

M S Frois

Grange Cottage

Inspection report

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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?

Good



Overall summary

This inspection took place on 25 March 2015 and was unannounced. Grange Cottage provides care and accommodation for up to nine people who need personal care. The home is situated in the small town of Grange Over Sands on the coast of Morecambe Bay. The property is a large six bedroom cottage, five with ensuite facilities. There are three one bedroom ensuite rooms in a bungalow in the adjoining garden. The property has been adapted and extended for its current use as a care home.

There was a registered manager in post. A registered manager is a person who has registered with the Care

Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in May 2013 we found that the provider was compliant with all five of the regulations of the Health and Social Care Act 2008 that we looked at.

People told us they were very happy at the home. They said they felt well cared for and safe.

Summary of findings

There were enough staff to provide the support that people needed. People were provided with homely cooked meals and drinks that they enjoyed. People who required support to eat or drink received this in a patient and kind way.

The recruitment procedures demonstrated that the provider did not operate a safe or effective recruitment procedure to protect the interests of people using the service.

Not all staff had completed training that enabled them to improve their knowledge in order to deliver care and support safely.

Suitable arrangements were not in place to obtain people's consent to care and treatment.

Throughout our visit we observed caring and supportive relationships between people living at Grange Cottage, the manager and the care staff. People were treated in a caring way that demonstrated a positive, caring and inclusive culture existed in the home.

People were supported to maintain good health and appropriate referrals to other healthcare professionals were made. People received support from the community nurses and alternative therapists as required with regards to their health needs.

Some areas of the communal areas in the home required minor attention to décor and refurbishment. We saw that the provider had a continual maintenance plan for general decor and general furnishing of the home.

People's needs had been assessed and care plans developed to meet those needs. Staff had liaised with other healthcare professionals to make sure specialist advice was available to people for the care and treatment they needed.

Medicines were being administered and recorded appropriately and were being kept safely.

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were promoted to maintain their independence and some people were actively involved in the local community.

During this inspection we found three breaches of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2010 in the safe recruiting of staff, supporting staff to access training and ensuring people have consented to their care and treatment. These correspond to the regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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 safe.

Not all checks of suitability had been completed when staff had been employed.

People told us they were safe and well cared for in this home.

People made choices about their lives and risks to their safety had been identified and managed.

Prescribed medicines were stored, administered and disposed of safely in line with current and relevant regulations and guidance.

Requires Improvement



Is the service effective?

The service was not effective.

Consent to care and treatment was not always obtained appropriately.

People received the appropriate support to eat and drink and their nutritional needs were met.

Some staff had not been adequately trained to support people's care needs.

Requires Improvement



Is the service caring?

The service was caring.

People were treated with kindness and compassion and their dignity was respected.

People were supported to access advocacy if required.

People were encouraged to maintain their independence.

Good



Is the service responsive?

The service was responsive.

People had been involved in saying what care and support wishes they wanted in their care plans.

Staff knew the needs of people they were supporting. We saw there were activities and community events which people took part in.

People knew how to raise concerns and records showed that no formal complaints had been made.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

There was a homely atmosphere and people appeared comfortable and relaxed.

There was a registered manager employed. People knew the registered manager well.

The registered provider used informal methods to gather the experiences of people who lived in the home and used their feedback to develop the service.

Grange Cottage

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on the 25 March 2015. The inspection team consisted of an adult social care lead inspector. Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. Before this inspection visit we sent a provider information return. A provider information return is a form completed by the registered manager outlining details about the service and the care and support provided.

We asked the provider to give some key information about its service, how it is meeting the five questions, and what improvements they plan to make. The registered manager had completed the Provider Information return (PIR) and had submitted it to CQC however at the time of the inspection the information had not been seen by the inspector.

During the inspection we spoke with four people who used the service and one relative. We spoke with two members of care staff, the registered manager, and a regular visiting reflexologist. We also observed care and support and looked at the kitchen, communal areas, bathrooms and with permission some people's bedrooms. We looked at a range of records about all people's care and how the home was managed.

Is the service safe?

Our findings

People we spoke with told us they felt very safe and did not have any concerns about the care they received. One person said, "I feel very safe here, the staff are very kind to me and the manager knows how to solve any of my problems." A visitor we spoke with told us they had no concerns about safety at the home. One person told us "My relative is extremely well looked after, I have no concerns, the staff are all lovely."

We looked at six staff files for recruitment and saw that some of the required checks to confirm people's suitability to work with vulnerable people had not been completed. These checks included checking of people's references that had been sought from previous employers. For two members of staff we saw that the provider had not obtained their own checks from the Criminal Records Bureau (CRB) and Disclosure and Barring Service (DBS). This meant that we could not be confident that staff being employed had been appropriately checked for suitability to work with people who may be vulnerable.

This was a breach of Regulation 21 Requirements relating to workers of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (the Regulated Activities Regulations 2010) which corresponds to regulation 19 Fit and proper persons employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home was generally clean, tidy and free from malodours. However we did note and discuss with the registered manager about some areas of the home that required more attention to areas that required a deeper clean. We saw that all the care workers were responsible for the domestic duties in the home. The provider had an infection control policy in place that was available to all care workers. We saw that staff followed hand washing regimes and used protective gloves and aprons when assisting people with personal care.

We spoke with the registered manager about the ongoing maintenance and refurbishment of the home as some areas was in need of redecorating and updating. We saw records showing that regular health and safety checks were carried out.

We looked at the care records for seven people and found where risks had been identified appropriate risk assessments and management plans were in place.

Staff told us, and records we looked at confirmed, they had received training in the safeguarding of adults. Care staff could tell us who they should report any concerns or suspicions of abuse to.

We looked at records of the accidents and incidents that had occurred. We found that appropriate action had been taken to deal with the incidents that had affected the safety and wellbeing of people who lived there.

There was a whistle blowing policy that was available to all staff and details of how to whistle blow. Care workers we spoke with were aware of the policy. One member of staff said "I know I can report anything to the manager I have concerns about." The policy contained contact details for the local authorities and the Care Quality Commission.

There were sufficient staff on duty to provide care and support to meet people's needs. The registered manager told us staffing levels were based on people's needs. We observed that care workers were not rushed in their duties and spent time chatting with individuals.

We looked at medicines records, supplies and care plans relating to the use of medicines. We observed staff handling medicines and spoke with the registered manager about medicines procedures and practices. We saw they followed safe practices and treated people respectfully when administering medications. People were given time and the appropriate support needed to take their medicines. We looked at how medicines were stored and found that they were stored safely and records were kept of medicines received and disposed of. Medicines storage was clean, neat and tidy which made it easy to find people's medicines.

Is the service effective?

Our findings

Two people we spoke with told us they had been included in developing their care plans and had identified what their preferences were. However both people told us they had never seen their care plan. One person said, "The manager asks me every day what my plans are and she helps me sort my day out. But I have not seen my care plan." We did not see in any of the care records we looked at that formal consent had been obtained for people's care and treatment. This meant we could not be certain that people had consented to their care and treatment.

This was a breach of Regulation 18 Consent to care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (the Regulated Activities Regulations 2010) which corresponds to Regulation 11 Need for consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The two care workers we spoke with told us that they had recently completed nationally accredited training. Records we saw for staff training did not show that all staff had completed their induction training. Nor did we see that there were records to show that there was any ongoing training for all staff to ensure they had the skills and knowledge to provide the support individual people required. The records we looked at showed that some staff had completed mandatory training but there had been no refresher or updates to their training. For one care worker their moving and handling training expired in January 2014, their medications training in July 2012 and the last recorded safeguarding training for that person was in 2011. For another care worker we only saw evidence of medications training in 2012. This meant we could not be confident that staff had been supported to access the required training to ensure they had the knowledge to deliver care safely and competently.

This was a breach of Regulation 23 Supporting staff of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2010 (the Regulated Activities Regulations 2010) which corresponds to Regulation 18(2) Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The care workers we spoke with said they felt they were supported by the registered manager and other care staff. They said they had formal supervision meetings where their practice was discussed and observed and that they could raise concerns if they had any.

We saw where people lacked the capacity to make complex decision's this was recorded and the appropriate person had been involved in decisions about their care.

People were not being deprived of their liberties. At the time of our visit no one was subject to a Deprivation of Liberty Safeguards (DoLS) application. This is where a person can be lawfully deprived of their liberties where it is deemed to be in their best interests or their own safety. Not all staff had received training on the Mental Capacity Act 2005 (MCA) and DoLS. However the registered manager was knowledgeable and could tell us about protecting people who lacked capacity.

People who lived in the home told us that they enjoyed the meals provided. People said they had a choice of meals and that they could have a hot or cold drink whenever they wanted one. There was a separate dining room and people could chose to eat in the lounge, conservatory or in their own room. Some people needed support from staff to eat. People received the right level of assistance they needed to eat and to drink. We saw that this was provided in a patient and discreet way.

Records we saw showed people received support from a range of health care services such as their doctor, chiropodist and optician. One person told us "If I'm not feeling well the staff will ask for the doctor to visit." Regular visits were also made to people as required by the community nursing team. Some people were also visited regularly by private arrangement with the reflexologist.

Is the service caring?

Our findings

People who we spoke with told us they were very happy with the care and support they received. Some of the comments included, "The staff are really good." Another person told us, "The staff work very hard and nothing is too much trouble." People told us the staff who supported them knew them well and what they preferred in regard to the care they needed. One person told us, "It an excellent place to be and I really am very pleased with everything here".

People told us that the staff encouraged them to maintain their independence and to carry out tasks for themselves. One person told us, "I like to be independent, I go into the town regularly and the staff phone me on my mobile to make sure I can get back safely." We saw that the staff gave people time and encouragement to carry out tasks themselves. This helped to maintain people's independence.

All the people living in the home and the relative we spoke with made positive comments about the care and support provided in the home. All of the people living there that we spoke with told us they decided what they wanted in their daily lives and told us that they felt able to tell staff how they wanted to be supported and spend their time.

The atmosphere in the home was calm and relaxed. We saw that staff treated people with kindness and were respectful. We saw that the staff treated people with

respect and understood their individual needs. Staff took the time to speak with people and took up opportunities to interact and include them in general chatter and discussion.

Those people we talked with made positive comments about how their privacy and dignity were maintained and how they were involved in their care. We saw that when care staff assisted people with their mobility they made sure that people's clothing was arranged to promote their dignity. This helped to maintain people's dignity. We saw that staff knocked on the doors to private areas before entering and ensured doors to bedrooms and toilets were closed when people were receiving personal care.

We saw information was available in the communal area of the home for people to access advocacy services if they wished to. The registered manager told us how they supported people to access any service they felt would benefit people living at Grange Cottage for example alternative therapies and community groups.

The registered manager spoke with us about the importance of providing good care at the end of a person's life and how they had worked with the district nurses and GP's and families to provide this. Where people had expressed their wishes to stay at the home should their condition deteriorate this was aimed at being achieved for them. The home used the model of the 'six steps' end of life care pathway plans. These plans enable people to be actively involved in planning for end of life care.

Is the service responsive?

Our findings

People told us the staff knew the support they needed and provided this at the time they required it. One person told us, "The staff know me very well, what I like and how I like things to be done for me. They look after me very well." Another person told us, "We have good food, it's clean and the staff are lovely."

Records we looked at showed when changes had occurred in people's needs or incidents had happened people's records and risk assessments had been reviewed. We also saw that care plans were reviewed and updated regularly.

We asked people whether they felt they could raise concerns if they had any. One person said, "I've never had any concerns. It's all right here." Another person told us if they had a problem they felt happy to raise it directly with the registered manager.

The records we looked at showed that no formal complaints had been raised. The home had a complaints procedure. People we spoke with were aware of who to speak with if they wanted to raise any concerns. This meant that people knew how to make complaint should they need to.

There were planned activities for people to get involved in and we saw that there had been a variety of themed events and visiting entertainers in the home. Three people we spoke with were very actively involved in the local community on a regular basis.

We saw from the care records that people's health and support needs were clearly documented in their care plans along with personal information and histories aimed at reducing their risk of becoming socially isolated. We could see that people's families had been involved in gathering background information and life stories. Staff had a good understanding of people's backgrounds and lives and this helped them to support them socially and be more aware of things that might cause them anxiety.

We saw that the home and staff worked closely with another provider supporting a person with their health needs on a regular basis. We saw from the records that communications were effective in establishing a continuing health care plan to meet the individual needs. This meant that their health and care was delivered in a person centred and safe way across the two providers.

Is the service well-led?

Our findings

The service had a registered manager who was available to people, relatives and staff. People we spoke with said they could speak with the registered manager on a daily basis. The registered manager and provider spoke to people and their family members often to ask their opinion of the service on a daily basis and in an informal manner. One person told us, "Whatever I ask for it always gets done."

Staff we spoke with said they got on well with the registered manager and they felt supported to carry out their roles. They said they felt confident to raise any concerns or discuss people's care at any time as well as at formal supervision meetings.

We saw during our inspection that the registered manager was accessible and spent a lot of time with the people who lived in the home and engaged in a positive and open way with them.

There was regular monitoring of the quality of the service. The registered manager had good systems in place to monitor the quality and safety of the service and facilities provided at the home. We saw that checks had been carried out to ensure care records were up to date, that

medication was managed safely and that any health and safety requirements were completed. This enabled the provider and registered manager to monitor practice and plan on going improvements to the home.

We also saw that the registered manager and provider had an ongoing plan in place to address areas for improvements, redecoration and maintenance to the home.

Regular staff support and supervisions took place. Staff had opportunities to contribute to the running of the service through staff meetings. We saw the minutes of one of these meetings and saw staff had been involved in discussions about how the service could improve.

The home worked in partnership with other professionals to ensure people received the appropriate care and support to meet their needs. We saw records of how other professionals had been involved in reviewing people's care and levels of support required.

Providers of health and social care are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager of the home had informed the CQC of any significant events in a timely way. This meant we could check that appropriate action had been taken.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider did not have suitable training arrangements in place to support staff to enable them to deliver care and support safely.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The provider did not have suitable arrangements in place to obtain people's consent to care and treatment.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The home's recruitment processes did not included all of the appropriate checks to ensure that the persons being employed were of good character.