was really helpful to the ward staff during a resident's recent admission to hospital. It stated that it was a good picture of the person's baseline and it was really beneficial to the ward staff, which was pleasing to note. We saw staff communicating with people well and relatives spoken with told us that they were kept informed of any changes to care needs.

We spoke with the activity coordinator, who told us her schedule of work incorporated weekends. She showed us photographs of events and leisure activities which had taken place, such as outings, gardening, clog dancing, Easter bonnet creations, Mother's day celebrations and a perfume party.

We were told that some activities were provided within the home and occasional trips out were arranged, weather permitting. The provider may wish to note that the majority of those spoken with felt there could have been more going on. However, during our visit we observed people participating in armchair exercises and several people told us they had enjoyed the recent visit by the birds of prey centre.

We were told of the 'wishing well scheme', which had been implemented. This enabled each resident to make three achievable wishes, which would be granted by the home. One

resident told us that her favourite meal had been provided using this scheme, which she was delighted about.

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 arrangements in place to manage medications in an appropriate and safe manner.

Reasons for our judgement

The medication policies and procedures were detailed and covered a wide range of areas, including self administration and homely remedies. These had been agreed by the nurse clinician on behalf of the individual General Practitioners involved with the treatment of those living at the home. Information leaflets were readily available for staff, so they were aware of the different types of medications and their possible side effects, which was pleasing to see.

Photographs of each resident were attached to their individual Medication Administration Records (MAR) for identification purposes, so that the possibility of drug errors was reduced. The receipt of medications had been recorded on the MAR charts and had been witnessed by two members of staff, which was considered to be good practice. However, the provider may wish to note that not all hand written entries had been signed, witnessed and countersigned to minimise the possibility of transcription errors.

Controlled drugs were being managed effectively and any returned to the pharmacist were appropriately recorded within the relevant register. Medications were stored at appropriate temperatures, in order to maintain their recommended shelf life.

One resident was self medicating and records showed that a dedicated support plan had been developed with him within a risk management framework. This helped to ensure that he had the mental capacity to make the decision to administer his own medications and to ensure he had a thorough understanding of the prescribed medications he was taking. Suitable storage facilities had been provided for this individual, to ensure he was able to keep his medicines safely.

We were able to discuss the management of medications at Cuerden Grange with the pharmacist, who was on site at the time of our visit. He told us that he conducted periodic medication audits and provided staff with relevant training in relation to the safe handling of medications. Records seen and staff spoken with supported this information. He told us that he did not currently have any concerns about the effective management of medications at the home.

The amount administered of variable dose medications had been clearly recorded and any eye preparations had been dated on opening, to ensure they remained within their shelf life. A record was retained of any medications returned to the pharmacy, so that a clear audit trail was established.

Any 'as and when required' medications had been administered in accordance with the MAR charts and the reason for omissions of regular dose medications had been recorded appropriately.

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.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

At the time of our visit to this location there were 62 residents living at Cuerden Grange. We spoke with eight of these people, who all told us that their needs were being met by a kind and caring staff team. One person said, "The staff are marvellous. I cannot fault any of them."

We looked at the staff rota during our visit and found that there was a good skill mix of staff deployed on each shift, taking into consideration people's qualifications, skills and experiences, so that those living at the home benefitted well from the staffing arrangement.

Workers spoken with felt, in general there were sufficient staff allocated to meet the needs of the people living at the home, although one commented, "We could just do with more time to spend with the residents. They like us having a chat." The manager told us that staffing levels had been increased in accordance with feedback from staff. However, the provider may wish to note that several residents felt there were not always enough staff on duty. One person commented, "The staff bob in from time to time, to see if I'm OK when I'm in my room, but I wish they had the time to just sit for a while and have a chat. They are all so busy."

We were told that staff participated in a 'hand over' on commencement of duty and the senior care assistants were responsible for the allocation of those on their shift, making sure that suitable staff worked together to maximise effective working patterns.

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 looked after by staff who were supported to deliver care safely and to an appropriate standard.

Reasons for our judgement

During our visit to this location we looked at the personnel records of three staff members and found detailed induction programmes had been provided for new employees, which covered a good range of areas. Records showed that members of staff had received regular observed practice, formal supervision, annual appraisals and periods of 'shadowing', so that their work performance could be discussed and any additional training needs identified. People we spoke with felt all staff were competent to do the job expected of them.

The training matrix showed a wide range of learning programmes were provided for staff and a variety of training certificates and reflective learning logs were included in staff files, which covered areas, such as Infection Control, Health and Safety, Food Hygiene and Moving and Handling. Records showed that a good percentage of care staff had achieved a relevant NVQ (National Vocational Qualification), showing a well trained staff team, which was commendable. Staff members spoken with told us they felt that their induction programme was informative and that training courses were followed by written testing, to ensure they understood the information provided.

Staff were issued with an Employee's handbook, job descriptions relevant to their role, Terms and Conditions of Employment, Codes of Conduct and grievance and disciplinary procedures. Together this helped to raise awareness of what was expected of staff whilst working at Cuerden Grange and what action would be taken in the event of staff misconduct.

Staff spoken with told us they received a good amount of training and confirmed regular supervision and annual appraisals were conducted. They told us of additional training courses they had attended, specific to the needs of those living at the home, such as diabetes, nutrition, dementia and end of life care.

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.

Processes were in place to assess and monitor the quality of service provided and outcomes were effectively managed.

Reasons for our judgement

Records showed that surveys for residents and staff had been periodically conducted, with positive feedback being gathered. The results had been collated into percentages, showing a clear overall picture of people's views about the service provided and the support staff received.

Records showed that disciplinary procedures had been established, in order to safeguard those using the service. A system was in place for receiving compliments and complaints and evidence was available to show appropriate action was taken where necessary. An extract from one comment card stated, 'The family of Mrs A wish to thank you all for the respect and dignity shown to her during her hours of need. The care provided was of a very high standard.'

An extensive range of updated Health and Safety policies and procedures were in place at the home, which provided staff with clear facts about current legislation and good practice guidelines. A detailed infection control policy had been implemented, which included a lot of good information, covering areas such as, the management of sharps, effective handwashing, appropriate disposal of clinical waste, contact with bodily fluids and use of protective clothing.

A business plan was in place, which outlined the objectives for Cuerden Grange with a forecast of planned activity within the home. People spoken with were fully aware of the lines of accountability within the home and all spoke positively about the management team. The manager was in the process of achieving a diploma in leadership and management at level 5, which was considered to be good practice.

A variety of audits had been conducted, with action taken in response to the outcome areas assessed. This helped to promote the quality monitoring process. A range of Health and Safety risk assessments had been conducted, which showed potential hazards, control measures and monitoring processes, so that people living at the home were protected from harm.

We were able to see the minutes of a variety of meetings held, which enabled relevant information to be passed on to those working and those living at the home. This also allowed people the opportunity to discuss any topics of interest openly, raise any concerns they may have and put forward any suggestions for improved practice.

We looked at a random selection of service certificates, which showed that systems and equipment had been appropriately checked, so that the health and safety of people living at the home were protected. A contingency plan was clearly displayed within the home, so that everyone was aware of action to take in the event of a disaster or emergency situation.

Accidents occurring in the home had been recorded, so that the manager was able to monitor their frequency and identify any recurring patterns. It was evident that any personal information was retained in a confidential manner in order to protect those living at the home.

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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