

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

Bucklesham Grange

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We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Staffing	✓	Met this standard
Records	✗	Action needed

Details about this location

Registered Provider	Hallmark Care Homes (Ipswich) Limited
Registered Manager	Ms. Carol Lisa Rhind
Overview of the service	Bucklesham Grange is a new care home located on the outskirts of Ipswich that was opened in October 2012. It provides care for 55 elderly, frail elderly and those with symptoms of dementia.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

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 17 January 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 and talked with staff.

What people told us and what we found

Prior to our inspection we received information of concern regarding the management of people's care, insufficient staff to provide that care and the administration of medicines by untrained staff.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. However, there were shortfalls noted in all care records seen during our inspection. There was little evidence to show that any of the people who used the service had been involved with their care planning. During our inspection we saw that people appeared to be well looked after.

The medicines management and staff practices were in place and medicines were seen to be appropriately managed and administered. There were sufficient staff on duty to provide the care and attention that people who used the service needed.

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

What we have told the provider to do

We have asked the provider to send us a report by 21 March 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

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

Prior to our inspection we received information of concern regarding the management of people's care.

During our inspection we reviewed eight people's care records from people who were cared for on both floors (Cherry and Apple) of the service. The records were located in secure storage when not in use. The records were located in individual files and separated for ease of use. There were two types of records used. Type one was for the 'permanent resident' and type two for the 'NHS resident that used winter pressure contracted beds.' These people were usually supported by the service for rehabilitation.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. However, there were shortfalls noted in all care records seen during our inspection. There was little evidence that any of the people who used the service had been involved with their care planning. During our inspection we saw that people appeared to be well looked after. For example people looked comfortable and were well groomed. We also saw that the direct care people were receiving met their needs.

During our inspection we spoke with 12 people who used the service. One person told us that the room was cold and, "I do not know how to fix the thing on the side." A staff member rectified the heating problem during our inspection.

Two people told us, "They do not have resident meetings here." During discussions with the manager we were told that the meetings were in the early stages of development. The provider may wish to note that the continued development of these meetings would assure people that their rights were represented.

Two people said, "The staff are lovely but very busy at times." One person told us that the food was, "Wonderful," and, "I love living here." This meant that people using the service were receiving the physical care that met their needs.

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

Reasons for our judgement

Prior to our inspection we received information of concern regarding the administration of medicines by untrained staff.

During our inspection we reviewed the medicines management policies. They included practices for the administration of drugs, controlled drug management, Percutaneous Enteral Gastrostomy (PEG) feeding, oxygen management and self administration. The policy also identified the correct ordering, storage and disposal of medications.

Medicines were handled appropriately. We spoke with one nurse and two care workers who explained the drug management practices undertaken by the staff working in the service. They confirmed safe practices and all told us that they had received appropriate training to ensure safe practices were maintained. We were told that medication awareness training had been performed during 2012. The clinical care manager (CCM) told us that they were currently reviewing the medicines management practices to ensure that safe practices were maintained at all times.

Medicines were kept safely. The CCM told us that medicine checks were performed by the registered nurses or the CCM. Monthly medicine checks were performed and work was in progress to further develop medicines administration records (MAR) checks. We were also told by the CCM that a pharmacist audit had not been established, however this was work in process and they hoped to have this in place by March 2013.

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

Prior to our inspection we received information of concern regarding insufficient staff to provide appropriate care for all the people who used the service. Information we received raised concerns regarding the number of staff available to support people using the service.

The registered manager told us that staffing levels were based on the needs of the service and the people who were cared for. The care staff worked a three shifts process to cover the 24 hour period. The service provided care on two floors and was staffed by teams of registered nurses, senior care workers and care workers. The ground floor had 25 rooms which were approximately 80% occupied. The first floor had 30 rooms. Half of the rooms were not in use and 33% of the other half were occupied.

On the day of our inspection we noted that the ground floor was staffed by one registered nurse, one senior care worker and one care worker. The manager told us that they generally worked on a ratio of one staff member to four people in the mornings. One to four point five in the afternoon and one to nine at night.

The first floor was staffed by one registered nurse, one senior care worker and one care worker. The manager told us that the same staff ratio to people was used in all care areas. The documented staff rotas seen during the inspection supported these staffing levels.

During our inspection we looked at the dependency of the people who used the service. There were people who required two care workers to provide their care and support and some required different levels of staff support in their day to day management. We also noted during the morning of our inspection that staff were moved to the opposite floor to assist with some people's care. This left the area with limited staff and the people who required assistance had to wait. We spoke with two people who were located in this area, they told us that they had to wait for staff to help them, and this often happened. We spent 20 minutes in this area of the service and did not see any members of staff until we left the area. We noted that the staff were assisting other people during this period of time. This meant that people may have to wait for periods of time for assistance. We noted that those people waiting were not at any significant risk and were supported as requested once staff were available. The provider may wish to note that the dependency of people using the service may change and thus there is a need to ensure that the staff ratio is reviewed frequently to ensure people's changes in needs are identified and the correct action is

taken.

We spoke with twelve people who used the service. They all told us that the staff were helpful. Two people said, "They do not have the time to sit and talk to us about our concerns." One person said, "They are lovely and help me when they can." One person told us that the call bell was usually answered fairly quickly.

We spoke with eight members of staff; they told us that it was a good place to work and that the managers were very supportive and listened to their concerns. They told us that they were usually busy. The manager told us that they continuously recruited new staff and they had looked at alternate shift patterns to cover busy periods.

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

Our judgement

The provider was not meeting this standard.

People were not protected from the risk of unsafe or inappropriate care and treatment.

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

Reasons for our judgement

During our inspection we reviewed eight people's care records. There were two types of records used. Type one was for the 'permanent resident' and type two for the 'NHS resident that used winter pressure contracted beds.' These people who were being supported at the service for a short period of time for rehabilitation.

People's personal records were not accurate and not fit for purpose and did not meet the individual needs of people who used the service. There were shortfalls noted in all care records seen during our inspection.

Type one records contained pre admission details, admission assessments, risk assessments, charts and records, daily records, life history, end of life, additional records and appendices. We looked at five type one care records of people. We noted shortfalls in all the records. Missing details included photographs, assessment of needs and risk assessments. The risk assessments and action plans for skin, nutrition, pain and generic risk assessments were not fully completed. 'My life style' documentation had missing commentaries and end of life records were not always completed. In one person's record there were no documented care plans to manage memory problems, anxiety, restlessness, catheter care, left sided weakness, poor diet, pressure sores and chiropodists visits. We noted that these areas of needs had been identified but no further actions recorded. This meant that people using the service may not receive the right care, treatment or support because their records did not reflect their specific needs.

Type two care records reviewed included photocopies of the individual's NHS records. These people had been admitted to the service for rehabilitation prior to them going home. We looked at the type two care records of three people. In all cases there were no clear care plans for their stay in the service. We did not see evidence of any care plan which included the rehabilitation, mobility and physiotherapy for the person. We noted that one person had received input from the sensory team. There were no records in place which updated the input received or planned any further input to support the person whilst staying in the service. We noted that one person using the service required their leg to be dressed and was experiencing bowel issues. We reviewed the care plan for this person and noted that there was no care plan for the management of the leg dressing or bowel

issues. This meant that the care, treatment and support that the person received may not be meeting their individual needs due to incomplete or inaccurate records.

End of life records were not always completed. We looked at eight people's end of life records and only one had been completed. It was noted that not all people using the service may wish to have an end of life care plan in place, however there were no records held to confirm whether this was the choice of the person. Where records were not present or completed we could not determine whether this was not completed because the person using the service had chosen not to reflect on their end of life wishes or whether the service had not completed them.

One of the nurses accompanied us to review two care records. The nurse told us that they felt that people who used the service were looked after well. We noted that plans had been made to review high risk areas for example, weekly weights and monitoring dietary intake. These reviews had not taken place. This meant that the changes in people's needs were not being recorded and that people using the service could not be assured that they would receive the correct care, treatment or support as their records were not reflective of their current needs.

During our inspection we noted positive family involvement with a person's care. We reviewed the record of this person and noted that this had not been included in the person's care plan. During discussions with the nurse it was agreed that the care records seen did not fully meet the individual needs of those people.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

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

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records
Treatment of disease, disorder or injury	How the regulation was not being met: The care records did not contain accurate details that included appropriate information and documentation in relation to individual people's care and treatments. Regulation 20 (1) (a)

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

The provider's report should be sent to us by 21 March 2013.

CQC should be informed when compliance actions are complete.

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

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of 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.

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