

**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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8UB

Tel: 01473237338

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2013

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

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Meeting nutritional needs</b>	✓	Met this standard
<b>Staffing</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard
<b>Complaints</b>	✓	Met this standard

## 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 care home located on the outskirts of Ipswich. It provides care for 55 older people, some living with 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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 September 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 sent to us by commissioners of services. We talked with commissioners of services.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

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### What people told us and what we found

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We talked with eight people who used the service to gain their views and experiences. People told us that they received good care and their views and choices were listened to and acted on. One person told us, "It's very nice here. I am happy here." Another person told us, "I have made lots of friends; we play bingo together and sit outside relaxing when it's nice weather."

All eight people told us that they were very satisfied with the service provided. One person said, "I have no complaints. I love it here. The staff help you with things and are pretty good. They always ask you if you need anything and are very kind and understanding." Another person told us, "It is not an easy job to look after so many people; what pleases one doesn't another but they ( staff) try ever so hard to be get it right and are flexible and accommodating."

People confirmed they were consulted about the care and support that they were provided with and understood the care and treatment choices available to them. One person told us, "They (staff) always get my permission before they start helping me. They make sure I am ready. I read somewhere about (different care home) staff getting people ready when they were still sleeping. They just started washing and dressing them without warning. I wouldn't like that it must have been so frightening. They (staff) don't do that here. They (staff) are kind and chatty and don't rush you. They tell you what they are doing. It's nice and reassuring and makes me feel safe."

We looked at six people's care records which provided information for staff on how to meet individual's health and care needs. We saw that people's choices and preferences were reflected in the care records and written in a way that promoted independence.

We saw that the service provided enough qualified, skilled and experienced staff to meet people's needs. We looked at staff records and spoke with three members of staff who told us they were being appropriately supervised and supported. Staff we spoke with were knowledgeable about the people they supported and on to meet their needs.

We spoke with six people about the quality of the food. Feedback was positive. People said the food was appetising and there was a variety. We observed people as they were eating their lunch. Where a person required full assistance from staff to eat and drink, we observed positive staff interaction.

We saw that the provider had systems and procedures in place to regularly monitor and assess the quality of the service provided. We also looked at the way that complaints were recorded and dealt with, and saw that they were handled in line with the provider's policy.

During our inspection we observed that the interaction between staff and people using the service was friendly, respectful and professional. Staff respected people's privacy and dignity and sought their agreement before providing any support or assistance. One person told us how their choices and preferences were taken into account. They said, "I prefer not to join in the activities. It's not for me. I like my own company and they (staff) know that. They don't push me to join in but they do ask me to see if I have changed my mind. I won't though but it's nice they still check."

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

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

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### Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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### Reasons for our judgement

People we spoke with confirmed they were happy with the care and support they received and were consulted about their care and treatment. One person told us, "It is not a bad place. There is a lot to be said that's good here; nice people and staff. I am very satisfied they (staff) listen to me and help me to be active and independent."

We looked at six people's care records. Information in the care plans was person centred and detailed the level of support and care required for people. This meant that staff were provided with information about how to meet people's needs.

We saw that people's needs were assessed and their care and treatment was planned and delivered in line with their individual care plan. Information in their care records identified their preferences and personal wishes, this included their preferred name, personal care routines, food choices, interests and hobbies and what was important to them. There was evidence in the records that people and their representatives were consulted about the care and support they were provided with. This showed us that the assessment and delivery of care, treatment and support was developed with people who used the service, and/or those acting on their behalf, where appropriate.

We saw that regular reviews of care plans and risk assessments took place. Changes in people's needs were documented and their care, treatment and support adapted accordingly. Where risks were highlighted the assessments listed the actions for staff to take to reduce the risk of harm to people. For example one person identified as a high risk for falls had been referred to the falls prevention team for advice on how to manage this. The service had acted on the advice given and specialist equipment to support the person had been arranged, a bed rails assessment had been carried out and staff were carrying out regular checks. This meant that care and treatment was planned and delivered in a way to ensure people's safety and wellbeing.

We looked at the daily records for six people. These documented the health and wellbeing of people. For example, any issues arising, the support provided and medical

appointments people had attended. This provided staff with current information about a person's health and welfare.

During our inspection we observed that the staff were attentive to people's needs and that they interacted positively with people using the service.

**Food and drink should meet people's individual dietary needs**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

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**Reasons for our judgement**

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During lunch people were asked by the staff what they wanted to eat from the options available before this was served from the hot trolley. One person was unable to decide what they wanted. We saw a member of staff bring them two plates of food to show them what was on offer and the person was able to make a decision. This showed us that staff supported people to be independent and make choices for themselves.

We spoke with six people about the quality of the food provided in the service. People were complimentary about the food and confirmed they were asked what they wanted. One person told us, "The food here is good it is tasty and enjoyable." Another person said, "There is plenty of choice and variety. It's very nice and edible what more do you want? Especially when you don't have to make it."

During lunch, where a person required assistance from staff to eat and drink, we observed positive staff interaction. We saw that the member of staff assisted the person in a kind, unrushed way, talking to the person and explaining what they were doing. This meant that the member of staff used this time to interact and enhance the person's wellbeing.

People we visited in their bedrooms had access to cold drinks and they told us that staff routinely offered them hot drinks throughout the day.

We looked at six people's care records which contained nutritional risk assessments and systems in place to monitor people's weight to ensure their health welfare. Where staff had identified that a person had lost weight, or was at risk of malnutrition we saw that they had taken action and sought guidance from a dietician. For example, one person identified with a dietary requirement and at risk of malnutrition had a specialised diet in place to increase their weight. Records showed that staff were regularly monitoring and recording the person's food and fluid intake in line with professional nutritional advice and were carrying out frequent weight checks. This showed us that where individual needs had been identified they were being managed.

Records showed that the staff had acted on the guidance given to ensure the safety and welfare of the person concerned.

Three of the care plans we looked at contained record sheets for staff to monitor and record people's nutritional intake. During our inspection we monitored the records of two



people's nutritional intake. We saw that regular checks were in place and staff had recorded how much food and fluid the person had throughout this time (11.30 am to 14.45 pm). We noted that staff recorded when people were offered fluids /refreshments, the amount they had consumed and also noted if the person had declined refreshments. This showed that staff encouraged fluid intake to support people's health and well-being.

We spoke with a healthcare professional who was running a diabetic clinic that day. They told us how they provided nutritional support and guidance to the service. They advised us that they had delivered Food First training to staff including the catering team. The training covered diabetes awareness, promoting and providing healthy eating and The Malnutrition Universal Screening Tool (MUST); a five step screening tool to identify adults, who were malnourished, at risk of malnutrition (under nutrition), or obese. They advised us that they had no concerns with the service. They said staff were observant and quick to report changes in people's health and well-being. They had received regular referrals from the service so were able to provide preventative care for people when their healthcare needs had changed.

We spoke with three members of staff who were knowledgeable about people's specific dietary requirements and told us how these needs were met. They said that people were provided with a diet that met their diverse needs including their likes, dislikes and dietary requirements. Staff told us that people were provided with a choice of meal options each day. If they did not like the choices on offer then they would try and provide them with something else they preferred.

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## Staffing

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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The registered manager showed us the staffing rota in place to record shift patterns and staffing numbers. They told us how the service was staffed by care workers and domestic staff on each 24 hour period. Records we looked at confirmed this.

We saw records that showed regular team meetings and supervisions were in place to give staff the opportunity to discuss any concerns. We spoke with three members of staff who told us they felt able to talk to management about any issues and were confident they would be addressed.

Staff we spoke with told us they had been provided with the training they needed to meet people's needs and were supported to undertake a professional qualification. Records we looked at confirmed this.

We looked at the programme of training planned for the year which highlighted the training provided for staff and when refresher training and updates were due. This included training on infection control, first aid, moving and handling, dementia awareness, fire safety, safeguarding, medication and health and safety. This showed us that people were provided with care and support by staff who were trained to meet their needs safely.

The registered manager told us as part of the on-going development and support for staff to meet people's needs they were planning to provide further training on strokes, diabetes, dementia, and managing challenging behaviours.

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

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### Reasons for our judgement

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We looked at six people's care records. We saw that the care plans and risk assessments had been reviewed and updates provided where people's needs had changed.

People we spoke with told us they were asked for their views about their care and treatment and this was acted upon by staff. We saw evidence in people's care records that they were consulted and involved in developing their care plans. The registered manager showed us the new style care plans the provider was implementing. We saw that there was a section to for recording people's views about their care, treatment and support to reflect involvement from the person using the service and/or their representative. The registered manager told us that the new documentation formalised the process and would improve the recording of people's feedback and experiences.

We saw records which told us that the provider had systems in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. The records included health and safety checks, medication audits, maintenance logs, water temperatures and safety checks on equipment.

We asked the registered manager what quality monitoring processes were in place for the service. They showed us the monthly audits they completed for the provider. We saw that they reported on a variety of aspects affecting the day to day running of the service. For example, care plans and risk assessment reviews, staff training, safeguards, complaints, accident and incidents and feedback from people who used the service. They told us that this flagged up any issues, highlighted training needs and confirmed that processes were in line with corporate policy. The audits we looked at confirmed the service was monitored and assessed with areas for improvement identified and acted on,

We looked at the minutes from the last 'resident meeting' and saw actions to address issues raised were either completed or in progress. This showed us that people's views and experiences were valued and taken into account.

People told us they were regularly asked for feedback about the service they received and

confirmed they felt listened to. One person told us, "The manager and the staff are very approachable. It is never a problem to speak with them."

We spoke with three staff members who told us they felt supported in their role and they were provided with opportunities to discuss the ways that they worked and how people's needs were met in one to one supervisions and through informal and formal meetings with management. Records we looked at confirmed these practices were in place.

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**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available.

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**Reasons for our judgement**

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The complaints procedure was displayed in the service. The staff we spoke with told us that they would support people to make a comment or complaint if they needed assistance.

The registered manager told us that they and their senior members of staff made themselves available to people and their relatives and that they took action to ensure that any concerns were dealt with promptly before they escalated.

We looked at the way that complaints were recorded and dealt with and saw that they were handled in line with the provider's policy. We noted that outcomes and actions arising were listed and signed off by the management team or provider once implemented. We spoke to the registered manager about two of the complaints they had received. They told us how the complaints had been investigated with the outcomes and feedback used to make improvements to the service. Records we looked at confirmed this.

We spoke with eight people and asked them if they knew how to make a complaint. They all confirmed they were happy with the care, support and treatment they received from the service but would speak to staff if they had any concerns.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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