

AKR Care Homes Limited

The Grange

Inspection report

The Grange
72 Stump Lane
Chorley
PR6 0AL

Tel: 01257241133






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28 January 2019

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20 March 2019

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

The Grange is a residential care home that was providing personal care to 16 people at the time of the inspection.

People's experience of using this service:

- ☐ The service met the characteristics of requires improvement in two of the five key questions. Therefore our overall rating for this service is requires improvement.
- ☐ We found a breach of the regulations in relation to the recruitment of new staff.
- ☐ Some improvements were needed to the cleanliness of the home and the measures in place to manage the risk of cross infection.
- ☐ There were also good practices in the service.
- ☐ People liked living in the service. We observed a homely and friendly atmosphere.
- ☐ Staff told us they enjoyed working in the home. The registered manager was described by everyone as approachable and proactive in addressing any concerns raised with them.
- ☐ People were protected against abuse, neglect and discrimination.
- ☐ Staff had received training to support their role and received supervision and appraisal to continue this support.
- ☐ Staff were good at identifying when input from health professionals was necessary.
- ☐ Staff were aware of people's life history and preferences and they used this information to develop positive relationships and deliver person centred care. People felt well cared for by staff who treated them with respect and dignity.
- ☐ People enjoyed the food provided and systems were in place to monitor their nutritional needs.
- ☐ More information is in the full report.

Rating at last inspection: This was the first inspection since a new provider had taken over the running of the service in August 2018.

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Enforcement: Information relating to the action the provider needs to take can be found at the end of this report.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates. We will follow up on the breach of regulations at our next inspection.

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.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

The Grange

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 28 January 2019.

Inspection team: The inspection was carried out by an adult social care inspector and an Expert by Experience; the expert had experience of residential care services for older people.

Service and service type: The service was a care home without nursing.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced.

What we did: Our plan took into account information the provider sent us since they took over the running of the service in August 2018. We also considered information about incidents the provider must notify us about, such as abuse; and we looked at issues raised in complaints and how the service responded to them. We obtained information from the local authority commissioners and safeguarding team, Healthwatch and other professionals who work with the service. The provider had not been asked to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all the information gathered to plan our inspection.

During the inspection, we spoke with four people who lived in the home and three relatives to ask about their experience of the care provided. We also spoke with a community based mental health professional who visited the home during our inspection.

We spoke with the registered manager, one of the directors of the company which owned the service, three members of care staff, the cook and the domestic. We looked at four people's care records and a selection of medicines and medicines administration records (MARs). We looked at other records including quality monitoring records, staff recruitment and training records and records of checks carried out on the premises and equipment.

Details are in the key questions below.

The report includes evidence and information gathered by both inspectors and the Expert by Experience.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

RI: Some aspects of the service were not always safe.

Staffing and recruitment

- ☐ Improvements were required to the recruitment processes to help ensure people were protected from the risk of unsuitable staff. Applicants had not been asked to explain any gaps in their employment history. Two references were always gained as part of the recruitment process including one from the applicant's previous employer. However, the registered manager had relied on character references rather than seeking a reference from other previous employers, including where this period of employment had involved work with vulnerable adults.
- ☐ This demonstrates a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- ☐ When we arrived at the home, some areas were not clean. We were told this was because there had been no domestic working at the weekend due to annual leave.
- ☐ Although the cleanliness had improved by the end of the inspection, we had some concerns regarding measures in place to manage the risk of cross infection. These were mainly in relation to the way soiled laundry was managed and access to the kitchen area by people not wearing appropriate personal protective equipment. Some high level cleaning also needed to be improved.
- ☐ Following the inspection, we made a referral to the local authority infection prevention team to support the provider in identifying key areas for improvement.

Using medicines safely

- ☐ Medicines were, in the main, managed safely.
- ☐ Staff responsible for administering medicines had received training for this task. The registered manager completed regular checks of staff competence to administer medicines safely.
- ☐ Regular medicines audits were being completed to ensure any concerns were highlighted promptly.
- ☐ Improvements needed to be made to handwritten medicines administration records (MARS) to ensure they included full administration instructions.
- ☐ One person, recently admitted to the home, did not have an up to date MAR chart in place although our review of their medicines showed they had received them as prescribed. This discrepancy was rectified before the end of the inspection.

Systems and processes to safeguard people from the risk of abuse

- ☐ Staff had a good understanding of how to keep people safe.
- ☐ People who lived in the home told us they felt safe and had not experienced any bullying or

discrimination. One person told us, "I feel safe here. I know I can't live on my own. I don't feel institutionalised, but I do feel safe. It feels like my home, I will remind people of that."

- ☐ Positive feedback was also received from relatives who were confident their family members were safe in the home. One relative commented, [Name of person] is safe and we are not worried about him as he is never alone. There is always someone there to look after him and do the right thing for him. It has given us peace of mind."

Assessing risk, safety monitoring and management

- ☐ Accidents and incidents had been documented and staff had taken action to help prevent further accidents from occurring. However, this action was not always documented and the registered manager needed to be more proactive in considering what equipment might be appropriate to help manage risks, particularly those relating to falls.
- ☐ Emergency procedures for keeping people who lived in the home, visitors and staff safe were in place and regularly reviewed. These included personal emergency evacuation plans (PEEPs) and a business continuity plan.
- ☐ One person's risk assessments had not been updated since October 2018. This meant there was a risk they might receive unsafe care. The registered manager had taken some action to ensure the records were updated but no timescales had been given to the staff member responsible. The registered manager told us this would be actioned immediately.

Learning lessons when things go wrong

- ☐ Whilst incidents and accidents were well documented, there was no evidence to show what lessons had been learned.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- ☐ People's needs were assessed before they moved to live at The Grange; this helped to ensure staff were able to meet their needs.
- ☐ Staff had access to best practice guidance to help ensure effective outcomes for people who lived in the home.

Staff support: induction, training, skills and experience

- ☐ People told us staff had the knowledge and skills to provide effective care. One person commented, "Staff know all my conditions."
- ☐ Staff received an induction when they started work at the service. Staff who had been recently appointed told us this induction had prepared them well for their role.
- ☐ Records showed staff received regular supervision and appraisal. These meetings were used to discuss any concerns as well as training and development needs.
- ☐ Staff told us they received regular training which helped ensure they had the skills necessary for their role; records we reviewed confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- ☐ Systems were in place to monitor people's nutritional intake and weight.
- ☐ People told us they enjoyed the food provided in the home.
- ☐ We observed the lunchtime experience during the inspection and saw that people were given a choice of meal and provided with alternatives if they did not want what was on the menu.
- ☐ People were provided with regular drinks and snacks throughout the day.

Staff working with other agencies to provide consistent, effective, timely care

- ☐ People told us staff were good at contacting health professionals if they were unwell. This was also confirmed during a recent residents meeting when the comment had been made that, "Staff are quick to notice if a resident is unwell and are also quick to act."
- ☐ A visiting community based mental health professional told us the service was good at acting on advice given to improve people's health outcomes.

Adapting service, design, decoration to meet people's needs

- ☐ The provider had a plan to improve the interior of the home, including new flooring and the redecoration of some bedrooms. They told us their priority was to ensure the comfort and safety of people who lived in the home.

- People were able to access quiet areas in the home if they wished, including a library area.

Supporting people to live healthier lives, access healthcare services and support

- We saw people had access to external health care professionals, including GPs, dentists, opticians, speech and language therapists and mental health professionals.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People confirmed staff always asked for their consent before providing any personal care.
- Care records included information about people's capacity to make particular decisions.
- Staff gave us examples of ensuring people were involved in decisions about their care and showed us they knew what they needed to do to make sure decisions were taken in people's best interests.
- When necessary, the registered manager had submitted DoLS applications to the local authority. At the time of the inspection one of the eight applications submitted had been authorised.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- ☐ People provided positive feedback about the care and treatment they received from staff. Comments included, "If [name of person] gets upset they give her comfort. The staff are really nice" and "I am spoiled. My laptop cut out and one of the staff took it home to see if her husband could fix it."
- ☐ We observed positive interactions with staff during our inspection. Staff presented as sensitive, kind and caring.
- ☐ There were no restrictions for visitors to the service. People could have their family members visit them whenever they wished.
- ☐ Staff we spoke with knew people's background and preferences. They used this knowledge to care for people in the way they wanted.
- ☐ Policies advised staff of the importance of ensuring people were treated equally and their rights respected.
- ☐ A visiting mental health professional told us, "Residents seem happy and well looked after."

Supporting people to express their views and be involved in making decisions about their care

- ☐ We observed staff supporting people to make decisions about their day to day care. One person told us, "They always ask me what I need them to do."
- ☐ People who lived in the home and, where appropriate their relatives, told us they had been involved in developing and reviewing care plans.

Respecting and promoting people's privacy, dignity and independence

- ☐ People told us staff always respected their dignity and privacy. Comments made included, "Oh yes, I can go to my room they are ok for privacy" and "Yes when I have shower, they lock the door."
- ☐ People were supported to be as independent as possible. One person told us, "I make my own bed and I do little jobs around the home as I used to maintain properties." A staff member confirmed, "We prompt people to do what we can; it's not right to take this away from them."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ People's care records included information about their needs and preferences.
- ☐ Staff were knowledgeable about people and their needs.
- ☐ We asked staff what person centred care meant to them. One staff member told us, "it's about treating people equally while meeting their different needs."
- ☐ People told us staff listened to their views. Comments made included, "I come up with the odd idea with the staff and they take it on board" and "You can make your opinions known every day."
- ☐ People recognised the new provider was making improvements to the home. One person commented, "The new owners are going around improving things as soon as they can."
- ☐ People told us they had requested more activities. The provider and registered manager told us they were in the process of compiling a three-weekly activity calendar and also intended to recruit an activity coordinator.

Improving care quality in response to complaints or concerns

- ☐ The service had a complaints policy and procedure in place although this was not displayed in the home. The registered manager took immediate action to rectify this when it was brought to their attention.
- ☐ Any complaints received were investigated and a response provided to inform the complainant of the outcome once concluded.

End of life care and support

- ☐ The provider had a policy in place for end of life care.
- ☐ People's end of life wishes were documented in their care records.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care

- ☐ There were systems in place to monitor the quality and safety of the service. However, these had failed to identify some of the shortfalls we found during the inspection.
- ☐ One of the directors of the company which owned the home visited on a regular basis to check the care people were receiving. However, none of their visits were formally recorded to show any action taken as a result of their findings.
- ☐ Although falls and incidents were documented, there was no record of actions taken to prevent future occurrences.
- ☐ The provider had introduced regular governance meetings to identify areas for improvement.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- ☐ Policies, procedures and best practice guidance was available and accessible to staff to support them in their roles.
- ☐ Staff demonstrated a commitment to providing high quality, person-centred care. They told us they would be confident for a relative to live in the home.
- ☐ Staff told us they enjoyed working in the home and received good support from the registered manager.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- ☐ The provider intended to introduce an 'employee of the month' to recognise excellent performance.
- ☐ Staff had job descriptions which set out the key requirements of their role. Policies and procedures were in place to guide staff in their practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- ☐ People who lived in the home had opportunities to provide feedback on the service they received. There was a plan in place to distribute surveys to relatives and staff to gather their opinions about the way the home was led.
- ☐ Records we looked at showed staff meetings were being held.
- ☐ Meetings for people who used the service were conducted. Minutes of these were available and we saw that action had been taken in response to suggestions made.

Working in partnership with others

- ☐ Evidence we looked at demonstrated the service consistently worked in partnership with the wider professional team. Records noted the involvement of GP, mental health teams, social workers and commissioners of people's care.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment process were not sufficiently robust to protect people from the risk of unsuitable staff.