Inspection Report

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

Ash Grange Nursing Home

80 Valley Road, Bloxwich, Walsall, WS3 3ER

Tel: 01922408484

Date of Inspection: 12 August 2013

Date of Publication: August 2013

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
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	HC-One Limited
Registered Manager	Mr. Shawez Khwaja
Overview of the service	The service is registered to provide accommodation and nursing care for up to 42 older 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

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 12 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 and talked with staff.

What people told us and what we found

During our inspection we spoke with the deputy manager and two staff members. The registered manager was not available on the day of the inspection.

At our last inspection on 13 January 2013, we found that people's privacy, dignity and independence had not always been respected.

At this inspection we spoke with people living at the home and visiting relatives. People we spoke with told us that their dignity was maintained and they were respected by staff. We saw that people were involved in giving feedback about the service they received.

One person living at the home told us: "I get very good support. The staff are very good to me".

At our last inspection on 13 January 2013, we found that the provider had put in place some measures to ensure people's safety. However the provider had not made suitable arrangements to ensure that people subject to bed rail restrictions had their needs regularly reviewed.

At this inspection, we found that the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We saw that people subject to bed rail restrictions had their needs regularly reviewed.

Staff told us they were supported to deliver care safely and to an appropriate standard.

We found that the records we looked at were accurate and fit for purpose.

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

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.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

At the last inspection we were told that new person-centred care plan documentation was due to be implemented. This meant that people would be more involved in their care planning to identify their individual needs to ensure those needs were met. We were told that this would be in place once all staff had received appropriate training.

At this inspection we found that the new documentation had been transferred within the agreed timescale. Staff we spoke with told us they found the new care plans easy to follow. We found that care records had been completed for each person living at the home. We saw a section in each person's care record which discussed how people were involved in decisions about their care and support.

We saw two examples of new care plans in place. People who lived at the home had signed their care plan where possible to demonstrate they were involved in decisions about their care. We were told that the provider would ensure that all new consent documentation would be updated when people had their next care plan review.

At the last inspection we found that people's preferences for personal care had not always been respected. Some people had not had support to have showers as frequently as they would have liked.

At this inspection we found written records which showed that people had been asked about their preferences for personal care. We saw that new personal care records had been set up for staff to record when people received support with baths and showers.

At the last inspection people told us that confidentiality was not always respected at the home. They told us staff were not always maintaining professional boundaries in discussing work related issues with them.

At this inspection we found evidence that discussions had been held with staff. We found evidence that the findings of our last report were discussed in a staff meeting to raise staff awareness of the requirement to maintain confidentiality at all times.

At our last inspection we noted that people living at the home were regularly being referred to as 'darling' and other forms of endearment. It was unclear whether people were happy to be spoken with in this way or whether this compromised their sense of identity and dignity. The provider told us they would be addressing this matter through training and awareness sessions with staff.

At this inspection we found that staff referred to people by their first names more frequently and staff interacted positively with people.

At the last inspection we saw the most recent training progress report which reflected that 51.9 per cent of staff had not completed dignity training at the home.

At this inspection we saw that 82.4 per cent of staff had completed the necessary dignity training.

At the last inspection, we observed that some people were sitting in armchairs that had been clearly wheeled from the lounge to the dining tables. This did not support people's dignity or independence. This also posed a potential health and safety issue as people could fall from the chairs as they did not have foot plates or handles. Some people in these chairs could not access the tables because they were too low down and their feet were not firmly placed on the floor. This meant that people's ability to eat their meals independently could be further reduced by inappropriate seating arrangements.

At this inspection we found that this issue had not been resolved. We saw that staff were moving people from the lounge to the dining room and back again using the same armchairs. We discussed this with the provider.

Two days after our inspection the provider told us they had contacted their health and safety manager regarding transferring people using these chairs. The provider told us that the chairs would now remain as static lounge chairs and would not be used to transfer people from one area to another. We were told that people would be supported by staff to transfer into a wheelchair from these chairs. The provider told us that risk assessments were being completed for all people who used wheelchairs.

The provider also told us that all staff had been made aware of this change. A signature sheet needed to be completed by each staff member prior to their shift to ensure they had been informed of the change.

At this inspection we were told and saw evidence that people attended resident and relative meetings. This enabled people to talk about issues of importance to them. This was confirmed by meeting minutes that we looked at. This meant that people who used the service could express their views and get involved in the how the service was provided.

We were told and saw that questionnaires had been sent out in August 2013 to ask people for their opinions about the service provided. We found from talking to people and from reading feedback from some of the returned questionnaires that people were generally satisfied with the support provided. This meant that people's views and experiences were taken into account in the way the service was provided and delivered in relation to their

care.

We read one comment from a questionnaire which said: "Everyone that I have been involved with regarding [my relative's] care has been totally caring and considerate to [their] needs?with always an emphasis on [their] dignity".

One person who lived at the home told us: "The staff are very good. I have no grumbles".

Another person told us: "I like the food here. We get choices of what we want to eat". This meant that people's diversity, values and human rights were respected.

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

During our visit we looked at the care records for three people who lived in the home. We found that the care records were up-to-date. They contained evidence of regular reviews. We were told that people had a review of their care needs every month. We found this to be the case in the care files we looked at.

The care records we looked at had risk assessments that related to specific and identified risks to people's safety. The risk assessments contained details of actions to be taken by staff to minimise risks. We were told that risk assessments were reviewed when people's needs changed. This meant that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

As part of our inspection we observed people living in the home and how staff interacted with them at lunchtime. We observed that staff had positive, warm interactions with people living at the home. We saw that staff checked whether people liked their meals and whether they wanted more food and drink.

One person told us: "The staff are very good. They helped me when I had a fall".

Another person told us: "I have no grumbles it feels like home to me".

A visiting relative told us: "I have no concerns about the care and support provided here. Any concerns I have are always dealt with".

One comment taken from a questionnaire read: "My [relative] has improved 1000 per cent since being transferred to Ash Grange. He receives excellent care and the services provided are excellent".

The care records we saw confirmed that people were registered with a GP and had access to external healthcare professionals as necessary. This meant that care and treatment was planned and delivered in a way that ensured people's safety and welfare.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

At our last inspection we found that 67.3 per cent of staff had not completed safeguarding training.

At this inspection we found that 84.3 per cent of staff had completed safeguarding training. This training provides staff with knowledge of how to identify abuse and information on correct procedures to follow. This meant that people who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

At our last inspection we looked at three care records and found that two of the three records did not have up-to-date bed rail assessments. Use of bedrails can constitute a restriction to a person's freedom or a restraint if they are not used for the safety and welfare of the individual. To ensure use of bedrails continue to meet the on-going needs of the individual it is good practice to review the need for them regularly. The manager told us that they would expect to see bed rail reviews taking place every three months. The manager told us they would ensure the bed rail assessments were reviewed as a matter of priority.

At this inspection we looked at three care records and found that bed rail assessments had been regularly reviewed in line with best practice. This meant that people who used the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements.

At this inspection we saw a policy document outlining the procedures and protocols that staff needed to follow to ensure that safeguarding information was dealt with appropriately. We were told and saw that new staff had received training in safeguarding as part of their induction to their role. This informed them how to identify abuse and how to respond if concerns were identified. We saw that the induction training covered other mandatory subjects such as first aid and health and safety. This was confirmed in the induction booklet that we looked at.

In accordance with their procedures we were told and saw that safeguarding information

was reported to the relevant local authority by the registered manager when required. This meant that the provider had procedures in place to respond appropriately to any allegation of abuse.

Supporting workers ✓ Met this standard

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 we spoke with said they had a positive relationship with the registered manager and other senior staff. They said they had no difficulties raising issues of concern with them and knew that they would be listened to.

One member of staff told us: "There is an open door policy here. The manager is always accessible and listens to any problems we may have".

We saw that staff undertook training throughout the year to ensure that they provided care safely and to an appropriate level. This was confirmed in the training information that we looked at. The staff we spoke with said they had access to training.

Another member of staff told us: "We can complete on-line training here. We are reminded when we need to access refresher training".

The deputy manager told us that training and professional development were encouraged amongst staff. One member of staff told us that they had requested training in Nasogastric Tube Feeding. A nasogastric tube is used for feeding and administering of medication. They told us this training had helped them to safely and confidently support the care needs of someone living in the home.

The deputy manager told us that staff had six supervision sessions every year or more depending on their needs. We saw there was a supervision matrix in place to ensure that staff received regular supervision and appraisals. We were told that this had been introduced when the new manager joined the home in April 2013.

We were told and saw that all staff completed induction training covering areas such as first aid and health and safety when they started working at the home. New staff were supervised with care delivery for an agreed period of time by a more senior member of staff. A new member of staff told us they had completed a useful induction programme when they started working in their role. This meant that staff members were supported in relation to their responsibilities, to enable them to deliver support to a safe and appropriate standard.

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.

Reasons for our judgement

We looked at care records for three people in the home. We found that records were accurate and appropriately completed. Care records included: pressure sore and moving and handling assessments, health reviews, GP visits, falls risks and dehydration assessments. These records provided information for staff on how to care for people safely. This meant that people's personal records including medical records were accurate and fit for purpose.

The care records we looked at were well organised and information was easy to access. We found detailed and specific information on wound care management in one person's care records. There was clear guidance in place to ensure staff were able to meet the person's specific wound care needs.

We saw evidence that information had been recorded about people's life history and care preferences, to include their gender preference for care staff. The deputy manager acknowledged that with the introduction of new care plan documentation, more information was required for some people about their life history. They told us they were talking with people in their home and their families to add more life history information to people's care records.

We found that records were securely kept. We saw that care files were kept in the main office. We found that people's daily records were kept in files in the dining room on a bookshelf. We told the provider that these records needed to be stored in a secure place for purposes of confidentiality. We were told that that the records would be stored in the main office until a locked cupboard was purchased. This meant that people's records would be kept securely and could be located promptly when needed.

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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