1st Care Limited

Orrell Grange

Inspection report

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Date of inspection visit:
22 September 2016

Date of publication:
02 November 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of Orrell Grange on 3 and 4 March 2016, during which we identified breaches of regulation and issued the provider with warning notices. Concerns identified were in relation to medicines management, safety of the environment, staff support, care planning and monitoring of quality and safety within the service. The provider submitted an action plan detailing what improvements would be made to ensure compliance with legislation. We undertook this unannounced focused inspection on 22 September 2016 to see if the provider had made the necessary improvements to meet legal requirements. This report only covers our findings in relation to those topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Orrell Grange on our website at www.cqc.org.uk.

Orrell Grange is a purpose built care home providing accommodation and nursing care for thirty-six older people. It is situated in a residential area of Bootle with nearby facilities including shops, pubs and public transport.

During the inspection, there were 33 people living in the home.

A registered manager was 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.

When we carried out the last unannounced comprehensive inspection we identified concerns in relation to the management of medicines, safety of the environment and fire safety procedures. During this inspection we looked to see if the provider had made the improvements they told us they would make to ensure they were compliant with legislation and found that improvements had been made. Medicines were stored securely, records of administration were completed fully and stock balances we checked were accurate. We found that the provider had made improvements with regards to medicines management and legal requirements were met.

The registered manager told us that staff had undergone recent medicine training and had their competency assessed and we viewed records reflecting this.

At the last inspection we found that people were not always protected from risks relating to the environment. During this inspection we found that improvements had been made. We observed windows to be restricted where required for people's safety and chemicals were stored safely within the home. The provider had implemented new systems to improve the quality and safety of the environment since the last inspection and were now meeting legal requirements in this area.

We found systems had been put in place since the last inspection to ensure fire safety checks were

completed regularly and outstanding actions from the previous fire risk assessment had been addressed. Personal emergency evacuation plans (PEEPs) had been updated since the last inspection and provided detail as to what support each person would require should they need to evacuate the home in the event of an emergency.

The provider had implemented new systems to improve the quality and safety of the environment since the last inspection and were now meeting legal requirements in this area.

Although there were systems in place to seek and record people's consent, we found that the principles of the Mental Capacity Act 2005 (MCA) were not consistently applied when people were unable to provide consent.

Records we viewed and staff we spoke with told us that since the last inspection, annual appraisals had been completed for all staff in post over 12 months.

A training matrix was available and this showed staff had completed training that the provider considered mandatory. A system had been implemented to ensure the registered manager was aware when training was due to be refreshed. We found that the provider was now meeting legal requirements with regards to training and support systems in place for staff.

Most care plans were detailed, accurate and reflective of the care being provided according to the daily records we viewed. We found however, that not all of the care plans we viewed contained accurate information regarding the person's needs.

We found that care records and other confidential information were stored securely within the staff office. This meant that people's information could only be accessed by those staff that needed to access it.

Dependency assessments were in place and completed accurately to help determine the number of staff required to meet people's needs.
Audits were completed to assess the quality and safety of the service and the provider had addressed the actions identified.

Quality assurance surveys were issued to gather feedback from people and the provider had acted on the results from the surveys to improve the service.

You can see what action we asked the provider to take at the end of the full version of this report.

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 safe.

Medicines were managed safely within the home.

Window restrictors were in place where needed.

Chemicals were stored safely in locked cupboards.

Fire safety checks had been implemented and maintained.

Personal emergency evacuation plans (PEEPs) were in place.

This meant that the provider was now meeting legal requirements. Although improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

Is the service effective?

Requires Improvement

The service was not always effective.

The principles of the Mental Capacity Act 2005 (MCA) were not consistently applied when people were unable to provide consent.

Staff were supported through completion of an annual appraisal.

A training matrix was available and this showed staff had completed training that the provider considered mandatory.

The provider was now meeting legal requirements with regards to supporting staff.

We will review our rating for effective at the next comprehensive inspection.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Most care plans were detailed, accurate and reflective of the care being provided according to the daily records we viewed. We found however, that not all of the care plans we viewed contained accurate information regarding the person's needs.

The provider was still not meeting legal requirements.

Is the service well-led?

Requires Improvement

The service was well-led.

Care records and other confidential information were stored securely within the staff office.

Dependency assessments were in place and completed accurately to help determine the number of staff required to meet people's needs.

Audits were completed to assess the quality and safety of the service and the provider had addressed the actions identified.

Quality assurance surveys were issued to gather feedback from people and the provider had acted on the results from the surveys to improve the service.

This meant that the provider was now meeting legal requirements. Although improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for well-led at the next comprehensive inspection.

Orrell Grange

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 focused inspection took place on 22 September 2016 and was unannounced. The inspection team included an adult social care inspector. The purpose of this inspection was to see if the provider had made improvements they told us they would make and was meeting legal requirements in the areas of concern identified at the last inspection in March 2016.

We inspected the service against four of the five questions we ask about the service; Is the service safe; is the service effective; is the service responsive and is the service well-led? This was because at the last inspection in March 2014, the service was not meeting legal requirements in relation to these questions.

Before our inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service.

The provider had 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 any improvements they plan to make.

We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the registered manager, two people living in the home and three members of staff.

We looked at the care files of three people receiving support from the service, medicine administration charts and other records relevant to the quality monitoring of the service. We also observed the delivery of

care during the inspection.

Requires Improvement

Is the service safe?

Our findings

When we carried out the last unannounced comprehensive inspection of Orrell Grange on 3 and 4 March 2016, we identified concerns in relation to the management of medicines, safety of the environment and fire safety procedures. During this inspection we looked to see if the provider had made the improvements they told us they would make to ensure they were compliant with legislation and found that improvements had been made.

At the last inspection we reviewed how medicines were being managed and identified concerns in relation to safe storage, recording of fridge temperatures and dates medicines were opened, gaps in recording of medicine administration and inaccurate stock balances. During this inspection, we looked to see if improvements had been made with regards to medicine management and found they had. For instance, we saw that medicines were stored securely in locked trolleys within locked clinic rooms. Medicines that required refrigeration were stored in a locked fridge and the temperature was monitored and recorded daily and these were within safe ranges.

We checked the stock balance of four medicines and these were accurate. There were systems in place to help monitor the balances of boxed medicines each time they were administered and we could see these systems were adhered to. Medicines that had a time sensitive period of use were signed and dated when opened to ensure people did not receive medicines that had expired and may be unsafe to use.

We viewed a sample of medicine administration charts and found that they had been completed fully. Staff recorded when a person had taken each medicine as well as when they had been refused or not required. Any allergies people had were recorded on the MAR charts to help ensure people did not receive medicines they were allergic to and photographs were available to assist with safe administration by all staff.

The registered manager told us that staff had undergone recent medicine training and had their competency assessed and we viewed records reflecting this.

During this inspection we found that the provider had made improvements with regards to medicines management and legal requirements were met.

At the last inspection we found that people were not always protected from risks relating to the environment as chemicals were not always stored securely and windows that should have been restricted for people's safety had not been. During this inspection we looked to see if improvements had been made and we found they had been.

The registered manager told us that all required windows were restricted and those we checked had appropriate restrictors in place. Records showed that these were checked regularly to ensure they remained in safe working order. We observed chemicals and all prescribed products to be stored securely to help maintain people's safety.

At the last inspection we found that systems in place regarding fire safety were not sufficient to ensure people would remain safe in the event of an emergency. During this inspection we found that the provider had taken steps to complete the outstanding actions on the fire risk assessment. For instance, the fire risk assessment highlighted that staff needed to complete fire marshal training and records showed that this had been completed since the last inspection.

Personal emergency evacuation plans (PEEPs) we viewed, had been updated since the last inspection and provided detail as to what support each person would require should they need to evacuate the home in the event of an emergency. Regular fire alarm checks were made and recorded and new checks had been implemented to include fire doors and emergency lighting.

The provider had implemented new systems to improve the quality and safety of the environment since the last inspection and were now meeting legal requirements in this area.

Requires Improvement

Is the service effective?

Our findings

When we inspected Orrell Grange in March 2016, we found that requirements regarding staff training and support were not met. Staff had not received an annual appraisal and did not receive regular training in line with the provider's policies. During this inspection we looked to see if this had improved.

Records we viewed and staff we spoke with told us that since the last inspection, annual appraisals had been completed for all staff in post over 12 months. There was a planned schedule in place to help the registered manager ensure these were completed when due.

A training matrix was available and this showed staff had completed face to face training in areas such as medicines, moving and handling, first aid, fire warden and COSHH. Staff also completed in house training in areas such as food hygiene, mental capacity and Deprivation of Liberty Safeguards (DoLS), dementia, pressure sore prevention, safeguarding, infection control and health and safety. One staff member we spoke with told us there was, "Lots of training" and that they felt well supported.

A system was in place to ensure the registered manager was aware which staff had completed each training course and when it was next due. This helped to ensure staff had the knowledge and skills to meet people's needs.

We found that the provider was now meeting legal requirements with regards to training and support systems in place for staff.

We reviewed people's care files during this inspection and found that the principles of the Mental Capacity Act 2005 (MCA), were not always followed when seeking and recording consent. For example, one person's care file showed they were receiving medicines covertly (hidden in food or drink). There was written agreement from the G.P and pharmacist and a best interest meeting had been held which recorded the family member's views and the decision to administer some medicines covertly. We found however, that there was no evidence of a mental capacity assessment to identify whether or not the person had the capacity to decide whether or not to take their medicines.

Another person's care file contained a completed mental capacity assessment to establish whether the person was able to decide whether to take their medicines. This showed the person lacked capacity to make this decision and evidence of a best interest decision was held within the file as well as other required agreements, such as from the G.P. However the capacity assessment contained statements which showed that the person completing the assessment had decided the individual lacked capacity before the assessment was complete. For example, when the assessment asked if the person was able to understand the information given to them about their medicines (a standard part of the mental capacity assessment), the staff member had recorded that they were administering medicines in their best interest. At this stage of an assessment, people's mental capacity is not established. This meant that the principles of the Act had not been followed.

We recommend the provider considers current legislation and updates their practices accordingly.

Requires Improvement

Is the service responsive?

Our findings

During the last inspection in March 2016, we identified concerns regarding care planning as not all identified needs were recorded within the plans of care and some lacked sufficient detail to ensure staff had enough information to be able to support people safely. During this inspection, we found that although some improvements had been made, further concerns were identified.

We viewed three care files and found most care plans were detailed, accurate and reflective of the care being provided according to the daily records we viewed. For example, one person's file contained detailed guidance as to how their nutritional needs should be met. This included the type of diet, the level of supervision required whilst eating and that the person needed to sit upright for 30 minutes after eating.

We found however, that not all of the care plans we viewed contained accurate information regarding the person's needs. For instance, one person's medicine plan described which medicines were to be given covertly (hidden in food or drinks). The daily reports however did not reflect the same medicines being administered this way. We spoke with the registered manager about this who confirmed the information in the daily reports was accurate and this was reflected in the agreements from the person's G.P. The care plan was incorrect and needed to be updated to reflect the agreed care being provided. The registered manager told us they were aware of the inaccuracy and had already requested staff update the care plan and would ensure it was corrected immediately. This meant staff did not have access to up to date information to ensure they could meet people's needs at all times.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Requires Improvement

Is the service well-led?

Our findings

At the last comprehensive inspection in March 2016, we identified concerns in relation to ineffective audit systems, dependency assessments which informed staffing levels and storage of confidential records. The provider was not meeting legal requirements in these areas. During this inspection, we looked to see if the improvements the provider told us they would make had been implemented.

At the last inspection we observed that people's confidential records were not always stored securely. During this inspection, we found that care records and other confidential information were stored securely within the staff office. This meant that people's information could only be accessed by those staff that needed to access it.

During the last inspection we identified that staff were not always using the most current dependency assessment tool provided by the provider. Dependency assessments were used to analyse staffing requirements, which meant that staffing levels were calculated on inaccurate information. During this inspection we found that one dependency tool was in use and those we viewed were completed accurately. This meant that people's needs could be assessed to determine how many staff were required to meet those needs.

We viewed a range of completed audits at the last inspection, however there was no evidence that actions identified as part of the audit had been addressed. During this inspection, we viewed audits in areas such as medicines, falls, kitchen safety, dining experience, tissue viability and infection control. We found that when actions for improvement were identified, these were addressed and recorded when complete. For instance, one medicine audit we viewed highlighted that staff required refresher training and a competency assessment. Records we viewed and staff we spoke with, confirmed that these had been completed. Another individual person's medicine audit identified that staff should use a pain scale tool when administering pain relief for the person. The audit recorded this had been actioned and we viewed completed pain scale tools within the medicine administration file.

Actions that were outstanding from the fire risk assessment at the last inspection were evidenced as complete, such as provision of fire marshal training for staff. We found new systems had been implemented to ensure fire safety checks and checks of the environment were adequate and completed regularly to help ensure the environment remained safe for people.

During the last inspection we found that although the provider issued quality assurance questionnaires to people as a means of gathering feedback, the results were not always collated and acted upon. At this inspection we found that the provider had collated results from the last quality assurance surveys completed in May 2016 and developed a summary of findings and identified actions to be taken based on people's feedback. For example, a number of people had reported they were dissatisfied with the décor of the home and the provider had since refurbished the communal areas on the ground floor of the home, redecorated two toilets and replaced flooring in six bedrooms.

During this inspection we found that the provider did not ensure the principles of the MCA 2005 were consistently applied when people were unable to provide consent.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place did not ensure care plans provided accurate and detailed information regarding people's needs. Regulation 17(2)(c)