

Ideal Carehomes Limited

Elworth Grange

Inspection report

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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

Elworth Grange is a residential care home supporting up to 66 people with a variety of needs, including dementia. Accommodation is purpose built and is provided across three floors, consisting of individual bedrooms with en-suite facilities and access to a range of communal areas. At the time of our inspection started there were 19 people using the service.

Peoples experience of using the service had what we found

The provider's quality systems were not sufficiently robust to identify the concerns we identified during this inspection. Medicines were not always managed safely. This was because some information about medicines administration was incorrect or absent. Improvements were also needed in other records including staff recruitment records and fire safety records.

We have made recommendations about best practice guidance on medicines audit, and checking staff recruitment files for completeness.

The provider was very responsive in taking actions to address the issues we found on inspection however we could not fully assess the impact of these actions until they were fully embedded.

People were safe and protected from abuse. All people spoken with told us they were safe and well cared for. There were enough well trained and well supported staff to ensure people's needs were met. Risks to people's health and well-being were clearly identified and care plans set out what support the person needed in the way they wanted their care to be provided. The provider's policies and procedures had been revised in the light of the Covid-19 pandemic and staff had received relevant training and had access to appropriate personal protective equipment (PPE) in accordance with government guidelines.

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. Staff were engaging and showed skill and sensitivity in the way they responded to people. We saw staff consistently seeking consent from people in the process of offering care and support. The dining experience was relaxed, pleasant and sociable. People were offered a varied and nutritious diet and praised the quality of food served for variety and presentation. A visiting relative said: "The food is excellent (relative) loves it plenty of choice and variety". The design and layout met the physical needs of people living at the home. Technology and equipment was available to meet people's care and support needs.

We could see from our observations that people were involved and treated with compassion, kindness, dignity, and respect. The people who lived at the home, and visiting relatives were unanimous in their praise for the staff and the standard of care provided. One person said: "The home is very good I'm treated with respect, very well looked after I would say". A visiting relative told us how moving to the home had positive outcomes for their loved one. They said "Here (at Elworth Grange) the focus is on the whole person not just their physical care needs".

The atmosphere in the home throughout the inspection was welcoming and sociable. People's care was tailored to their individual needs and outcomes were good. People were supported to take part in a range of hobbies and interest that met their individual needs and personal preferences. Staff clearly understood the importance of supporting people to develop and maintain relationships and where appropriate involved families, and other advocates in care and support planning processes. People received care that reflected their needs, characteristics, and personal preferences. Health and social care professionals spoke highly of the standard of care provided.

The management team were open and transparent throughout the inspection and responded to any requests positively. People who lived at the home, their relatives, and staff told us that all members of the management team were approachable, supportive, and always responded effectively to solve problems and improve the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 01/05/2020 and this is the first inspection.

Why we inspected

We received concerns in relation personal care, nutrition, staffing and management. As a result, we undertook a comprehensive inspection. The overall rating for the service has been assessed as requires improvement. This is based on the findings at this inspection.

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.

Enforcement

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 have identified a breach of regulations in relation to governance and records at this inspection. Please see the action we have told the provider to take at the end of this report.

Prompt action was taken by the registered provider during the inspection to mitigate risk and improve the quality of care in response to the concerns we found during our inspection.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection program. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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?

This service was not always well-led.
Details are in our Well-Led findings below.

Requires Improvement ●

Elworth 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. 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 Care Act 2014.

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 including a pharmacy inspector.

Service and service type

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

The 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

We announced the inspection visit 24 hours before it took place. This was because we needed to give the manager time to prepare in advance of our visit due to the COVID-19 pandemic.

Inspection activity started on 04 November 2021 and ended on 09 December 2021. We visited the service on 04 and 25 November 2021.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback

from the local authority, fire service and professionals who work with the service and had visited the home recently. We used all this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

During the inspection we spoke eight people who used the service to gain their views about the care and support provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with fourteen staff members including the registered manager, the care manager, the regional director, two deputy care managers, two senior care staff and five care staff. We contacted four relatives by telephone. We watched people being given their morning medicines. We looked at medicine records, including twelve people's medicine charts. We reviewed care plans and care records for three people. We looked at the recruitment files for two staff employed since registration. A variety of records relating to the management of the service were also reviewed.

Due to the impact of the COVID-19 pandemic we limited the time we spent on site. Therefore, we requested records and documentation to be sent to us and reviewed these off site and continued dialogue with the manager by telephone.

After the inspection

We continued to seek clarification from the registered manager and regional director to confirm evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Using medicines safely

- Medicines were not always managed safely. We found that written information to support the administration of 'when required medicines' was missing for four medicines and was inaccurate for two others. The dates of administration on two medicine charts were wrong and there were contradictions in the information about three people's allergies
- The home's monthly medicine audits included general medicines management and stock counts of people's medicines but shortfalls in protocols for the administration of medicines only to be taken when required had not been identified.

We recommend that the provider reviews management and audit of medicines in accordance with best practice guidance.

- Medicines (including medicines that are controlled drugs) were administered in a safe and caring way, at the right times and were stored safely at the right temperatures.
- The registered manager was very responsive in taking actions to address the issues we found on inspection however we could not fully assess the impact of these actions until they were fully embedded.

Staffing and recruitment

- We noted that one reference had not been received and a related pre-employment check had not been completed, for a new member of the care team who had started work on personal care. This was due to an oversight and was addressed satisfactorily during the inspection.

We recommend that the provider introduces a quality assurance check on staff recruitment records to ensure all checks are completed and all required records received prior to the new staff member starting work on personal care.

- There were enough staff employed to meet the needs of the people who used the service.
- Staffing levels had been increased at the beginning of October in response to a visit carried out by the local authority.

Assessing risk, safety monitoring and management

- On the second visit the "nominal role" which is a list of people in the home to be used in the event of a fire and handed to the fire service was not up to date showing 19 people when there were only 18. This an important document which must be kept up to date to ensure the safety of the people who live at the home

and others in the event of a fire.

- When we started the inspection, we noted that the fire risk assessment did not include all building materials used in the construction of the premises. The cladding to the exterior of the building was not mentioned.
- The registered manager and regional director responded promptly when we raised the above issues to their attention and both records were updated. The cladding had been previously assessed as incombustible.
- Risks to people's health and safety were identified and well managed so people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from abuse. All people spoken with told us they were safe and well cared for. One person said, "yes I feel safe, they listen to me and treat me with respect."
- Visiting relatives were unanimous in their praise for the standard of care provided. All spoken with during the inspection told us their relatives were safe. For example, one relative described the standard of care as "excellent".
- Staff had received training, understood their responsibilities, and felt able to report abuse should the need arise.

Preventing and controlling infection

- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Records of accidents and incidents were maintained and analysed via root cause analysis to help identify any patterns or trends. Where patterns were seen, action was taken to see if lessons could be learnt or whether additional action needed to be taken.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 when this is in their best interests and legally authorised under the MCA. 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 MC, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

The service was working within the principles of MCA.

- Where there was any doubt about a person's capacity to consent to care a MCA assessment was undertaken and kept under review.
- Where appropriate applications had been made to the local authority for a DoLS.
- Staff had received training on mental capacity and DoLS. They were engaging and showed skill and sensitivity in the way they responded to people. We saw staff consistently seeking consent from people in the process of offering care and support.

Staff support: induction, training, skills and experience

- New starters completed induction training which included shadowing experienced staff to ensure they were competent before they could work unsupervised.
- All staff spoken with presented as skilled and knowledgeable. Records showed that staff received training in a variety of appropriate and specialist topics to guide them in their role.
- Staff told us that they were well supported and appreciated the support and direction of the management team. Records showed that staff received regular one to one supervision sessions with their line manager.

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

- Assessments of people's care needs, and personal preferences had been carried out with the person or their representative and were reviewed and revised periodically or when the person's needs had changed.
- People were involved in discussions about their care and their outcomes were good.
- All the people we spoke with had something positive to say about the staff and the standard of care

provided. For example, one person said: "The home is very good I'm treated with respect very well looked after I would say" A visiting relative told us how moving to the home had positive outcomes for their loved one. They said "Here (at Elworth Grange) the focus is on the whole person not just their physical care needs".

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

- People were offered and where necessary supported with sensitivity and care to eat a balanced and nutritious diet.
- Nutritional assessments, risk assessments and care plans were detailed with each person's individual needs and kept under review.
- People praised the quality of the food One person said: "Food is very good and there is always a choice and plenty of it. And another said the food is very good I've just had two puddings. A visiting relative said: "The food is excellent (relative) loves it, plenty of choice and variety".
- We carried out the SOFI observation over a mealtime and could see that the dining experience was relaxed, pleasant and sociable.

Supporting people to live healthier lives, access healthcare services and support. Staff working with other agencies to provide consistent, effective, timely care

- People told us that their health care needs were met and visiting relatives were unanimous in their praise of the standard of care provided.
- An advanced nurse practitioner spoke highly of the management and staff teams and the standard of care provided. A Community Staff Nurse told us how staff worked with cooperatively with them to ensure people's health care needs were met.
- People were supported to maintain good oral health care, as detailed in their care plans.
- Information regarding people's changing health needs was shared between staff during shift handovers, and people's care was adjusted as required.

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

- The design and layout met the physical needs of people living at the home.
- Technology and equipment was available to meet people's care and support needs.
- The home was suitably decorated and well-furnished throughout.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence.

- Throughout this inspection we observed staff treating people with kindness, respect, promoting choice, seeking consent and offering sensitive emotional support when needed.
- During our SOFI observation we saw staff respond to a person who presented with challenging behaviour. Staff demonstrated empathy, sensitivity, and skill in the way they defused a potentially volatile situation. This had positive outcomes for all involved.
- The atmosphere in the home was warm and welcoming. We could see that staff had developed good relationships with people.
- All visiting relatives spoken with made positive comments about the staff and the standard of care provided. One relative who described the staff and the standard of care as "excellent" told us how managers and staff had worked collaboratively with them, their doctor and other health care professionals to explore solutions and improve their quality of life.

Ensuring people are well treated and supported; respecting equality and diversity.

- People's needs were assessed and identified prior to moving into the home. Protected characteristics (such as age, gender, disability, cultural and religious support needs) were identified.
- People's information was kept confidentially in locked cupboards or on encrypted computerised systems.

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

- People, along with family members, were encouraged to share their views about the care provided in care plan reviews, surveys and meetings with the manager and staff.
- People were supported to be involved in planning their care. Care plans reflected each person's needs, aspirations, personal preferences, and characteristics and outcomes were good.
- Relatives told us they, where appropriate, had been involved in planning all aspects of their loved one's care. One relative told said, "yes the care is person centred, they went through all (relatives) needs on admission and they meet them well in a way (relative) would want them to be met. This along with our observations demonstrated and person centred approach to care.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment, or sensory loss and in some circumstances to their carers.

- The provider had an Accessible Information Policy for the guidance of staff and to effectively manage the health and care of all residents by ensuring that communication difficulties and information needs are addressed and barriers to involvement are minimised
- People's individual communication needs were assessed, recorded and planned for. Staff were skilled in supporting people with their preferred communication aids, such as hearing and visual aids. We observed staff offering people tasters of food on offer to help them make an informed choice.
- Staff were able to adapt information to people's preferred language or format if required in accordance with the providers policy.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was tailored to their individual needs and outcomes were good.
- People told us that their needs were met, and relatives gave examples as to how effective person centred care planning had resulted in improvements in quality of life and experience.
- Care plans were personalised and reflected the needs of the individual as well as their history, preferences choices, hobbies, and interest.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The atmosphere in the home throughout the inspection was welcoming and sociable.
- People told us how they were supported to attend activities of their choice and there was always something on offer.
- There was a range of activities on offer on a group or individual basis and people's hobbies and interests were supported. We saw people enjoying making cakes and others told us how their wide-ranging hobbies and interests had been supported. One person spoke of their joy when arrangements had been made for a local motorcycle club to make a number of socially distanced visits and a relative told us how their relative had been encouraged to draw and paint, which had proved therapeutic for them.
- People were supported to maintain relationships inside and outside the home and safe visiting was supported and enabled.

End of life care and support

- Staff had received training in end-of-life care and where appropriate supported people, and their relatives, to discuss end of life wishes and preferences if they felt able to.
- Staff had good links with doctors and other health care professionals to assist in supporting end of life care.

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.

This is the first inspection for this newly registered service. This key question has been rated 'requires improvement'. This meant the service management and leadership was inconsistent.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Governance systems were not sufficiently robust to identify the concerns with medicines records, staff recruitment records, and fire safety records highlighted on this inspection.
- Monthly medicine audits did not identify shortfalls in protocols for the administration of medicines only to be taken when required, the fire risk assessment did not address the cladding to the front of the building and the nominal role was not up to date. A reference from a care worker's previous employer in care had not been received before they started work and the reason for leaving their last post had not been confirmed.

We found no evidence that people had been harmed however, systems and records were not always robust enough to demonstrate risks to people's health were effectively monitored. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was very responsive in taking actions to address the issues we found on inspection however we could not fully assess the impact of these actions until they were fully embedded.
- Staff were clear about their roles and responsibilities as detailed in their job descriptions. They told us that they were well supported, had benefitted from training and regular updates which gave them the wherewithal to carry out their duties and responsibilities.
- There was a range of detailed policies and procedures for the guidance of staff. These were reviewed regularly and kept up to date.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people Engaging and involving people using the service, the public and staff, fully considering their equality characteristics Working in partnership with others

- The registered provider promoted a culture of person-centred care by engaging with staff, the people using the service and relevant others such as family members and associated care professionals.
- People and their relatives were involved in decision making and were able to give feedback about their care in regular conversations and meetings with managers and staff. Monthly Social Committee meetings were held to discuss all matters relating to lifestyle and activities.
- The atmosphere in the home, throughout the inspection was warm, welcoming, and sociable. People presented as relaxed, happy, and well cared for and all made positive comments about the standard of care provided.

- Care staff had received training on equality and diversity and respected people's individual characteristics and needs.

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; Working in partnership with others

- The registered manager understood their responsibility to comply with the duty of candour and met the regulatory requirements to be open and transparent with people using the service when things went wrong.
- The Commission had been notified of all significant events which had occurred, as in accordance with the registered manager's and registered provider's legal obligations.
- Visiting professionals told us how staff worked effectively and in partnership with them to ensure people's health and wellbeing was maintained.

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 Systems and records were not always robust enough to demonstrate risks to people's health were effectively monitored.