

C.T.C.H. Limited

The Grange

Inspection report

Grange Road
Northway
Tewkesbury
Gloucestershire
GL20 8HZ

Tel: 01684850111
Website: www.ctch.co.uk

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17 November 2015

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 20 and 21 May 2015 at which breaches of legal requirements were found. This was because there were inconsistencies in the records being kept for people. Where some people's needs had changed their care records had not always been updated to reflect this. The registered manager had not informed us about incidents affecting the well-being of people such as alleged abuse, serious injury or death. The Care Quality Commission monitors events affecting the welfare, health and safety of people living in the home through the notifications sent to us by providers.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook a focused inspection on 17 November 2015 to check that they had followed their plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for 'The Grange' on our website at www.cqc.org.uk.

The Grange had a registered manager. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our focused inspection on 17 November 2015 we found the provider had followed the action plan which they had told us would be completed by 31 October 2015 and legal requirements had been met. People staying for short stays or moving into the home had care plans and risk assessments in place which had been developed from an assessment of their needs. These had been monitored and reviewed reflecting their current care and support needs.

People's care records had been kept up to date and reflected any changes in their needs. New strategies had been put in place to monitor and audit care records to make sure they provided current and relevant information. People said staff understood how they liked to be supported. Staff were positive about new systems to monitor and audit people's care and support.

Notifications of significant events were being shared with us in line with the requirements of the law.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service responsive?

We found that action had been taken to make the service more responsive. People's records were being kept up to date with their changing needs, reducing the risks of them receiving inappropriate care or support.

We could not improve the rating for responsive from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service well-led?

We found that action had been taken to make sure the service was well-led. Notifications of significant events were being shared with us in line with the requirements of the law.

We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

The Grange

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook a focused inspection of The Grange on 17 November 2015. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 20 and 21 May 2015 had been made. We inspected the service against two of the five questions we ask about services: is the service responsive and is the service well-led. This is because the service was not meeting legal requirements in relation to those questions. The inspection was undertaken by one inspector and was unannounced.

Before our inspection we reviewed the information we held about the service. This included the provider's action plan, which set out the action they would take to meet legal requirements. We also reviewed information we have about the service including past inspection reports and notifications. Services tell us about important events relating to the service they provide using a notification. We had feedback from the local authority quality assurance team who had completed a review of The Grange in July 2015.

During the visit we spoke with the registered manager and reviewed the care records for four people who use the service. We also looked at accident and incident forms, monitoring records and care plan audits. We spoke with five people living in the home, two visitors, five staff and the lead nurse. We walked around the home and observed care and support being provided to people.

Is the service responsive?

Our findings

At our comprehensive inspection of The Grange on 20 and 21 May 2015 we found the registered person had not protected people against the risks of inappropriate care or support, an accurate, complete and contemporaneous record in respect of each service user was not being kept. Incorrect records were potentially putting people at risk of harm or becoming unwell. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Registration) Regulations 2014.

At our focused inspection on 17 November 2015 we found the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 17 described above. The registered manager said staff had been given allocated time in their working day to review and update people's care records. New systems had been put in place for senior staff to monitor and audit care records and to work with care staff to make sure information was kept up to date and relevant. Where discrepancies were found an action plan clearly identified what needed to be done, for example adding additional information into a care plan or risk assessment. The audit clearly indicated when this would be followed up. Staff said if care records had not been updated by the date for review, individual meetings with staff would reflect on why this had not been achieved. The registered manager said in addition to this each week a person would be chosen to have all their care records and care and support needs reviewed by all staff together. This would ensure a consistent approach. Staff said this had "worked well so far" and had given staff the opportunity to share "our own experiences and views of people".

A person who had recently moved into the home had discussed their care needs with staff and an assessment of their care and support had been used to develop care plans and risk assessments. These had been kept under review and as the person settled into life at the home, reflected their increasing independence and their need for additional equipment to maintain this independence. People who had recently moved into the home for short stays confirmed they were being looked after "well" and "fine" and said the staff understood how they wished to be supported. A visitor commented, "People are brilliantly looked after, I would live here myself."

People at risk of developing pressure ulcers or at risk of malnutrition had the relevant assessments in place. Their care records had been kept up to date with changes in their needs and evidenced referrals to the appropriate health care professionals to help them stay well. People whose skin condition was poor, were closely monitored to make sure this did not break down. Staff applied creams and helped them to change position to minimize the risks of developing tissue viability problems. Monitoring forms had been maintained to evidence the condition of their skin. A visitor stated, "They always keep an eye on their skin condition and let me know of any changes". The registered manager updated one person's records during the inspection, which had not been updated with confirmation that their skin had healed. People's weight was monitored either monthly or weekly depending on their individual risks of weight loss. Strategies were clearly in place where there were concerns about people who started to lose weight, by offering fortified food or drinks and snacks. These records were being monitored, reviewed and kept up to date to make sure people were receiving care and support appropriate to their needs.

People who were at risk of falls were being referred promptly to health care professionals to assess whether these were a result of physical or mental health changes. People's records reflected their appointments and the action taken to keep them safe. When needed equipment had been provided to alert staff when people were moving around their room and likely to be at risk of falls. Some people had reviews of their medicines which staff confirmed had reduced the risks of falls. Accident and incident records provided a clear analysis of risks to people and their care records had been updated to reflect changes to their care and support as a result.

Is the service well-led?

Our findings

At our comprehensive inspection of The Grange on 20 and 21 May 2015 we found the registered person had not notified the Commission without delay of serious injuries, expected and unexpected deaths and allegations of abuse in relation to people using the service. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

At our focused inspection on 17 November 2015 we found the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 18 described above.

After our inspection the registered manager had submitted notifications which they had not previously notified us about. The manager discussed with us their understanding of events which needed to be notified and shared with us copies of notifications which had been submitted. Statutory notifications had been sent to the Care Quality Commission when needed.

The registered manager had displayed the ratings of the inspection in May 2015 in the reception area of the home and the provider's website also displayed the overall rating for The Grange.