

Key Healthcare (St Helens) Limited

Grace Court Care Centre

Inspection report

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16 May 2022
20 May 2022
31 May 2022

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Grace Court Care Centre is a residential care home providing personal and nursing care to 28 people at the time of the inspection. The service can support up to 30 people within one building. All bedrooms and facilities are located on the ground floor of the service.

People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice however, further improvements were needed to ensure the service responded appropriately to people's changing needs. We have made a recommendation in this report.

Risk to people were identified and reduced where possible. The records relating to risk and their review of risk lacked detail on occasions. We have made a recommendation in this report.

New procedures had been put in place for the safe management of people's medicines. Procedures were in place to manage infection, prevention and control within the service. This was an improvement from the previous inspection.

People were safeguarded from the risk of abuse. Lessons were learned and changes made when things went wrong.

Systems had been developed and were planned to monitor and ensure the quality and safety of the care and support people received.

The provider had developed a comprehensive action plan to make further improvements throughout the service.

Rating at last inspection and update

The last rating for this service was requires improvement (published 16 December 2021)

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and had met the requirements of a warning notice. Further improvement was required and the provider remained in breach of Regulation 17 Good Governance.

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We carried out an unannounced inspection of this service on 18 and 28 October 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check whether the Warning Notice we previously served in relation to Regulation 12 Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. Enough improvement had been made and the provider had met the requirements of the Warning Notice.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains requires improvement. This is based on the findings at this inspection.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a continual breach in relation to Regulation 17 (records relating to people's care and support and staff recruitment needed improvement.) at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Grace Court Care Centre on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

Grace Court Care Centre

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Grace Court Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Grace Court Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 16 May 2022 and ended on 31 May 2022. We visited the service on the 16 and

20 May 2022.

What we did before the inspection

We reviewed information we had received about the service since its registration. We sought feedback from the local authority who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service. We spoke with eight members of staff including the manager; nurses; care staff and the nominated individual's operational manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

During the inspection we spoke with three family members who were visiting the service and a further two by telephone to gain their views on the service.

We reviewed a range of records. This included several people's care and medication records. We looked at three recently recruited staff files in relation to recruitment; training records and records relating to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection systems were either not in place or robust enough to demonstrate people medicines were effectively managed. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and an enforcement warning notice was issued.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- New procedures and oversight had been introduced for the effective management of people's medicines. This was an improvement from the previous inspection.
- Medication administration records (MAR) were in use to record people's medicines. These records were completed appropriately.
- A new system and oversight had been introduced for the rotation of stock medicines in use.
- Policies, procedures and good practice guidance were in place for the safe management of people's medicines.
- Medication administration records (MAR) were in use to record people's medicines. These records were completed appropriately.

Preventing and controlling infection

At our last inspection Systems were either not in place or robust enough for the prevention; detection and control of infection. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and an enforcement warning notice was issued.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The service was following government guidelines for visitors to the service.

Assessing risk, safety monitoring and management

- Systems were in place to identify assess and monitor risk. However, we identified that the recording of risk and monitoring information lacked detail and information in some records. We discussed this with the management team who had already identified this as an area of development. Identified staff had been given a timeframe to address this area of improvement.

We recommend the provider continually reviews systems in place to ensure that people's care planning documents contained detailed, up to date information at all times.

- People's care planning documents identified potential risks for people. This included risk from malnutrition; weight loss and skin integrity.
- Regular checks and monitoring around the environment and equipment took place to maintain a safe environment for people to live.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- DoLS applications did not always consider people's individual needs. The provider took action and resubmitted applications to ensure this was addressed.

We recommend the provider considers current guidance on applications for DoLS to ensure that the MCA is fully considered.

- People told us that they were encouraged to make decisions for themselves. One person told us that "I can decide when I get up and go to bed."

Staffing and recruitment

- Sufficient numbers of staff were available to meet people's needs.
- Records failed to demonstrate appropriate recruitment procedures had been followed. We have reported on this under the well-led question.
- Family members comments about the staff team included "Everything is not perfect, but the staff are wonderful and they care. Sometimes they are little short staffed"; "The staff have always been fantastic and do the best" and, "Staff are very good."
- People told us "Very nice people looking after me in my old age" and, "Carers are wonderful."

Systems and processes to safeguard people from the risk of abuse

- Effective safeguarding procedures were in place. Staff had access to information about how to protect people from harm.
- Safeguarding concerns relating to people were reported to external agencies when required.
- Staff had not completed safeguarding refresher training in-line with the provider's training timescale. We discussed this with the operations manager who demonstrated that they were in the process of reviewing and arranging staff training.

Learning lessons when things go wrong

- Procedures were in place to support staff in responding to and recording accidents and incidents which occurred. A family member told us "Staff do keep in touch when there is an incident."
- The new management team had developed and introduced an effective system for the monitoring of accidents and incidents. This system showed clear details of the incident; information on investigations around the incident and action taken to minimise the risk of re-occurrence.

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.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection systems were either not in place or robust enough to demonstrate that governance within the service was effective. This placed people at risk of not receiving their planned care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvement had been made at this inspection and the provider's newly recruited management team had developed clear action plans to make identified improvements within the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Records did not always demonstrate that care and support delivered to people were person centred or contained all of the information required.
- Records relating to care and support delivered to people were not always completed.
- Recruitment records failed to demonstrate that safe and effective recruitment procedures were in place. Several recruitment files reviewed did not include key documents required during the recruitment process.

Systems were not robust for maintaining records relating to people's care and support and staff recruitment. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Systems had been developed and were planned to monitor and ensure the quality and safety of the care and support people received. For example, new procedures and oversight had been introduced for the management of people's medicines. This was an improvement from the previous inspection.
- Monitoring systems, guidance and procedures relating to infection control measures were effective in minimising the transfer of infection. This was an improvement from the previous inspection.
- Changes had been made as to how people's care plans and associated risk assessments were reviewed. The management team had introduced a system in which a named nurse was responsible and accountable for ensuring regular review of information took place and appropriate records were maintained.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team had a detailed understanding of their responsibilities in responding to people who

use the service under the duty of candour following incidents and when things had gone wrong. This was demonstrated during this inspection through responses being made to a complaint made about the service.

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

- The management team had a clear understanding of their role and regulatory requirements. They were in the process of reviewing previous incidents and events to ensure that had been appropriately reported to the Care Quality Commission.
- The management team had identified improvements needed in relation to staff training and awareness. A number of training sessions had been booked and others were planned to ensure staff maintained up to date practice in their role.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics Continuous learning and improving care

- Systems had been reintroduced to gather people's views on the service. This included 'resident of the day'. This involved a person's care plan being reviewed and a discussion around food likes and dislikes each month.
- Short daily morning meetings had been introduced so that staff knew what was happening around the service that day. Staff told us they found these meetings useful.
- Meetings for family members had been reintroduced. Family members told us they had attended a recent family and residents meeting and 'the meeting went really well.' Another commented "A lovely meeting last week. Introduced the clinical lead."
- Staff spoke positively about the introduction of the new management team. They felt "Very supported and that they were there for the staff" and, "Very engaging and approachable."

Working in partnership with others

- The service continued to liaise and participate in training initiatives with the Local Authority and Clinical Commissioning Group.
- Learning took place from accidents and incidents to minimise the risk of re-occurrence.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems were not robust for maintaining records relating to people's care and support and staff recruitment. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.