

Rico Healthcare (Grange) Limited

# Grange Nursing Home

## Inspection report

18 Grange Drive  
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Wirral  
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Tel: 01513426461

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19 January 2018

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This comprehensive inspection took place on 16 and 19 January 2018 and was unannounced. During our last inspection we found breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to inappropriate moving and handling techniques and, where maintenance issues had been identified in documentation, they had not been rectified. Small electrical items had not been regularly tested effectively in accordance health and safety guidance.

During this inspection we found that improvements had been made however there were still concerns with the service regarding maintenance of premises and equipment, staff induction, supervision and appraisal. During this inspection, we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of Regulation 15 premises and equipment and Regulation 18 Staffing. You can see what action we told the provider to take at the back of the full version of the report.

Grange Nursing Home provides care for up to 32 people, including those requiring nursing care. There are 19 single bedrooms and five double bedrooms over two floors, with another two single rooms on a split level floor. There are also two lounge/dining rooms. A passenger lift is provided for people to move between floors, but the two bedrooms on the split level floor are only accessible by a stair lift. The home has its own gardens and a car park. At the time of inspection 24 people were living at the home.

Grange Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home had a manager who been registered with the Commission since December 2017. However the deputy manager and not the registered manager was in attendance during the inspection.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

For the most part, appropriate recruitment processes and checks had been made before new staff started working at the home. However, their previous employment history had not always been completed on their application forms. Records did not show that new staff completed an induction programme at the beginning of their employment and there was little evidence of regular supervision and appraisal.

Care plans were in place for each person however not all risks to people's safety and well-being had always been fully assessed. Evidence of health and safety checks that should be carried out on equipment and premises was not always available. This was in regard to the passenger lift and lifting equipment. We also identified an issue with water temperatures that had not been acted on.

Manager and provider audits were not always effective and so did not drive improvement in the home.

People we spoke with said there was not enough going on with regard to social activities but that the food was good and nutritious with a good choice of meals.

People told us they felt safe at the home and they had no worries or concerns. Relatives and friends also told us they felt people were safe. The staff at the home knew the people they were supporting and the care they needed. We observed staff to be kind and respectful towards people.

We found that the Mental Capacity Act 2005 and the Deprivation of Liberty (DoLS) 2009 legislation had been adhered to in the home. The provider told us the majority of people at the home lacked capacity to make all of their own decisions and that a number of Deprivation of Liberty Safeguard (DoLS) applications had been submitted to the Local Authority.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Risks to people's safety and well-being had not always been fully assessed.

Safety checks of premises and equipment had not always been carried out.

Staff were trained in safeguarding and whistle blowing procedures.

Personal emergency evacuation plans had been completed for all of the people who lived in the home.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

The environment did not always meet good practice guidance for supporting people living with dementia.

New staff had not always completed an induction process and staff had not always received supervision and appraisals.

The registered manager understood and applied the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards and had made appropriate referrals to the local authority

**Requires Improvement** ●

### Is the service caring?

The service was caring

We observed staff to be caring, respectful and approachable.

People appeared at ease with staff.

Relatives told us there was good communication between the home and themselves.

**Good** ●

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive

There was an absence of regular meaningful social activities with in the home.

The complaints procedure was displayed and people said they would not have problems with approaching staff with concerns.

People said they felt that they were treated as an individual.

**Is the service well-led?**

The service was not always well-led

Quality assurance process were not always effective.

The service had a manager who was registered with the Care Quality Commission.

The service had up to date policies in place.

**Requires Improvement** ●

# Grange Nursing Home

## 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.

This inspection took place on 16 and 19 January 2018 and was unannounced. The inspection was carried out by one adult social care inspector and one expert by experience. An expert -by- experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we asked for information from the local authority quality assurance team and we checked the website of Healthwatch Wirral for any additional information about the home. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We reviewed the information we already held about the service and any feedback we had received.

During the inspection we spoke with seven people who lived at the home, seven visitors and seven staff including the cook and the deputy manager. We looked at the communal areas that people shared in the home and a sample of individual bedrooms. We reviewed a range of documentation including three care records, medication records, four staff files, policies and procedures, health and safety audits and records relating to the quality checks undertaken by the manager.

We looked around the premises and spent time observing the care and support provided to people throughout the day.

## Is the service safe?

### Our findings

People we spoke to told us they felt safe in the home. Their comments included "Yes I feel safe here. I have a call buzzer, staff come as soon as they can. I can have pain relief when I want it. There is usually enough staff." and "Very safe and well. Staff always come to me". We also spoke with relatives who told us "[Person] is absolutely safe yes" and "Her belongings have always been safe". We asked staff members if they knew safeguarding processes and asked if they felt confident to report any type of potential abuse. All the staff we spoke with were able to show an understanding of the different types of abuse and how to report abuse.

During our last inspection we observed unsafe moving and handling practices and found staff were using moving and handling techniques that were not in accordance with people's identified risk assessments and risk management plans. At this inspection we observed safe moving and handling practices and that these were in accordance with people's moving and handling risk assessments.

However we identified additional issues with other risk assessments. Examples of this included one person who was assessed at a high risk of falls however we were not able to see a plan to manage the risk that had been identified. We also saw through daily notes that one person had expressed a wish to die however this had not been explored by staff and so there was no guidance on how to deal with this or help the person. We brought this to the deputy manager's attention who assured us that this would be actioned immediately.

We identified that weekly and monthly checks had been carried out on aspects of the home for example lighting, hoists, nurse call equipment and water temperatures. However, not all of the documentation was up to date. This meant we could not be certain that these checks had been carried out. We brought this to the deputy manager's attention.

We also identified that one of the regular water temperature checks had identified that the water was consistently over the approved temperatures. If hot water used for showering or bathing is above 44 °C there is a risk of scalding. This had been identified however no action had been taken for several months. We brought to the deputy manager's attention who contacted the provider to remedy this.

These were breaches of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider and manager had not taken the appropriate action to ensure premises and equipment properly maintained.

We asked for information about maintenance of the passenger lift and moving and handling equipment and checks of window restrictors. The deputy manager said that this would be emailed to us following the inspection and we received the evidence. This meant that we were able to see that these safety checks had been carried out.

Staff said that they monitored the equipment every day and were able to tell us action they would take if there were any issues. Their comments included "The equipment is good. There is enough equipment. If it's

broken it is repaired or replaced" and "If something is broken you put a note on it to not use and report it. Things are repaired pretty quickly. If anything is dangerous to people we note it quick. There is enough equipment to do our job. We don't struggle".

We looked at the systems Grange Nursing Home had in place for supporting people with their medication. We found that there were safe systems in place for the ordering, receipt, storage, administration and disposal of medicines, including controlled drugs. Policies and systems were in place to provide guidance to staff on how to manage people's medication safely. One person told us "I get my medicines on time". However, we saw that staff administering medication were regularly distracted by telephone calls. We discussed this with the deputy manager who informed us that the provider was in the process of updating the system to combat this.

We looked at recruitment files for four staff and found that for the most part the appropriate recruitment processes and checks had been made. However we saw that past employment history was not always completed on the application form and discussed this with the deputy manager. We saw that all staff in the home had a Disclosure and Barring service (DBS) check completed. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and helps to prevent unsuitable people from working with children and vulnerable adults. We also saw that the registered nurses personal identification numbers had been checked to ensure that the nurses were currently registered with the Nursing and Midwifery Council. These checks were steps towards ensuring that staff were suitable to work with people who are vulnerable. However we saw that some DBS check had been carried out some time ago and may need to be updated.

We looked at the rotas and saw that there had been significant sickness in the past month and the home had used agency staff. We were not able to see how the manager monitored the suitability of agency staff. We brought this to the attention of the deputy manager during the inspection. One relative told us "Staffing has been up and down but it hasn't affected [persons] care". We also saw that different staff had been moved to cover different roles. Examples of this was the activities coordinator providing care and care staff covering chef duties. The kitchen had recently been inspected by the Food Standards Agency and improvement actions were needed. Feedback we received from staff said it was difficult to carry out the actions due to staffing issues.

Personal emergency evacuation plans had been completed for all of the people who lived in the home and were readily available in a file. We saw that checks had been carried out periodically in the previous 12 months on fire doors, lighting and that fire drills had been carried out. However records had not been completed to show that they had been checked recently.

We observed that the home was clean with no offensive odours and that gloves and aprons were freely available and that antibacterial hand gel was available throughout the home.

We also looked at records of accidents and incidents and saw that actions had been taken following each. We also saw that following identification of a trend in regards to falls the manager had identified that the home was not appropriate for a person and had acted appropriately to make the person safe. Staff we spoke with were familiar with the accidents and incident reporting processes.

## Is the service effective?

### Our findings

We asked people who lived at the home and their relatives about the staff who supported them. They considered that the staff were skilled and that there were enough staff to make sure people received the support and care they need. One relative told us "They've got good handling skills and good at dealing with people".

We were told that all staff had received an induction when first employed by the service and this was in the home's policies, however this was not always apparent. We looked through staff files supplied by the deputy manager and they did not have any record of induction dates for some staff documented on it. We asked for evidence of inductions during the inspection however this was not produced.

We looked at staff supervision records and identified that staff supervisions and appraisals had not always been evidenced as being carried out. We saw some staff had had regular supervision and some had not. Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns the staff member may have and to plan future training needs. We asked for evidence of supervisions and appraisals during the inspection however this was not provided.

These were breaches of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider and manager had not provided appropriate induction, supervision and appraisal to enable staff to carry out the duties they were employed to do.

We saw records which showed that staff had undertaken various training sessions including mental capacity, health and safety, safeguarding, moving and handling and fire safety. This training was up to date.

We received feedback from relatives regarding the external area of the home. We were told "Outside isn't nice, the car park is a problem" and "They could do something about the car park". The car park was very uneven and could cause a risk to people getting in and out of their cars.

During the first day of inspection we saw large empty vegetable oil cans outside in the grounds of the home. We brought this to the attention of the deputy manager and the cans had been moved by the second day of inspection.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty were being met and found that they were. We were told by people who lived at the home and their relatives that they had been involved in choosing how their care was provided and that consent was asked for. One person said "I make choices of my own" however, this was not always documented in their care files.

People told us that they enjoyed the food provided. Their comments included "I get enough to eat and drink", "I choose, there's a choice of things on the menu. I'm asked. You can have sandwich or soup as well" and "The food is good. Staff ask me and I always have drinks in my room". People's weights were monitored frequently if required and medical advice sought if people's dietary intake significantly reduced. People at risk of malnutrition had their dietary intake monitored by staff to ensure that they received enough nutrition to maintain their physical well-being.

We looked at care files for people living in the home and saw that their needs had been assessed prior to moving into the home. One relative told us "I've gone through a checklist about everything for Mum. The home rings me if anything changes, very good. Mum eats all her food when I have been here. I've no concerns". Another relative told us "I was asked about things when she moved in and they continue to check with me about things. I feel informed about progress. I've seen alternatives being offered. I've no concerns".

## Is the service caring?

### Our findings

People who lived at the home told us "Staff are brilliant. They care all the time, I'm treated well and I feel listened to. I'm blind but when they come to my room they tell me who they are and their name" and "Girls are very very good. I am treated properly". Relatives said "Staff are always smiling no matter what. Staff are wonderful. Very cared for. I've seen kindness with others as well", "Staff are dedicated and patient" and "Definitely treated well here. That's all I can say. When I come in she looks a million dollars". People looked well-groomed and cared for and were dressed appropriately.

We asked people if they were able to maintain their independence and we were told yes. One person told us "I pretty much make my own mind up" and "I decide what I want to do. I can have a shower when I want". We asked if people could have visitors at any time, all told us they could. We also asked relatives about visiting and were told by one relative, "I get a cup of coffee as soon as I come in". Staff engaged with people in a warm and friendly manner.

We looked at people's care files and saw that there was regular communication with others involved in their lives. Relatives we spoke to told us that there was good communication between them and the manager/staff and they felt they were kept informed of any issues. One relative told us "I've always been involved. They ring me or when I come in they keep me informed. They go the extra mile" and "Staff can be busy but when I come in they let me know how things are". Relatives also told us that they found out about any news about the home through the use of a 'Relatives Board' that had relevant information on it.

The manager also held relatives meetings, the most recent was held in December 2017. A relative told us how the staff had supported them to continue to be involved with their family member's care. We were told "I get involved to help the staff do things for her". This helped support the relationship between the person and their relative.

We observed that confidential information was kept secure either in the offices or medication room. This protected people's right to confidentiality.

We asked people if staff respected their privacy and dignity and everyone we spoke with said yes. Comments included "Staff knock to come in and always ask before supporting me", "They knock to come in my room" and "The staff ask first, they knock on my door to come in". We saw that throughout the day staff were respectful and discreet when supporting people with personal care.

## Is the service responsive?

### Our findings

We asked people about activities and interests and all of the people we spoke with said there was not enough going on with regard to social activities. Comments included "We did do activities but not now. I think it's funds. You can go down into the lounge and look out of the window, I can do that here in my own room", "Nothing much happens" and "Having something to do would be good. It can be a long day". Relatives also commented "Not a great deal goes on" and "People can get bored". We found that this was because the activities co-ordinator had been covering care duties. This meant that people were not regularly engaged, this could have an impact on their social interaction and mental stimulation.

One person commented that they were unable to use their electrical device to access the internet as the technology within the home was not sufficient. We were told by the deputy manager that the provider was planning to improve the Wi-Fi within the home.

Individual care files were in place for people living at the home. Care files contained an assessment of the person's needs including mobility, communication and personal care. Some parts of the care plans were very detailed, for instance one care plan gave specific instruction on how to enable a person to make their own decisions. One relative told us "They have good conversations with [person]". Another care plan was in place for 'altered states of consciousness' this gave guidance for supporting a person who had fluctuating mental capacity. These had been reviewed regularly.

We looked at daily monitoring records for the people living in the home and found that the entries reflected the people's care plans. This showed that staff were aware of people's care plans and followed the appropriate guidance.

There was no one currently receiving end of life care but we were able to see in people's care plans documents that showed people's choices and decisions had been asked for. We also saw end of life care plans were available.

We asked staff about different people living in the home and they were able to show that they knew people well in terms of their background, how they like to be supported, their likes and dislikes.

We asked people living at the home and their relatives if they felt listened to and if people were treated as individuals and every one said yes. We were told by a relative how the manager had been able to get a specialist chair for their family member so that they could go outside to enjoy the garden.

The home had a complaints policy that was on display at the entrance to the building making it easily accessible for everyone. This was up to date and had been reviewed. We asked people if they felt they could raise concerns and everyone said they could. One person told us "If I have anything to say, I would tell the office" another person told us "I've no complaints what so ever". We also asked relatives if they felt they could raise concerns and each person said yes. Comments included "I've no complaints", "Nothing to say bad about here. If I did it would be done straight away" and "No complaints at present".

## Is the service well-led?

### Our findings

The home had a manager who been registered with the Commission since December 2017. However the deputy manager and not the registered manager was in attendance during both days of the inspection. Most people we spoke with were able to tell us who the registered manager was and that they felt comfortable approaching them with any concerns.

From April 2015, providers must clearly display their CQC ratings. This is to make sure the public see the ratings, and they are accessible to all of the people who use their services. The provider was displaying their ratings appropriately in a clear and accessible format at the entrance to the home.

We saw that the registered manager and provider actively undertook a range of quality assurance processes to ensure the quality of the service, examples being audits of medication, care plans and environment. However the findings of the audits were not always acted on. An example of this was past employment not being checked as part of the recruitment process.. We also saw that a monthly health and safety audit had last been carried out November 2017 and previously September 2017. The audits carried out by the manager had failed to recognise the premises safety issues we had identified and also did not identify that the induction, support and supervision for the staff was not carried out appropriately. Both these issues had resulted in breaches of regulations.

We saw that the manager held staff team meetings and meeting minutes that showed staff were able to air views and make comments about the service. However, we saw that the last senior staff meetings had been held in March 2017 and the last staff meeting had been held in April 2017. Members of staff told us that they felt supported in their role, one staff member told us "I'm proud to be part of the team here" and another staff member told us "My boss is 100% supporting me".

A satisfaction survey had been carried out in December 2017. People living in the home were able to air their views attending residents food committee meetings and activities committee meetings. These were both last held in November 2017, however following comments that had been made by the people living in the home regarding activities we were not certain that these meetings were effective.

We asked for the home's 'Service User Guide' to be sent to us following the inspection, however the one that was sent was not specific to Grange Nursing Home as it was a generic format the provider used. This meant we were not able to see if the information the document held was appropriate for the service the home provided.

The service had policies and procedures in place covering subjects such as complaints, health and safety, disciplinary, safeguarding and service user rights and equal opportunities. These provided staff with up to date guidance.

We saw that the service had clear referral systems to other agencies when the needs of the people changed. Each person we spoke with felt they got the right medical care and was happy with the facilities. One person

told us "I've seen a doctor recently. So that is good" and another person told us "I can see a GP if I need one".

When asked people and their relatives about the atmosphere in the home and we received positive feedback. One person told us "Yes it's lovely here. I'm happy", a relative told us "They're very kind here. I see that for everyone" and another relative said "There isn't anything she wants that she doesn't get".

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The provider and manager had not taken the appropriate action to ensure premises and equipment properly maintained.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider and manager had not provided appropriate induction, supervision and appraisal to enable staff to carry out the duties they were employed to do.