Scarsdale Grange LLP

Scarsdale Grange Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

This inspection took place on 31 May 2017 and was unannounced which meant the staff and registered provider did not know we would be visiting. The service was last inspected on 10 February 2015. The overall rating of the service was good. At this inspection we found the overall rating of the service was good.

The manager had started managing the service in February 2017 and had applied to register with the Care Quality Commission. 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.'

Scarsdale Grange Nursing Home is registered to provide accommodation and nursing care for up to 52 people. It is a purpose built care service. At the time of our inspection 48 people were living at the service.

People we spoke with told us they felt 'safe' and did not have any worries or concerns. Relatives we spoke with felt their family member was in a safe place.

Systems were in place to manage people's medicines. We saw that the system in place to ensure medicines were stored at the right temperature required improvement.

Prior to inspection and shortly after the inspection we received some concerns relating to how people were supported to move. During the inspection we did not see any examples of people being supported inappropriately to move. The manager told us they were aware of the concerns and they were working with the service's in house trainer to ensure staff followed the correct methods whilst supporting people to move.

Staff had undertaken safeguarding training and were knowledgeable about their roles and responsibilities in keeping people safe from harm.

There was a system in place to make sure that managers and staff learn from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This monitoring helps reduces the risks to people and helps the service to continually improve.

We did not receive any concerns from relatives or people using the service regarding the staffing levels at the service. Staff we spoke with told us the manager had improved the staffing levels at the service since they had started working there. During the inspection staff responded to people's calls for assistance in a timely manner

People we spoke with were satisfied with the quality of care they had received. People's comments included: "I like living here," "It's smashing here. I can't fault it" and "They [staff] go out of their way to make

you comfortable."

In people's records we found evidence of involvement from other professionals such as doctors, opticians, tissue viability nurses and speech and language practitioners. This showed that people had access to healthcare professionals to support their health.

Relatives we spoke with were satisfied with the quality of care their family member had received. Some of the relatives we spoke with told us they would recommend the service.

People using the service and relatives we spoke with made positive comments about the staff and told us they were treated with dignity and respect.

During the inspection we observed staff giving care and assistance to people. They were respectful and treated people in a caring and supportive way.

Most people we spoke with were satisfied with the quality of the food that was provided at the service. People's nutritional needs were monitored and actions taken where required. Preferences and dietary needs were being met.

We found people were cared for by suitably qualified staff who had been assessed as safe to work with people.

Staff had received a thorough induction and their training was regularly updated. We saw staff received appropriate support to enable them to carry out their duties.

The service promoted people's wellbeing by providing daytime activities and trips outside the service had been organised for people to participate in.

We saw there was a robust process in place to respond to concerns or complaints by people who lived at the service or their representative.

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.

Relatives and people using the service we spoke with felt the service was well managed. Some relatives we spoke with said they had greater confidence in the new manager of the service and liked the introduction of uniforms for staff. One relative said "Extremely well run."

Staff meetings took place to review the quality of service provided and to identify where improvements could be made.

During the inspection we found a few concerns relating to the completion of records. We shared these concerns with the manager. They assured us that appropriate action would be taken.

There were regular checks completed by the senior staff working at the service to assess and improve the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Systems were in place to manage people's medicines. We saw that the system in place to ensure medicines were stored at the right temperature required improvement.

Prior to the inspection and shortly after the inspection we received some concerns regarding staff not always supporting people to move safely.

People told us they felt safe. Safeguarding procedures were robust and staff understood how to safeguard people they supported.

Is the service effective?

Good

The service was effective.

People made positive comments about the care they had received.

Staff had received a thorough induction and we saw staff training was regularly updated.

We saw staff received appropriate support to enable them to carry out their duties

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect, and their privacy was protected.

People using the service and relatives made positive comments about the staff.

Staff enjoyed working at the service. They were respectful and treated people in a caring and supportive way.

Is the service responsive?

Good

The service was responsive.

People's care records showed that people had a written plan in place with details of their planned care. We saw that personal preferences were reflected throughout their care plan.

We saw the service promoted people's wellbeing by taking account of their needs including activities within the service and in the community.

Complaints were recorded and dealt with in line with organisational policy.

Is the service well-led?

Good

The service was well-led.

People using the service and relatives made positive comments about how the service was managed.

There were processes in place to ensure the quality and safety of the service were monitored.

The new manager was actively seeking the views of people using the service and their representatives. □

Scarsdale Grange Nursing Home

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

This inspection took place on 31 May 2017 and was unannounced. This meant the staff and registered provider did not know we would be visiting. The inspection team consisted of two adult social care inspectors who were accompanied by two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The service was last inspected on 10 February 2015.

Before our inspection, we reviewed the information we held about the service. This included correspondence we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example, where a person who uses the service experiences a serious injury.

We gathered information from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with our inspection. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who used the service. We spent time observing the daily life in the service including the care and support being delivered. During the inspection we spoke with 14 people living at the service, 14 relatives, the manager, the deputy

manager, the trainer, a nurse, four care staff, the administrator, a domestic and the chef. We looked around different areas of the service; the communal areas, the kitchen, bathrooms, toilets and where people were able to give us permission, some people's rooms. We examined a range of records including: four people's care records, people's medication administration records (MAR), five staff files and records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

Prior to and shortly after our inspection we received some concerns regarding staff not always supporting people safely to move. For example, a few staff moving a person out of a chair by holding them under their arms. During the inspection we spoke with the manager, they acknowledged they were aware that concerns had been raised and assured us that action was being taken by themselves and the service's trainer to ensure people were supported appropriately. The service's trainer had started working at the service at the beginning of 2017, and they were delivering a programme of training including moving and handling and observations of staff. During the inspection we did not see any examples of people being supported inappropriately to move. For example, we observed care staff operating hoist equipment safely and confidently with people, gaining consent and providing reassurance.

We also received some concerns regarding staff not always using people's individual hoist slings. It is important that hoist slings are measured and used for individual people. This reduces the risk of cross infection and helps to ensure people are supported to move safely. We shared this information with the manager so appropriate action could be taken.

Medicines were safely administered. We watched people being given their medicines at different times on both floors of the service. Nurses and the senior care staff were friendly and patient and signed each person's medicine administration record (MAR) immediately after administering their medicines.

We saw there was a system in place to ensure people received time sensitive medication at the right time. We also saw the guidance in place to help staff decide when to administer medicines prescribed 'when required' would benefit from being more detailed and person centred, as the system relied on staff who knew people really well. For example, if a person was prescribed a medicine to alleviate pain, details of how the person communicated they were in pain. This would enable staff or agency staff who did not know people as well to have clear guidance in place and to help ensure people received their medicines consistently and safely. We also saw a few examples where there was no guidance in place. We shared this feedback with the nurse on duty and the manager.

We saw that some medicines were stored safely at the service. However, we found the arrangements in place to ensure that medicines were stored at the right temperatures required improvement. The manager told us that staff required further training in measuring the fridge temperature to ascertain the correct reading. The manager told us that one of the service's medicines trolleys was kept in a locked room on the first floor to enable easy access to staff responsible for administering medicines. We saw the temperature of this room had exceeded the recommended temperature for the storage of medicines. If medicines are not stored properly they may not work in the way they were intended, and so pose a potential risk to the health and wellbeing of the person receiving the medicine. The manager assured us that appropriate action would be taken to ensure medicines were stored properly.

Medicines that are controlled drugs (CDs) were kept in cupboards that complied with the law. This meant that medicines could not be mishandled or misused by other people, and that they were safe to use.

We saw medicines were disposed of appropriately. This helps prevent mishandling and misuse.

We saw that individual risk assessments were completed for people so that identifiable risks were managed effectively. The purpose of a risk assessment is to identify any potential risks and then put measures in place to reduce and manage the risks to the person. We examined one person's risk assessment for challenging behaviour; we noticed that one of the measures in place to manage the risk included monitoring the person's behaviour. Staff spoken with were unable to provide an explanation why this monitoring had been stopped at the end of January 2017. Although we did not find this had negatively impacted on the person, we shared these findings with the manager so appropriate action could be taken.

People using the service and relatives we spoke with did not raise any concerns regarding the cleanliness of the service. During our inspection we observed that staff wore gloves and aprons where required and we saw these were readily accessible throughout the service. We were aware that the NHS infection control nurse was due to visit the service. We received some positive feedback from the NHS infection control nurse about the service. For example, the service had hand hygiene facilities for staff in each person's bedrooms. They found a few areas which required improvement. For example, there were no hand wash basins in some of the bathrooms.

Most relatives and people using the service we spoke with did not raise any concerns regarding the staffing levels at the service. People we spoke with told us staff were often very busy. A few people we spoke with told us that on the odd occasion they could be waiting for some time for their calls for assistance to be answered. Some of the staff we spoke with told us the staffing levels at the service had been improved since the new manager had been in post. For example, there was an additional staff member to serve meals to people. We spoke with the manager regarding the dependency levels of people living at the service and the staffing levels during the day and night, looking at the number of nurses and care staffs. The manager told us they were reviewing the staffing levels at the service on an ongoing basis. They told us they were planning on using a spread sheet to calculate the number of staff the service needed with the right mix of skills to ensure people's needs were met in a timely manner.

We were aware that some concerns had been raised with the CQC regarding staff using personal phones whilst on duty at the service. We spoke with the manager, they told us staff could access their personal phone during breaks and their phone should be kept in their locker whilst on duty. If staff were expecting an urgent call, they would need to seek permission from the most senior staff on duty. The manager assured us that appropriate action would be taken to ensure staff followed the service's policy and this would be monitored. This policy helped to keep people safe.

People we spoke with told us they felt 'safe' and did not have any worries or concerns. Relatives we spoke with felt their family member was in a safe place. Relatives comments included: "Safe, he [family member] is pretty safe in here" and "Very safe, I have never seen or heard anything to upset me."

We reviewed staff recruitment records for three staff members. The records contained a range of information including the following: application, references, employment contract and Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service (DBS) provides criminal records checking and barring functions to help employers make safer recruitment decisions. We also saw evidence where applicable, that the nurse's Nursing and Midwifery Council (NMC) registration had been checked. This meant people were cared for by suitably qualified staff who had been assessed as safe to work with people.

The provider had a process in place to respond to and record safeguarding concerns. Staff had undertaken training in safeguarding vulnerable adults from abuse and were able to explain their roles and

responsibilities in regard to keeping people safe.

We noticed the service's whistleblowing procedure was not on display at the service. We also found a few of the staff were not aware of the procedure to follow. Whistleblowing usually refers to situations where a worker raises a concern about something they have witnessed at their workplace. Workers are more likely to raise concerns at an early stage if they are aware that there is a whistleblowing procedure. The manager assured us that appropriate action would be taken.

The manager told us only a few people living at the service choose to keep monies in their room. A lockable cupboard was provided for the person and a risk assessment had been completed to ensure measures were put in place to minimise the risk of monies going missing.

The service had a process in place for staff to record accidents and untoward occurrences. The registered manager told us the occurrences were monitored by themselves and the registered provider to identify any trends and prevent recurrences where possible.

We saw evidence that regular checks were undertaken of the premises and equipment. For example, wheelchairs and the nurse call system were checked regularly. We saw evidence that fire drills had been completed.

Good

Is the service effective?

Our findings

People we spoke with were satisfied with the quality of care they had received. Most people we spoke with were happy living at the service. One person we spoke with told us they were reasonably happy, but they would prefer to be at home. People's comments included: "I like living here," "It's smashing here. I can't fault it" and "They [staff] go out of their way to make you comfortable." People we spoke with were satisfied with their access to healthcare services.

Relatives we spoke with were satisfied with the quality of care provided to their family member. Relatives comments included: "I am happy that my mum is here. I couldn't fault the place at all," "We looked at several care homes for mother and as soon as we came here it felt right. We have not experienced anything to change our view. Care standards are good and staff are very pleasant and cheerful. The home communicates with us well. We have no safety concerns." Some of the relatives we spoke with told us they would recommend the service. Relatives we spoke with were also satisfied with their family member's access to healthcare services.

We examined four people's care records. In people's records we found evidence of involvement from other professionals such as doctors, opticians, tissue viability nurses and speech and language practitioners. We looked at one person's wound management monitoring form, we saw that some staff were using this form appropriately to record when the wound was checked. However, we saw some staff were recording these checks elsewhere within the person's care plan. Although we did not find this had negatively impacted on the person, we shared these findings with the deputy manager and manager. They assured us appropriate action would be taken to ensure there was a comprehensive record of the treatment provided.

People could choose to eat their meals in the dining room or in their room. We observed the arrangements in place at mealtimes. We saw there was a relaxed environment whilst staff were serving breakfast and lunch in the dining rooms in the service. Staff were aware of the people who needed a specialised diet and/or soft diet. People were offered a choice of food to eat. This told us that people's preferences and dietary needs were being met. Most people spoken with made positive comments about the quality of the food at the service. People's comments included: "The meals are pretty good, homely," "The food is smashing, I'm always eating," "Good, enough to eat, enough choice" and "Very good, enough to eat." Two people we spoke with were not satisfied with the quality of the food provided. Their comments included: "Quality poor, choice poor" and "Sometimes it is a bit cold when it comes to me, but there is enough to eat." People we spoke with told us they were offered drinks and snacks during the day. People's comments included: "You get drinks during the day, I have my own and snacks" and "You get enough drinks and snacks, more than enough."

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. The authorisation procedures for this in care homes and hospitals are called the Deprivation of

Liberty Safeguards (DoLS). People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act.

The service was aware of the need to and had submitted applications for people to assess and authorise that any restrictions in place were in the best interests of the person. We found the service was working within the principles of the MCA.

People we spoke with told us that they were asked for their consent and provided with information to enable them to make an informed decision. One person commented: "They [staff] always ask for consent and explain things."

The service's trainer had started working at the service at the beginning of 2017. We spoke with the trainer regarding the concerns shared with the CQC regarding the moving and handling of people. The trainer told us staff were provided a range of training including: practical moving and handling training, infection control, equality and diversity, safeguarding and health and safety. The trainer told us they also carried out observations of staff to check people were being supported appropriately. We saw there was a robust system in place to ensure staff received thorough induction training and that this training was regularly updated. We saw that staff were being actively encouraged to obtain further qualifications appropriate to the work they performed. For example, two NVQ assessors were visiting the service on the day of the inspection.

Staff we spoke with told us they felt supported by the senior managers at the service. The manager used a staff supervision and appraisal spread sheet to monitor when this was due. This showed there was a robust system in place to ensure staff received regular supervision and an annual appraisal. Supervision is regular, planned and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months.

Equipment was available in different areas of the service for staff to access easily to support people who could not mobilise independently.

Good

Is the service caring?

Our findings

There was a welcoming and friendly atmosphere at the service. We saw there was a range of information available for people, visitors and relatives to look at in the reception area including: Alzheimer's Society and bereavement.

People and relatives we spoke with made positive comments about the staff and told us they were treated with dignity and respect. People's comments included: "Very pleasant, kind and they [staff] care for you," "They [staff] support me to do as much for myself as I can" and "They [staff] treat me with respect and talk to me properly." Relatives comments included: "I am really impressed with the quality of interactions between residents and carers. I am pleased that [family member] has forged a friendship with another resident" and "They [staff] respect his privacy and dignity, they do very well." This showed people were treated respectfully.

During the inspection we did not see or hear staff discussing any personal information openly or compromising privacy. Any information needed was passed on discreetly, at staff handovers or put in each person's individual care notes. We saw that people's individual care notes were stored appropriately. This showed people's privacy was maintained.

People were addressed by their preferred names and we saw people were relaxed in the company of staff. Most people we spoke with were happy and cared for by staff that knew them well. One person told us they were reasonably happy, but they prefer to be in their own home. One person described why they were happy to come back for respite care at the service. They said: "I would not keep coming back here if I did not like it. I can't find fault with the carers."

People were able to bring personal items with them and we saw some people had personalised their bedrooms according to their individual choice. We saw people were able to choose where they spent their time. For example, in the lounge or in their room. This showed people were treated respectfully. One person told us they liked to keep their room door open as they did not like to be shut in. They told us the door was on a timer to shut automatically and staff did not always remember to reopen their door. We spoke with the manager; they assured us action would be taken to resolve the person's concerns.

Some of relatives we spoke with described what was good about the service and this was related to choice. Their comments included: "The residents have freedom and choice" and "[Family member] can go outside or to the downstairs lounge, it's nice and calm."

Staff we spoke with told us they enjoyed working at the service. Some staff particularly valued the days when they had time to sit and chat with people. The laundry assistant told us they enjoyed delivering people's clean clothes to them and having a chat with people.

We spoke with the manager, they told us there were end of life care arrangements in place to ensure people had a comfortable and dignified death. Some of the relatives we spoke with told us their family member's

end of life care had been discussed with them and plans were in place.

Good

Is the service responsive?

Our findings

People's care records showed that people had a written plan in place with details of their planned care. We saw that personal preferences were reflected throughout their care plan. We saw people's care plans and risk assessments were reviewed regularly. We saw the new manager had taken action when they had identified that some people's care plan reviews had been completed without a record of the people's weight. We noticed that staff did not record how they had evaluated that changes were not needed to the person's individual plans of care. For example, the person had not sustained any falls so this showed the measures in place were working effectively. We shared this feedback with the manager.

Relatives we spoke with told us they were fully involved in their family member's care planning. Some relatives used a communication book to leave messages for staff. However, we were told there had been a few occasions where entries made by relatives had not be reviewed by staff. We shared this feedback with the manager so appropriate action could be taken.

We saw that some people's daily charts were not filled in whilst care was being provided as the person's record were not kept in their room or taken by staff to the person's room. For example, repositioning charts, fluid and intake charts were completed later on. Although we did not find this had negatively impacted on the people living at the service, it is important there is a contemporaneous record of the care provided. This reduces the risk of inaccurate recording and staff can see what care has been provided. We shared these findings with the manager, they told us that this was not the normal practice at the service and assured us action would be taken.

On the day of the inspection the service's activities co-ordinator was on annual leave. People and relatives we spoke with made positive comments about the effectiveness and range of activities organised by the activities co-ordinator. The feedback received showed there was focus on people's individual needs and in providing appropriate choices for people. We saw that a programme of activities were provided at the service, including activities for people on a one to one basis. These activities included: arts and crafts, games, sing along, church fellowship, reminisces, exercise and play. People and relatives we spoke with expressed how much they had enjoyed the garden party held at the service. One person told us they had really enjoyed a visit to an exhibition at a Cathedral. Another person was really proud of the Easter basket she had made.

Relatives comments included: "Overall I am reasonably happy, and more importantly, my husband is happy. The [activities co-ordinator] is excellent and my husband takes part in as many [activities] as he can. [Activities co-ordinator] took him to the pub on his birthday which was excellent as he used to run a pub." This showed the service promoted people's wellbeing by taking account of their needs including daytime activities.

We saw the environment within the service was dementia friendly. We saw there were stimulating pictures and displays in corridors and rooms, including a leading football team display and a collage on 'Women of Steel'.

The service's complaints process was displayed in the reception area. Complaints were recorded and dealt with in line with organisational policy. People using the service and relatives we spoke with felt confident that any concerns and complaints would be dealt with and taken seriously. One relative commented: "No, I haven't wanted to (complain), I would speak to the senior staff, they are approachable."

Good

Is the service well-led?

Our findings

The manager had started managing the service in February 2017. The manager was in the process of registering with the CQC. Relatives and people we spoke with felt the service was well managed. Some relatives we spoke with said they had greater confidence in the new manager of the service and liked the introduction of uniforms for staff. One relative said "Extremely well run." We received mixed responses on how much people using the service and relatives felt they were involved in the running and improving the service. For example, the new decoration of the service. Some people using the service and relatives did not know about the relatives and residents meetings at the service, whilst others did.

The new manager had recently sent out a satisfaction questionnaire to obtain people using the service and relatives views. Some of the relatives we spoke with told us they had received a questionnaire and were planning on returning it. They were also planning on attending the next residents and relatives meeting to find out the results. This showed the new manager was actively seeking the views of people's relatives and representatives.

We also received positive feedback about the new manager from staff and they expressed their confidence in their leadership. Some staff were able to give examples on how the new manager had improved the service. For example, increasing staff levels to ensure people were supported appropriately. Staff comments included: "[Manager] is a good listener and get things dealt with" and "Things have got so much better with [manager] – gives us full information about any new residents."

During the inspection we found a few concerns relating to records. For example, some guidance for staff for the administration of 'when required' medicines, and we found some inconsistent recording in some people's care plans. During the inspection the manager assured us appropriate action would be taken.

We saw there were a range of checks completed by senior staff at the service. These checks included the following: medication audits, infection control audits, health and safety checks and care plan audits. The audits included details of the improvements that had been made.

We saw evidence that regular monitoring visits were completed by the registered provider. We examined the monitoring visit reports completed for March and April 2017. We saw that a range of checks were completed by the registered provider including: staffing levels, inspection of the premises (internal and external), inspection of record of events, complaints, staff training, staff supervision and appraisal and review of key performance indicators. We also saw the monitoring visits included speaking with people using the service and staff. This showed there were systems in place to assess, monitor and improve the quality and safety of the service.

Staff meetings took place to review the quality of service provided and to identify where improvements could be made. We saw the manager had held a number of staff meetings since they started managing the service, including the following: full staff meeting in May 2017, domestic meeting in June 2017, nursing team meeting in May 2017 and heads of departments in April 2017. We looked at the minutes of the nursing team

meeting, we saw that a range of topics were discussed including: the management of medicines, emergency care training, recruitment and monthly care plan reviews. We also reviewed the minutes of the full staff meeting completed in May. We saw that a range of topics had been discussed including: attendance at work and staffing levels, training, new staff, the introduction of uniforms, confidentiality and infection control. Staff were asked to sign a group supervision form to confirm they had understood the discussion. This showed there was an open and inclusive culture in the home.

The manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008.