

Rico Healthcare (Grange) Limited

Grange Nursing Home

Inspection report

18 Grange Drive

Heswall

Wirral

Merseyside

CH60 7RU

Tel: 01513426461

Date of inspection visit:

12 November 2015

13 November 2015

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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?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of Grange Nursing Home on 12 and 13 November 2015. Grange Nursing Home is registered to provide care for up to 32 people, including those requiring nursing care. Due to the adapting of double rooms to single rooms the home would be full with 28 people living there, at present there are currently 26 in residence. There are 20 single bedrooms and 2 double bedrooms over two floors, with another 2 single rooms on a mezzanine floor. There are also 3 lounge/dining rooms. A passenger lift is provided for people to move between floors, but the 2 bedrooms on the mezzanine floor are only accessible by a stair lift. The home has its own gardens and a car park.

The two bathrooms downstairs are currently out of commission and the people living on the ground floor have to access the first floor that has a wet room, a shower room and one other bathroom available.

There is currently a temporary manager in post as there was no permanent manager employed at the time of inspection. The provider was taking steps to address this.

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.

We spoke with a senior member of staff for the home as the temporary manager was unavailable at the time of the inspection.

The majority of people we spoke with told us they felt safe at the home. They had no worries or concerns. People's relatives and friends also told us they felt people were safe. During our visit, however we identified concerns with the service.

We found breaches in relation to Regulation 15 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 found that some health and safety and maintenance requirements were not being carried out and that the organisation had not notified the commission of safeguarding incidents.

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 and that a number of Deprivation of Liberty Safeguard (DoLS) applications had been submitted to the Local Authority in relation to people's care. We also saw that the majority of staff had undertaken mental capacity training, although some staff did not have a working knowledge of the Act.

People had access to sufficient quantities of nutritious food and drink throughout the day and were given suitable menu choices at each mealtime. All medication records were legibly and properly completed. All staff giving out medication had been medication trained.

We reviewed six care plans, these 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.

We saw that some of the communal areas in the home looked tired and shabby and would benefit from re-decoration and we noted some uneven surfaces at the front of the building and in the car park area which could prove difficult for people who had mobility problems when accessing this area.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Heath and safety and maintenance checks were not always carried out.

Staff had been recruited safely. Appropriate recruitment, disciplinary and other employment policies were in place.

Medication storage and administration was correctly carried out.

We saw that people's individual risks were identified and appropriate care plans were in place.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff did not have regular supervision or appraisals.

Some of the communal areas in the home looked tired, shabby and would benefit from redecoration.

Access to some external area's were potentially a hazard for people with mobility problems.

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

Is the service caring?

Good ●

The service was caring.

Staff made every effort to ensure people's privacy and dignity were respected when care was delivered.

Confidentiality of peoples care files was evident.

We observed staff to be caring, respectful, approachable and attentive when caring for people at the end of their life.

Is the service responsive?

Good ●

The service was responsive.

A range of social activities was provided and the activities co-ordinator took time to build positive relationships with people

We looked at six care plans and each person had a care plan that meet their individual needs and risks.

The complaints procedure was openly displayed and records showed that complaints were dealt with appropriately and promptly.

We saw people had prompt access to other healthcare professionals when required.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The service did not have a manager who was registered with the Care Quality Commission

The Care Quality Commission had not been notified of safeguarding events.

We identified that not all audits had been carried out regularly.

We saw that staff meetings had not been carried regularly.

We spoke to seven staff who stated they felt supported in their work.

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 12th and 13th November 2015 and was unannounced.

The inspection was carried out by one Adult Social Care inspector, a specialist advisor who was a healthcare professional with experience in the nursing care of older people, and an 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 homes. We reviewed the information we already held about the service and any feedback we had received.

During the inspection we spoke to twelve people. This included people who live in Grange Nursing Home, friends and family members.

We talked with seven staff on duty over the two days including the activities co-ordinator, registered nurses, care staff, cooks and the clinical lead of We also spoke to visiting professionals.

We observed care and support for the majority of people who lived at the home. We reviewed a range of documentation including six care plans, medication records, records for eight staff members, staff training records, policies and procedures, auditing records, health and safety records and other records relating to how the home is managed. We looked at the communal areas that people shared in the home and with their permission visited people's bedrooms.

Is the service safe?

Our findings

We spoke with one person who said " Yes I'm fine and safe, and my belongings are safe". One relative told us they felt their family member was safe and were told "She's safe and happy. She'd tell us if she wasn't ".

We looked at the external grounds of the care home and saw there was a small smoking area that had ashtrays but these were full of cigarette ends and rainwater. We noted the parking area and walkways at the front of the building were uneven and some small pot holes were in evidence, this potentially could be a trip hazard for people who use the service, relatives and staff. We also saw a number of empty large plastic containers that had held cleaning chemicals outside the building. This meant that the containers that were are to be disposed of were are not stored appropriately and could cause a trip hazard.

We saw a number of maintenance and health and safety checks that were irregular and incomplete. This included fire extinguisher checks, water temperature checks, fire and emergency lighting checks and lift services. We also saw that when checks had been carried out and faults had been identified these had not been dated or any actions recorded, examples of these were this was wheelchair checks and room checks. This meant that repairs to the environment and equipment could be undetected leading to risk of injury to people and staff. We asked to speak to the maintenance person and were told that they unavailable at the time of our inspection. The acting manager had the lift serviced and Fire and Emergency Lighting checked after the inspection took place.

These omissions were This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at records relating to any safeguarding incidents that had occurred in the home and we saw that the manager maintained a clear audit trail of any safeguarding incidents including what action had been taken to support the person. We identified that these incidents had not been notified to us as required. Notifications of safeguarding must be made to us so that we have the necessary information to monitor a registered service. The clinical lead completed the notifications following the inspection.

We asked a staff member what they would do if they witnessed something they thought was abusive, they stated that they "would inform the senior or the manager straight away". Records showed that the majority of staff including ancillary staff had received safeguarding training.

We looked at a variety of risk assessments including moving and handling, falls, pressure area care and 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. We saw that people's risk assessments were monitored and regularly updated to reflect people's needs and when their needs had changed.

During our observations we noticed people in their rooms had call bells within their reach either next to their chair or bed.

All medications were kept in the individual person's bedroom in a locked cupboard and dispensed from there. The nurse on duty had a small trolley which held the Medication Administration Records (MARs) and she took this around the home on the medication round. This ensured each person received their correct medication at the appropriate time and reduced the risk of errors. We observed the lunchtime medication round and found the nurse to be very knowledgeable about both the medication she was dispensing and the persons' health. It was clear that she had a good relationship with the people.

We observed the nurse obtaining consent from the person before administering the medication, checking that the medication was correct and was due at that time, and ensuring that the medication had been swallowed prior to the MAR being signed. We observed that boxes and bottles had been dated upon opening which helped to ensure they were in date when given..

We saw that there was an up to date authorised signature list available along with evidence of regular internal audits taking place. The last one was 19th October 2015 along with an action plan as a result of the audit, there was also an in-depth medication policy available to provide guidance for staff.

We looked at how medications were ordered and found that this was done within locally agreed guidelines and was safe and effective. We looked at how medications were disposed of and found that there was clear documentation to support the disposal of medication. All controlled medication was disposed of appropriately.

We examined the controlled drugs record book and could see no evidence that stock was checked on a monthly basis. We discussed this with the Clinical Manager and was told this would now take place and that it would be documented in red so that it was clear that the stock had been checked. The current stock levels were correct.

A number of people were prescribed topical creams and lotions but we could find no evidence to prove that these were being applied correctly. There were no care plans or protocols in place for carers who apply the creams to follow and then record that they had applied them. We discussed this with the Clinical Manager and she told us that she would ensure that these would be put in place as soon as possible.

Some people had as required medications prescribed and some people had protocols and care plans in place but some did not. The protocols that were in place needed to be more in depth to enable a nurse who was unfamiliar with the residents to follow certain steps before administering the dose particularly with medications prescribed to support people to manage their behaviour.

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 asked the people who lived at the home and visitors whether they thought the home was clean and responses varied. We were told "Clean, good enough" and "Room not always clean. My wife says the whole place is filthy. Few times during the day curtains not opened." During the inspection all areas of the home we saw were clean and tidy but looked tired and shabby.

We observed that staff wore gloves and aprons when assisting with personal care to maintain infection control and we saw anti bacterial hand gels in the corridors. Infection control audits were completed fully and deep clean processes were clearly logged. We saw the daily cleaning rotas for the kitchen and for night workers for the month of October 2015. These showed weekly and daily routines, we saw evidence of a floor and carpet cleaning system and kitchen cleaning. We saw that the laundry was safe, clean and tidy. The

home was clean with no offensive odours.

Is the service effective?

Our findings

We asked a person who lives in the home if they thought the service was effective, they told us "They're O.K. They respect my choices and ask my consent before they help me."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with a senior member of staff. 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.

We checked whether the service was working within the principles of the MCA. We spoke with a senior member of staff and she demonstrated a clear understanding of issues of consent and capacity. We saw that people's mental capacity had been assessed and we saw that a number of DoLS applications had been made on behalf of people living in the home. One of which had been approved by the Local Authority.

We looked at training information for the staff and saw that some staff including ancillary staff had Mental Capacity training. We spoke to seven staff who had various job roles in the home. The majority had received training in the MCA but not all of them could explain the safe application of the MCA or how they needed to consider issues of consent and how to translate this into supporting people. This meant that all staff may not understand the rights of people to consent to their care.

Visitors generally felt staff were well trained but the comments varied from the people who lived in the home. These included "Fifty per cent are good half are not" and "Most of them are skilled and experienced."

We reviewed eight staff files in relation to staff employed and saw evidence that staff had received an induction when they first started working at the home. We saw evidence of supervision regularly being carried out prior to June 2015 then none were apparent in peoples files. We saw evidence that seven staff out of the whole staff group had an appraisal in 2015. Supervision provides a formal way for staff to discuss their work, any issues they may have and any future training needs with a senior member of staff.

We looked at training records and saw that all staff, including ancillary staff had attended all training identified as required by the home. This included safeguarding, Control Of Substances Hazardous to Health, moving and handling, first aid, infection control and fire safety. This meant the staff had the knowledge to support good practice within the home.

Some of the communal areas in the home looked tired and shabby and would benefit from redecoration. Although we found it to be clean, the opinions of the people we spoke to was that it was dirty, this may be due to due to the overall décor and appearance of the home.

The expert by experience had lunch with people who lived in the home. There were two main choices which were well presented and served hot. The people we spoke to had mainly positive comments about the food and supplies of drinks. All agreed they had enough to eat and drink. We were told "Food is tasty. The meals are excellent. Good there's plenty of it and the quality is very good. There's choice and if I don't like it I'm offered an alternative" and "Food not bad at all. Plenty of drinks."

We were also told by those who chose to eat in areas away from the dining room "My preference is to eat in my room. Staff O.K. with that" and that a person "Like to sit here to eat my meals. Food very good and choice. "

We observed staff supporting people to eat without rushing them and that gentle encouragement was given to ensure people ate well.

The cook on duty showed us a list of people who have dietary needs and explained to us how they found out about a person's needs, including speaking to the person and family members. He also showed us the four week menu and how it has been adapted for individual needs.

Is the service caring?

Our findings

We asked people if staff were kind and caring and were given mainly positive responses. We were told "Staff are very kind. Laugh and joke with you." they added staff knew them well and "I'm treated as an individual." We were also told "Staff are very kind" and "Staff are lovely. Staff are kind and caring." In comparison we were also told "Some staff know me well but the others have left. New people (staff) all the time now, some not very nice," and "They sit and chat only occasionally when they're talking about their holidays."

We saw in people's care files "This is me" documents, this showed the home had found out about a person's background and their likes and dislikes. We also saw preferences and choices that had been signed by the person receiving the service.

We saw that staff throughout the day were respectful and discreet when supporting people with personal care. During our visit people moved about freely and communicated with staff. Staff engaged with people and visitors in a warm and friendly manner. We noted that people were not rushed and staff supported people with patience. Whether the care involved was supporting the person to mobilise or to eat a meal, they were not hurried by staff and were supported to go at their own pace. We also saw staff addressing people in the manner they preferred.

We spoke to a family member of a person and asked about the care received by their relative, we were told the care was "outstanding and excellent".

We observed the care delivered to a person who was very unwell and this was seen to be compassionate and caring throughout. There was a carer sat with the person throughout the day so that they would not be on their own and we saw that staff were very respectful when entering the room.

We saw evidence in people's care files that there were in-depth care plans in place to support people as they reached the end of their life as well as an advanced directive which supported the person to be cared for as they reached the end of their life in a way they chose.

We observed that confidential information was kept secure either in the nurse's office, the main office or the cupboards.

We observed the staff ensured the privacy and dignity of the people who used the service. We asked people if they felt respected and if their privacy and dignity was respected. We were told "Staff are 100% kind. They always treat me with dignity and respect and always knock at my door." Another person told us "Staff are kind, knock on my door – respect my privacy and dignity" and that staff "Respect privacy, My choice to have my door shut." We were also told "Staff don't always knock. This morning a member of staff just walked into my room."

We saw a staff member notice that a person was feeling cold and offered to get them a blanket with no prompting from the person.

Is the service responsive?

Our findings

We spoke to eleven people at length. This included seven people who use the service, four relatives/friends/professionals. The majority of people who spoke with the expert by experience and inspector were satisfied with the way care was provided and they felt listened to. One person said "I'm independent, staff support this," another person told us at midday "I've only just got up. I choose and they respect me. No one is telling me when to get up."

We looked at the complaints procedure and saw that it was clear and comprehensive and we saw that there was a complaints audit carried out and clearly actioned. We asked relatives if they were comfortable enough to make complaints and we were told "No issues or complaints but if so would speak to someone." and "Yes I'd be comfortable raising a complaint but don't think I'd have to." We saw that the complaints procedure was clearly displayed on a board by the front door. We asked people who used the service what they would do if they had a complaint, one person told us ""If I had a problem I'd talk to the manager."

We also saw the home clearly displayed the Service User guide, the Statement of Purpose and dignity champion information so people could easily access them by the entrance to the building.

Individual care files were in place for people living at the home. Care files contained an assessment of the person's needs. A series of assessments had been carried out and reviewed monthly to monitor the person's health and welfare. This included assessments of their risk of falls, dependency levels, nutritional needs and personal care needs. We saw referrals to other professionals following identified health changes, and an example of this seen was a referral to dieticians following weight changes. A person who lives in the home told us "They're checking my weight so I get weighed regularly." Regular reviews of care plans had been carried out. This helps to identify any information that requires updating or additional support the person may need.

We observed visits from a GP over the course of the inspection. This also indicated that the service responded appropriately to people's medical and physical health related needs.

We looked at end of life care and documentation and saw that there was evidence that other professionals were monitoring pain control as well as the nurses and staff in the home. There was also evidence in the file that the GP had been in regular contact with staff at the home and had been out to visit the person within the last 2 days.

The home had an activities co-ordinator employed for three days a week. We observed how the staff included the people who lived in the home in the organised activities. We saw a large board up in the lounge that showed what activities were taking place. We spoke to the activities co-ordinator who told us how she liaises with families for reminiscence and that she facilitates individual activities. An example of this was how one person wanted to paint and this was arranged. We observed a poetry group session, an attendee had previously told us "there's poetry this afternoon. I enjoy that." The activities co-ordinator also showed us a monthly newsletter she produces that celebrates events such as birthdays, information such as staff changes and coming entertainment and thanks relatives for contributions. We also saw that families were

asked through the newsletter for suggestions for activities individual people enjoyed.

People who live in the home and visitors were pleased that people can visit at any time and were made welcome. We were told "Visitors come more or less at any time" and "They're very easy going about visitors." We observed over the two days of inspection that visitors were welcomed at all times and were free to stay for as long as they wanted and were treated in a friendly and warm manner by the staff.

Is the service well-led?

Our findings

We asked people who used the service if they could access the manager, one person told us "Don't talk to the manager, don't know who's in charge." Another person told us "If I had a problem I'd talk to the manager but I don't really know them."

Staff we spoke to felt supported and felt the home was well led. One staff member said "you feel like you're really supported by the management." Another staff member told us "If I have a complaint they sort it out."

We spoke to a GP who was visiting the home. He had been attached to Grange Nursing Home for approximately three years. He told us that in his opinion the staff "knowledge base is very good"

We looked at a selection of records including risk assessments and care plans and all were seen to be up to date and relevant. All the records were correctly completed by staff who had signed, dated and collated the information required to ensure person centred care was being delivered.

There was currently a temporary manager in post as there was no permanent manager employed at the time of inspection. The home was currently recruiting for a new registered manager.

We raised concerns about records in the home and the inconsistent recording of issues relating to the health and safety of the home. A senior member of staff acknowledged these problems and explained that the temporary manager was trying to address them.

We identified that staff had not had regular supervisions and appraisals for 2015 and we spoke to the clinical lead who explained about the change to the management team and the impact it has had on the systems. We saw evidence of staff meetings that had been held prior to July 2015, we saw no evidence of any after this date.

We saw a number of audits had been carried out and that were up to date, examples of these were complaints and safeguarding, there were other audits that had not been carried out, for example health and safety audits. The last audit had been carried out in September 2015 but some months had been missed out completely and so did not show regular practice.

We looked at the records relating to any safeguarding incidents and we saw that the manager maintained a clear audit trail of any safeguarding incidents, what action had been taken to support the person. We identified that no notifications had been made to CQC for 2015 but had been prior to that. The clinical lead completed the notifications following the inspection.

We looked at evidence that showed the home asked for people's opinions by using residents meetings. The last two were dated April 2015 and May 2015, we saw that people were able to express their views and any concerns they may have had.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Treatment of disease, disorder or injury	People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance. Regulation 15 (1)