

Rico Healthcare (Grange) Limited

Grange Nursing Home

Inspection report

18 Grange Drive
Heswall
Wirral
Merseyside
CH60 7RU

Tel: 01513426461

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20 December 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on 19 and 20 December 2016, the first day of the inspection was unannounced. 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 three 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 25 people were living at the home.

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. At the time of inspection the service had a manager in post who was going through the registration process with Care Quality Commission but was not yet registered.

We found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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. This placed people and staff at risk of physical harm.

We also found some concerns with maintenance issues in the home.

We found that the Mental Capacity Act 2005 and the Deprivation of Liberty (DoLS) 2009 legislation had been adhered to in the home. The registered manager told some people at the home lacked capacity to keep themselves safe outside of the home and that the appropriate Deprivation of Liberty Safeguard (DoLS) applications had been submitted to the Local Authority.

People who lived at the home were able to tell us who the manager was and said they felt comfortable if they felt the need to complain. We saw that the manager was a visible presence in and about the home and it was obvious that they knew the people who lived in the home well.

The service had systems in place to ensure that people were protected from the risk of harm or abuse. We saw there were policies and procedures in place to guide staff in relation to safeguarding adults.

Staff had been recruited safely with appropriate criminal records checks and the registered nurses had appropriate PIN checks and were able to work safely.

We observed a medication round and saw that the way medication was administered was safe. Records relating to people's medicines matched what had been administered. Medicines were stored safely and

there was evidence that staff administering all types of medication were trained and competent to do so.

We saw that since the manager had been appointed there had been significant improvements in the service including auditing processes and environment.

The home was clean, safe and well maintained. We saw that the provider had an infection control policy in place to minimise the spread of infection and a good supply of personal and protective equipment. For example, hand gels, disposable aprons and gloves.

People had access to sufficient quantities of nutritious food and drink throughout the day and were given suitable menu choices at each mealtime, these options had been chosen by the people who lived at Grange Nursing Home.

The staff in the home knew the people they were supporting and the care they needed. We observed staff to be kind and respectful and the home supported the people to access a range of activities, this promoted their independence and well-being.

Care plans provided sufficient information on people's needs and risks and guidance to staff on how to meet them. Regular reviews of care plans took place to monitor any changes to the support people required.

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.

Risk assessments were not always followed with regards to moving and handling practices in support of people's mobility

Maintenance records were not fully completed.

Staff were recruited safely and there were sufficient staff working at the home to support the people living there.

Medication storage and administration was correctly carried out.

Requires Improvement ●

Is the service effective?

The service was effective

Training and formal supervision for staff had improved.

People were given enough to eat and drink and a choice of suitable nutritious foods to meet their dietary needs.

The requirements of the Mental Capacity Act (2005) had been fully implemented to protect people's rights.

Good ●

Is the service caring?

The service was caring

Confidentiality of people's care files was evident.

People we spoke with said the staff treated them with dignity and respect and we observed that staff were gentle, patient and caring.

People were able to laugh and joke with staff and they appeared at ease.

Good ●

Is the service responsive?

The service was responsive

Good ●

The complaints procedure was accessible to people living in the home and had been followed by the service.

A range of social activities was provided.

Each person had a care plan that meet their individual needs and it had been reviewed regularly to ensure it continued to meet their needs

People had prompt access to healthcare professionals when required.

Is the service well-led?

The service was not always well-led.

Audits had been implemented and were completed monthly but had not identified all the maintenance issues.

The service had a manager who was in the process of registering with the Care Quality Commission. Staff said they felt supported by the manager.

Staff practices needed clearer monitoring.

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 19 and 20 December 2016. The first day of the inspection was unannounced. The inspection was carried out by one adult social care (ASC) inspector. Prior to the inspection we asked for information from the local authority quality assurance team, other health professionals and we checked the website of Healthwatch Wirral for any additional information about the home to help us plan our visit. We reviewed the information we already held about the service and any feedback we had received.

During the inspection we spoke with three people who lived at the home, seven staff including the cook, maintenance person, activities co-ordinator, care staff and the manager. We also spoke to relatives of people who lived at the home. 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 five care records, medication records, seven 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

We spoke with three people who lived at the home and asked if they felt safe. One person told us "Oh yes". A relative also told us that they felt their loved one was safe, they said "Yes, otherwise I wouldn't leave them here".

We asked staff members if they knew how to safeguard people from the risk of abuse 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. We saw that policies and procedures were in place for safeguarding and that the home reported safeguarding incidents to the Local Authority and Care Quality Commission appropriately and in a timely manner.

We observed the use of inappropriate moving and handling techniques called "drag lifting" by staff during our inspection. This technique is not safe for the person being supported or the staff providing the support. It puts people at risk from physical injury. We looked at the risk assessment and care file for the person we observed being "drag lifted". We saw that each of the records had identified that moving and handling equipment was needed to safely move the person, this meant that the staff had not followed the risk assessment on how to deliver safe person centred care. We brought this to the manager's attention who immediately spoke to staff and rebooked additional training in moving and handling.

We looked at a variety of safety certificates that demonstrated that utilities and services had been tested and maintained such as gas, electric and water systems for legionella had been tested. However, we saw that maintenance issues had been identified in documentation but did not identify if any actions had been taken to rectify identified problems. We also saw that small electrical items had not been tested since 2014. We were told that a staff member was currently undergoing training to be able to carry out the checks effectively in accordance health and safety guidance.

These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that there had been fire management checks for the previous three months and there was a fire evacuation plan that had been reviewed and updated. Personal emergency evacuation plans (PEEPS) had been completed for all of the people who lived in the home and were readily available in a file in case they were required. We saw that the information in people's PEEPS matched what information was held in people's care plans and risk assessments. This showed that the information provided in PEEPS was accurate and up to date.

We looked at the records for accidents and incidents, we saw that actions had been taken following each event, for example the use of body maps and referrals to the falls team. We also saw how the manager used the information to identify trends.

We viewed six staff recruitment files and found that all the appropriate recruitment processes had been

followed and that checks had been made. All files contained two references, proof of identification and had appropriate criminal records checks on each person all registered nurses had appropriate PIN checks and were able to work safely.

Staff wore appropriate personal protective clothing when assisting with personal care and antibacterial soap was available throughout the home to assist with infection control. We saw personal protective equipment was freely available throughout the home for staff to use and we observed that the home was clean with no offensive odours. However, we saw that some entries in the kitchen cleaning rota had not been completed, this indicated that parts of the kitchen had not been cleaned on those days. This was brought to the cook's attention who assured us that this would be actioned.

We observed medication administration. This was carried out safely, the drugs were administered appropriately and people were observed taking them. There were drug trollies which were secured and measures were in place to ensure controlled drugs cupboard were stored securely to prevent unauthorised use. Medication Administration Records (MARs) had been fully completed by staff when medicines had been administered. It showed that people had received their medication as prescribed. All the medication we checked was in date and appropriately labelled. This meant that people received medications that were safe. Staff who administered medication had appropriate training and had their competency checked by the manager. We also saw that the competency of staff in the administration of topical medication (creams) was also checked. Staff at the home had liaised with the GP for those people who wanted to use homely remedies and this documentation was easily accessible.

We looked at the risk assessments relating to the care of some of the people who lived at the home. We saw that people's risk assessments included moving and handling, falls and pressure area care. We saw that risks were clearly identified and monitored closely. For example, one person had a nutritional risk assessment for special dietary needs in place and staff were monitoring their dietary intake to ensure their nutritional needs were met in accordance with the person's risk management plan. We saw that people's risk assessments were monitored and regularly updated to reflect people's needs and when their needs had changed.

Is the service effective?

Our findings

When we asked people and their relatives if they thought the staff had the appropriate skills or knowledge to deliver an effective service, the feedback was positive. We were told by one person "Yes I think they're well trained" and a family member told us "They seem to be on the ball".

We looked at seven staff files that showed all had either attended and successfully completed the provider's induction schedule or had started the Care Certificate for new staff, which was accredited by 'Skills for Care'. We saw that staff had attended a variety of training courses that included, first aid, fire safety, infection control, moving and handling and safeguarding. We also saw that 16 staff had attended and achieved their Health and Social Care Diplomas, either level 2 or 3. This indicated staff had the skills and knowledge to provide safe and appropriate care. The manager informed us of their plan to encourage other staff to achieve this qualification.

We saw evidence that the registered manager had implemented a supervision and appraisal system for the staff. Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs. Staff we spoke with confirmed that they received regular supervision. One staff member told us "I find the manager very helpful" and another staff member told us regarding training "They encourage us to do it".

We observed the cook changing the menus on the public notice board near the entrance of the building and we observed the serving of lunch. We noted that the home had a communal dining area and that people were able to choose where they wanted to sit to eat their meal. We saw staff taking food to those who wanted to stay in their bedrooms or sit in the hallway to eat.

People told us they enjoyed the food at the home. We saw that some people received support when they needed to eat their meals. We visited the kitchen and found that sufficient supplies of food including fruit and vegetables were available. In discussion with staff they were able to tell us about the support people required with their meals, including how they provided a diabetic or low sodium diet. We saw that a residents meeting had been held for the cook to identify people's wishes for new menus. We saw that people's preferences and suggestions had been catered for.

People's weights were monitored monthly or more frequently if required and medical advice sought if people's dietary intake significantly reduced. The home utilised a weight loss analysis tool to ensure people's weight was effectively monitored. We saw that throughout the day people had access to sufficient quantities of food and drink. One person told us "It's excellent food, you get a choice" and a relative told us that "[Person] chooses whatever they want to eat".

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. It was clear that the manager had a full and detailed understanding of the MCA and its application. People had MCA assessments and the process of DoLS been properly followed. We saw how people had a Lasting Power of Attorney in place and there was information as to who they were and what decisions they were able to make on behalf of the person.

We saw that the bedrooms of people who lived at the home were personalised and we saw that there was a plan to reuse certain rooms, for example one bathroom had been adapted into a wet room and was in the process of being improved.

Is the service caring?

Our findings

One of the people who lived at the home told us, "I've asked to stay here, they care for you really well" another said "It's very nice". A relative told us "Staff are always friendly" and another relative said "They love my mum to bits, they're all wonderful". People told us that they made everyday decisions themselves, one person said, "Yes I'm listened to".

We saw evidence that end of life discussions had taken place with people and their relatives with people's preferences and wishes recorded. This showed us that the home understood and respected the advance decisions made by people in respect of their end of life care.

We observed staff throughout the inspection supporting people who lived at the home. Interactions between staff and the people they cared for were positive. All the staff we observed were respectful of people's dignity and supported them at their own pace. It was clear that staff had warm, positive relationships with people and that the staff were trusted by the people who lived at the home. We were told by one relative "This is a homely home".

When we spoke with the staff they showed an awareness of the needs of the people who lived in the home and were able to tell us of what care was needed and preferred. It was obvious from our discussions that the staff knew the people well and they spoke about them warmly. We saw staff addressing people in the manner they preferred and using communication strategies appropriate for individuals. One person told us "They appreciate having a laugh here".

We observed that confidential information was kept secure either in the main office or the locked medication room.

Relatives told us that there was always communication between them and staff at the home. They said they were kept informed of any issues in relation to their loved one's care. One relative told us "Always very good communication". We saw that a newsletter was produced for people who lived at the home. Information in the newsletter included information about people's birthdays, new staff, entertainment and seasonal news. One relative told us "Oh they would tell me anything".

We saw how people were able to leave and go for walks if they wished. We asked people if they were encouraged to be independent, one person said "Oh yes, I'm happy here".

Is the service responsive?

Our findings

Everyone we spoke with knew who the staff and manager was and knew who to go to if they had a complaint. One person commented "You don't need to complain, they ask you first". A relative told us "No question about it, I'd go to [manager]". We looked at the complaints procedure and saw that it was clear and comprehensive and we saw that there complaints had been clearly recorded, investigated and lessons learnt. We also saw the home displayed the Service User guide, the Statement of Purpose and dignity champion information so people could easily access them in the foyer of the building.

We were able to see evidence of an activities programme and when we spoke to the people living in the home, they were able to tell us what activities they had attended and enjoyed. We spoke to the activities co-ordinator who told us how they spoke with people who were new to the home to identify what they enjoyed. We were also shown how people living at the home had requested a specific activity. We observed this being supported during our inspection. We were also supplied with a description of the activities available at the home and there was a large board in a communal area telling people what was planned for the day. Letters had been sent to relatives to ask for any additional suggestions for activities and we were able to see how the service had implemented an activities log that meant a person's interests could be monitored.

We reviewed five care files, and found all the files contained plans describing how the person needed to be cared for. The home had an initial pre-admission draft care plan that was reviewed when the person entered the home. Assessment and care planning information identified people's needs and the care they required. For example, assessments included information about people's mobility, eating and drinking continence, personal care requirements and behaviour. People's assessments and care plans were person centred. They identified people's needs and preferences in the delivery of care and it was clear from the information we reviewed that the staff at the home knew people well. One person told us "They know me really well now".

We asked people and relatives if they had been involved in their own care plans. One person told us about their care plan for diabetes and a relative told us "Yes I'm involved in the care plan". We saw that these had been reviewed regularly. This ensured people were receiving appropriate and safe care.

We saw that the service had clear referral systems to other agencies when the needs of the people changed and from people's care files, we saw that people had access to a wide range of healthcare professionals as and when they needed it. For example, one person required support with their diabetes and we saw that district nurses visited twice a day to help manage this. This indicated that the service responded appropriately to people's medical and physical health related needs.

We asked people if they were able to leave the premises and go to places of their choice. One person told us "I go out for walks". We also asked people if they were able to have family/friends visit at any time. All said yes. One relative we spoke with said "I can come and go as I want".

Is the service well-led?

Our findings

A new manager had commenced working at the home but was not yet registered with CQC although an application was in progress. The manager was supported by a clinical lead nurse. We spoke with the manager who was very transparent and told us that they recognised that the home needed to improve as the home had previously been inspected and rated as requires improvement and that they were committed to the work required.

Staff we spoke with felt supported and felt the home was well led. One staff member said "[Manager is really helpful, approachable]", another staff member told us "[Manager] has been good to me personally". The manager was visible throughout the day and led by example. They knew all the people they interacted with by name and was able to give us an insight into the person's needs and requirements.

We saw that staff were now being supported and that training and supervision had been improved but we still had concerns about some of the care practices in the home, specifically moving and handling and the training the staff had received. The manager immediately acted on this with staff supervision and sourcing additional training however this was still a breach of a regulation as people were being moved in an unsafe way that could potentially place them at risk from harm or injury.

The manager had taken on board issues that had been found in the previous inspection such as health and safety checks of equipment and was committed to improving the quality of care that was offered at the home. We could see that significant improvements were apparent and the audits the manager had implemented demonstrated that lots of work had taken place to improve the quality of the service. One staff member told us "We all work well together, we communicate well".

The manager had implemented new processes including audits such as care plans, risk assessments, accidents and incidents, bed rails, medication, maintenance and kitchen. We saw quality questionnaires had been put into place and the manager had plans for the responses to be used in a 'You said, We did' action plan. This meant that people would see that their opinions mattered and were acted on and showed a wish to work with people to improve the service.

We saw improvements to the supervision and appraisal system in use at the home had been made the manager to ensure staff received appropriate support. The manager had introduced a daily meeting with a representative from each of the staff groups. This included care staff, ancillary staff and the nurse on duty. Agendas included items such as daily occurrences, health observations of people living in the home and any environmental issues. We also saw that team meetings had been held in 2016. This meant that the team were also included in the changes to the home and that staff were made aware of their responsibilities to the people who use the service.

The policies in place were current and regularly updated by the provider. These included health and safety, fire procedures, confidentiality, whistle blowing, medication, disciplinary procedures and recruitment. We saw that people had been asked for feedback on the service. Records confirmed that people who had

provided feedback had been listened to and as a result some changes had been made to the way the service was provided. An example of this was regarding the menus and activities. One person we spoke with said "I loved the creamy mash and I get it".

We saw that the provider had made some changes to the home and had a plan to continue to update the premises.

All the people we spoke to who lived at Grange Nursing Home knew who the manager was and said they would have no hesitation approaching them or any of the staff if they were worried about anything. This showed the home had an open and inclusive culture.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Care and treatment was not always provided in a safe way and premises were not always safe to use for their intended purpose.