

***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:

Cleanliness and infection control	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ 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 5 March 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 and talked with staff.

What people told us and what we found

During our inspection we spoke with three people living at Bucklesham Grange. One told us, "They could not do better." Another said, "It is lovely here."

We found the service was clean and policies and procedures were in place to prevent infection.

We spoke with seven members of staff at different levels in the organisation. All said they were happy working at Bucklesham Grange and felt that they provided care to a good standard.

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 11 May 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

Cleanliness and infection control

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

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

As part of our inspection we looked around the premises to determine cleanliness and management of infection control. We found there were effective systems in place to reduce the risk and spread of infection. We saw cleaning schedules which detailed the areas to be cleaned. We saw that these schedules were audited. These ensured that staff were aware of all areas and equipment to be cleaned.

The standard of cleanliness observed throughout the premises was satisfactory. Each individual's bedroom and bathroom were clean and staff we spoke with were aware of the standards they were to maintain.

We saw one person who was being nursed in isolation due to a hospital acquired infection. We saw that there were supplies of personal protective equipment (PPE) outside the room. This meant control measures were in place to prevent the spread of the infection.

We spoke with three members of staff regarding PPE. They told us that there were sufficient supplies of gloves and aprons. However, the service policy was that this equipment would not be left in people's rooms but stored in locked cupboards and accessed as necessary. Staff told us that the key to the cupboard was not always readily available. The provider might like to note that ease of access to PPE is essential to maintain adequate infection control.

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

Medicines were handled appropriately

During our inspection we reviewed the medicines management policies. The service was using a blister pack system provided by an outside company. We could see appropriate arrangements were in place in relation to obtaining and returning medicines.

The clinical care manager (CCM) told us that the nurse on duty was responsible for administering medication to people who received nursing care and that the senior carer was responsible for the administration of medication for people who did not need nursing care. We saw that staff had received appropriate medication training.

We looked at the medication administration records (MAR) for three people. We saw that medication was given as prescribed. We saw that if the medication was prescribed for a particular illness such as diabetes there was an associated care plan. We noted that the MAR chart only recorded the time that the medication was given as morning, afternoon or evening. The clinical care manager told us that this was an issue that they had already identified. This was being discussed with the outside company providing the charts and that a chart with the facility to record a specific time was in the process of being produced. Accurately recording the time a medication is administered is important to ensure correct time periods between doses. Some medication may be prescribed for a specific time of day.

We looked at the MAR charts for two people who required topical medication such as steroid cream. We also checked the supplies of topical medication. We saw that the topical medication was administered as required and that there were sufficient supplies. This meant that people were receiving their medication as prescribed.

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 were able, from time to time, to obtain further relevant qualifications.

At the time of our inspection the service had been open for 6 months. We spoke with 5 members of staff providing care. They told us that prior to the service opening they had received 3 weeks induction training. We saw the programme for this induction which contained training on health and safety, first aid and manual lifting. All the staff we spoke with said they felt supported in their work.

We asked staff if they were able to undertake further training. One person told us the service had supported them in a module of their master's degree. Care staff told us that at the monthly clinical meeting they had requested further training on taking blood and diabetes care. We were told that this was being arranged. Another member of staff told us she had requested to enrol in a National Vocational Qualification course level 3 and that the service was supporting her with this. This shows staff were able, from time to time, to obtain further relevant qualifications.

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

Our judgement

The provider was not meeting this standard.

Our visit of the 17 January 2013 identified people were not protected from the risk of unsafe or inappropriate care and treatment. Action taken by the provider to meet compliance will be assessed at their follow up inspection.

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

Our visit of the 17 January 2013 identified non-compliance for this standard. As this inspection was undertaken before we had received the provider's action plan, action taken by the provider to meet compliance will be assessed at their follow up inspection.

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 11 May 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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