

Indigo Care Services Limited

# The Grange Nursing and Residential Home

## 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?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service:

The Grange is a nursing and residential care home for up to 50 older people, some of whom have dementia. At the time of our inspection there were 24 people living at the service. Accommodation is provided over two floors and there is a lift. There is a pleasant and secure garden area. The service provides care and support for people with a range of medical and age-related conditions, including mobility issues, diabetes and dementia.

### People's experience of using this service:

We received mixed responses from people living at the service when we asked if they felt safe. Some people told us they did not feel safe living there because they had received rough treatment from some staff.

Staff were not always deployed effectively to carry out their role. We saw prolonged periods of time where there were no staff in communal areas to supervise people when they needed this.

Staff were pleasant and kind to people but were task orientated and told us they did not have enough time to provide companionship.

Before the inspection, systems and processes to protect people from the risk of abuse had proved, at times to be ineffective. The registered provider, together with the manager were working towards a more open and transparent approach to safeguarding and learning lessons when things went wrong.

We received mixed responses from people when we asked if staff were kind and caring. Some people told us they had received treatment previously that was unkind and caused them distress. We observed the people who told us this when they interacted with the staff. We saw that people were relaxed and comfortable in the presence of those staff. The staff on duty treated people with kindness, patience and compassion. We saw pleasant interactions and people were affectionate towards the staff.

The provider could do more to promote people's independence. There were no activities on offer during the inspection and some people told us they would like to be able to go out more. Activities staff had been placed on administration duties.

The manager in post had worked at the service for three weeks. They had been employed to implement and drive improvements. Shortly before the inspection, a substantial number of staff had left the service following concerns about their conduct. The provider had taken appropriate measures in regard to this.

The mealtime experience required improvement because people waited a long time for their food. The food provided looked appetising, but the choice was limited. Some people were not provided with the assistance they needed to eat.

Complaints had not always been documented before the manager took over three weeks before the inspection. Complaints that had been raised since the manager took over were investigated as per the registered provider's policy.

Risk assessments were in place, staff were aware of risks to people's safety and followed the guidance set out in risk assessments. We observed some moving and handling procedures and saw these were done safely.

Medicines were well managed and infection prevention and control best practice guidelines were followed.

People's needs, and choices were assessed in line with the law and current guidelines. People's ability to make choices for themselves were assessed during decision specific assessments. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff received the training they required to complete their role. More training had been implemented in response to recent concerns.

People's dignity was maintained. Personal and support was completed in private and not discussed in communal areas.

People's care plans contained information about their life histories, including how the staff could assist people to express their equal and diverse needs and preferences in line with the Equality Act 2010.

There were quality assurance and governance systems and processes in place. These were prepared by the manager and reviewed and analysed by the senior management team.

Rating at last inspection:

At the last inspection the service was rated Good. (Published July 2017)

Why we inspected:

We brought this inspection forward due to information of risk and concern.

Follow up:

We will continue to review information we receive about this service until the next scheduled inspection. If we receive any information of concern, we may inspect sooner than scheduled.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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 not always effective.

Details are in our Effective findings below.

**Requires Improvement** ●

### **Is the service caring?**

The service was not always caring.

Details are in our Caring findings below.

**Requires Improvement** ●

### **Is the service responsive?**

The service was not always responsive.

Details are in our Responsive findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details can be found in our well-led findings below.

**Requires Improvement** ●

# The Grange Nursing and Residential Home

## **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.

The inspection was prompted in part a by notification of abuse. This incident is subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident.

However, the information shared with CQC about the incident indicated potential concerns about the management of staff within the service and how people using the service were treated.

#### Inspection team:

The inspection was carried out by two inspectors, one assistant inspector, a specialist nurse advisor and an Expert by Experience. An Expert by Experience is a person who has experience of using this type of service, in this case, dementia care.

#### Service and service type:

The Grange Nursing and Residential Home is a care home. People in care homes receive accommodation and personal care. 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 (CQC). 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. However, the manager had recently left the service and the registered provider had instructed an

'improvement manager' to manage the service whilst they made plans for the permanent management post. The new manager was not registered with CQC, throughout this report they are referred to as 'the manager'.

Notice of inspection:

This inspection was unannounced.

What we did:

We used information we held about the home which included notifications that they sent us to plan this inspection. On this occasion the provider had not been asked to complete a Provider Information Return (PIR). 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. However, we gave opportunities for them to update us throughout the inspection.

We used a variety of methods to understand people's experiences. This included using the Short Observational Framework for Inspection (SOFI), speaking with 10 people, three relatives and 13 staff including the manager, deputy manager, regional director and interim director of operations. We reviewed eight care plans 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

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. Regulations may or may not have been met.

### Staffing and recruitment

- We received mixed responses from people and relatives when we asked them if they felt safe. One person said, "I'm alright in here, but no I don't feel safe." Another relative we spoke with said, "I'm not sure [relative] is safe, there's little things I've picked up on." Another person told us, "Yes I feel safe here, I love my room and that is why I feel safe."
- We saw there were times when staff were not deployed effectively to carry out their role. We saw that staff were not present in some communal areas for prolonged periods of time. This meant people were not always receiving the supervision or companionship they needed. We observed that staff were always busy, and their role was task focused. One staff member said, "Staff can get frustrated that we don't have enough time."
- Shortly before the inspection, a substantial number of staff, including the registered manager had left the service after concerns were raised about their conduct. The provider had drafted in staff from their other services and used some agency staff to cover the vacancies. We saw that agency staff were provided with and induction and shifts were staffed with a mixture of experienced staff and newer or agency staff.
- Staff were recruited safely. Staff files demonstrated that staff were subject to pre-employment checks, including checks with the Disclosure and Barring Service (these are police checks), references from previous employers and full employment histories recorded as required.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The registered provider, together with the manager had identified there had been gaps in the recording and categorising of incidents. This had subsequently led to safeguarding referrals not always being made appropriately. The manager had retrospectively referred incidents to the local safeguarding authority as necessary.
- We saw that where incidents had occurred there had been some lessons learned to ensure the same thing didn't happen again. However, at the time of the inspection, these had not been cascaded amongst staff so were not fully effective in preventing re-occurrence. We were informed there were plans within the management team to do this.
- We reviewed recent documentation relating to accidents and incidents dealt with by the manager and saw they had investigated and referred these to the local safeguarding authority appropriately. There were clear outcomes recorded and measures put in place to prevent re-occurrence.

### Preventing and controlling infection

- The home was clean throughout, including the kitchen and bathrooms. However, we found that some bedrooms had malodours. We discussed this with the manager who explained they had identified this and

were in the process of arranging to change the flooring to reduce the risk of long-standing malodours forming.

- We saw that staff followed best practice guidelines in relation to preventing and controlling the spread of infection. Disposable gloves and aprons were used, and staff washed their hands regularly.

#### Assessing risk, safety monitoring and management

- Each person living there had risk assessments in place to mitigate the risk of avoidable harm. Risk assessments were reviewed and updated regularly, and in response to incidents. Staff we spoke with were aware of risks to people's safety and we observed they followed the recommendations recorded in risk assessments.

- We observed some moving and handling procedures and saw they were done safely by staff who were patient and made time to explain the procedure to the person.

- We saw that call bells were answered quickly, and people did not wait long for assistance when they requested it.

#### Using medicines safely

- We reviewed the medication administration records (MAR) and saw these were completed. All the required legal documentation was in place to guide staff how and when to administer medicines. We observed a medicine round and saw this was done safely and adhering to best practice guidelines.



## 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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- We observed mealtimes at the service and saw that two choices were provided; however, the choices were similar, and some people did not want either option. We did see that other food was made if requested, for example, one person requested a bowl of cereal. We discussed with the management to consider meal times by ensuring the choices were more varied.
- The dining rooms had wall mounted menu's that displayed pictorial images of the food being served. The pictures displayed did not accurately represent what was served that day. There was a sign stating what alternatives to the main food options were available, these weren't prepared, offered or served to anyone on the day of the inspection.
- We observed that staff were very busy during mealtimes and did not have time to sit with people or encourage them to eat. We observed some people struggling with their food and not receiving the help they required. We discussed this with the management team who advised that staff were busier than normal as there were people moving to other homes and staff were tied up preparing documentation and belongings ready for their transport arriving.

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

- The home was a purpose built 50 bedded care home over two floors. This inspection was conducted when the service was undergoing a period of change. The upper floor was the nursing unit but everyone who lived there was in the process of moving to other services. The upper floor was dated and appeared unkempt in some areas. The downstairs unit was well maintained and homely with a small dining room. There was a large lounge and dining area that was not used at the time of the inspection.
- There was dementia friendly signage around the home to assist people living with dementia to navigate the building and locate their own room.

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

- Assessment tools were used appropriately and as per recent best practice guidelines. For example the Malnutrition Universal Screening Tool and Waterlow Tool were used to monitor people's weights and risk of sore skin.
- Where people were assessed as needing restrictive practice, for example, bed rails, this was done in the least restrictive way possible and other measures were considered before reaching this decision. This ensured that the option chosen was the most appropriate for that person.

Staff support: induction, training, skills and experience

- Staff told us they felt they received enough training to do their jobs well. We reviewed documentation

relating to training and found it was all up to date. Most of the training was done on-line. The manager had responded to recent concerns by implementing more training for staff in safe moving and handling and promotion of people's dignity. This training was face to face and consolidated during meetings and supervisions.

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

- We reviewed people's care plans and saw that referrals to healthcare professionals such as GP's, community nurses, tissue viability nursing teams and dieticians were done appropriately and in a timely manner.
- We saw that where healthcare professionals had left medical advice, this was followed accordingly and changes in a person's health were recorded and communicated back.

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.

- Each person had detailed up to date mental capacity assessments. These were related to specific decisions. For example, some people could make decisions about taking their medicines but were unable to make decisions about leaving the premises. Mental capacity assessments were updated and reviewed regularly.
- There was no-one at the service under a DOLS, but people had been assessed as requiring a DOLS and the appropriate applications had been made to the relevant supervisory bodies

## 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

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

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

- We received some negative feedback from people about how staff treated them. One person said, "I don't always get someone that's gentle, some are rough." Another person said, "I've learned to keep quiet or you're handled roughly." A different person said, "[staff] don't like you back chatting, they get their own back, if I wanted a drink they'd take their time."
- Other people we spoke with gave positive feedback, one person said, "[staff] are pretty good, yes they're kind." Another person said, "The staff are brilliant, very kind." A relative said, "I'd recommend the home, [staff] seem kind."
- Where people gave us negative feedback, we spent time observing how they interacted with staff and if they were comfortable with the staff on duty. We saw these people had pleasant and warm interactions with the staff on duty and some were affectionate towards the staff that day.
- We discussed the negative comments we received with the registered provider. They immediately put plans in place to ensure people were regularly reassured that they could discuss with senior staff any instances where they felt they weren't treated with kindness and that management would respond accordingly. This is discussed in more detail in the well-led section of the report.
- We completed a Short Observational Framework for Inspection (SOFI). SOFI is a tool we use to identify how many times people are engaged with and the quality of any engagements in a specified time. The SOFI showed that people did not receive companionship from staff and there were prolonged periods of time where people were alone in communal rooms. There was a period of 45 minutes where people were in a communal lounge and no staff were present. People sat in the dining room waiting for a meal for 52 minutes with limited stimulation or engagement.
- In the weeks leading up to this inspection, a number of staff had left the service after concerns about their conduct had been raised. We observed the staff that were on duty during the inspection and saw they were kind, patient and had close bonds with the people who lived there. We saw people laughed together with staff and were reassured by their presence.
- People's diverse needs, and preferences were explored and documented in care plans before they moved in to the home. Staff we spoke with knew how people wished to be treated and if they required assistance to express themselves in relation to protected characteristics of the Equality Act 2010.

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

- People did not always feel they were involved in the planning and delivery of their care. One relative we spoke with said, "There hasn't been an opportunity to discuss [relative's] care, I haven't had a meeting with anyone."
- There was documentation relating to mental capacity assessments that demonstrated that relatives had been consulted on some areas of decision making. Meetings had been held with people, relatives and staff and that more meetings had been conducted by the registered providers senior team in response to the recent concerns raised.

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

- Staff we spoke with were knowledgeable about how to ensure people's privacy and dignity were not compromised. Peoples privacy and dignity were respected in that personal care was completed behind closed doors and curtains. Staff did not discuss people's personal care in communal areas.
- People were enabled to be independent within the home. For example, some people chose to spend time alone in the secure garden and there was no restriction on them doing this. However, we saw little else in the way of promotion of independence. For example, people were not empowered to choose what programmes were on the television. We asked staff why the television was showing a particular programme in a communal lounge, the staff member told us that was left on from what the staff on the previous night shift had watched while they completed paperwork. There had been no thought as to asking the people in the room if they would like the television or music on.

## Is the service responsive?

### Our findings

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

RI:  People's needs were not always met. Regulations may or may not have been met.

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

- People and staff told us they felt there weren't enough activities in the home. One person said, "There's not enough trips out." A staff member said, "There's not enough activities at the moment."
- The provider employed two activities co-ordinators. Shortly before the inspection, one of the activities co-ordinators had left the service. The other activities co-ordinator was completing administration duties all day during the inspection. We observed that care staff did not have time to complete activities with people.
- We discussed this with the management team who agreed to remove administration duties from the activity co-ordinators role to allow them to concentrate on providing activities.
- Care plans documented what care people required but did not always guide on staff how to deliver this care. For example, one person was known to become anxious and required reassurance. There were no indications within the documentation about what might trigger this person to become anxious or what techniques to use to reassure this person. Another example was a care plan for a person that stated they needed wound care, it didn't guide the staff as to what sort of wound care or how often this should be completed.
- People's care plans contained information about their life and family history. There were sections that explored people's likes, dislikes and personal preferences for the way they wished to be cared for. For example, one person did not wish to be supported with personal care by male staff. This was respected. They had however, formed a close bond with one male staff member and stated they were happy for him to assist them with personal care.
- We asked the manager how they were meeting the Accessible Information Standard (AIS). AIS is a law that requires health and social care providers to provide information in a format that people with disability or sensory loss can understand. The manager explained that larger print and brail could be arranged if this was required.

Improving care quality in response to complaints or concerns

- As mentioned in the caring section of this report, one person told us they did not feel comfortable raising a complaint. Another person did feel confident to raise a complaint and said, "If anything was wrong I'd go to the head [manager]."
- We reviewed the records of complaints and saw that these had been handled as per the policy. However, some relatives we spoke with told us they had raised complaints to the previous manager and we could not find a record of these. Therefore, we could not investigate whether these had been handled appropriately or not. We looked at the complaints that the manager had dealt with and saw this were handled well.

## End of life care and support

- At the time of the inspection there were no people who were in receipt of end of life care. There was an end of life care policy in place. Within care plans there were sections that required staff to document a person's wishes for the end of their life. One person's wishes were clearly documented. However, most of the care plans we looked at stated that the person was not thought to be unwell, so their wishes weren't discussed at that time. This meant improvements with recording and discussing end of life care should be considered and promoted.

# 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

□ 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.

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

- The manager was supported by a deputy manager and a senior management team including an interim director of operations and a regional director who was also new in post. They told us they had identified that the previous manager had not always adhered to the duty of candour. The duty of candour is a legal requirement for health and social care organisations to inform people and their families when they have been harmed as a result of the care or treatment they have received.
- The management team had identified where the gaps in appropriate referrals had been and retrospectively informed all relevant parties where necessary.
- We saw the management team reviewed two people's care plans per month. After the inspection, they informed us that due to concerns that had been raised, and some gaps we found in care plan guidance, they would review every care plan.
- Registered providers are legally required to display their CQC inspection ratings prominently in the service and on their website. We checked both and saw this had been done.

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

- The manager and registered provider completed audits and quality assurance. These were analysed by the senior management team, outcomes and lessons learned were documented. Whilst we found these to be in place, there was a concern that the registered provider hadn't picked up on recent issues before they were raised by a third party. We discussed this with the management team who advised that an investigation was on-going and lessons learned from this would be implemented to ensure the same thing wouldn't happen again.
- Staff spoke highly of the management team. Comments we received included, "The management has improved, the new manager supports us and will get involved in care if needed." Another staff member said, "The manager we have now is good, but staff morale is low at the moment."
- The manager was there on a temporary basis. Their role was to drive improvement before handing over to a new manager in a substantive post. The manager had been in place for three weeks, although they had already implemented some improvement, the provider could not demonstrate that this was embedded and

sustainable.

- In response to recent concerns raised, the registered provider had investigated concerns, been open and transparent with the police, the local authority and CQC. An action plan had been implemented to ensure improvements were made appropriately. They had drafted in extra management to be on site 24hours a day in the immediate weeks after the concerns were raised.

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

- We discussed the negative comments that we received from people living at the service with the management team. We discussed that meetings had been held with staff and relatives, but people had not been reassured that they could approach staff or management to raise concerns at any time. The management team told us they would immediately put plans in place for the manager to spend time with people, enabling them to listen to people and provide reassurance.

- Staff meetings had been held, but these were inconsistent. The manager had plans to increase the numbers of staff meetings. One staff member told us that staff meetings had improved since the manager had been in post, "I feel I can speak up in staff meetings now if I need to."

Working in partnership with others

- Under the previous manager the provider had not always worked in partnership with the local authority. The manager had identified this and had initiated the providers systems and processes to enable effective and transparent partnership working. During the inspection the manager was overseeing the move of some people using the service to different homes. We saw the move was managed in a comprehensive way with full handovers and documentation provided to ensure the move caused as little upheaval as possible to the person.