

Indigo Care Services (2) Limited

Grimsby Grange and Manor

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Grimsby Grange and Manor is a care home providing accommodation and personal care for up to 94 people aged 65 and over and who may be living with dementia. Accommodation is provided across two sites. At the time of the inspection, 45 people were living at Grimsby Grange and 14 people were living at Grimsby Manor.

People's experience of using this service and what we found

The provider and senior management team had made significant improvements in how the service was overseen and managed. These improvements were in areas such as staffing levels, staff training and supervision, fire prevention and safety, standards of hygiene and the environment. Although further improvements were needed in some areas, work was ongoing to deliver these.

People's medicines were not managed safely and risks to some people's health and wellbeing were not properly assessed or safely managed.

People's care plans were being reviewed and updated to make sure they consistently contained person-centred information about their needs and preferences. People were generally happy with their care, but we received some mixed comments from relatives about the quality of care delivered.

People were supported to eat and drink enough, but their dietary requirements were not always clearly recorded to guide staff and help make sure they received consistent support. We spoke with the manager about the importance of reviewing records to make sure actions were recorded and handed over where people had not had a lot to drink.

Staff ensured people were referred to relevant professionals. Some people had not been supported to attend their regular health screening appointments and these were rearranged.

Staff morale remained mixed. There had been a lot of changes and upheaval at the service. The manager had arranged individual meetings with each member of staff to listen to their concerns.

Staff were recruited safely and knew how to safeguard people from the risk of harm and abuse.

There were positive comments about the staff team and their approach when supporting people. They were described as kind and caring. Staff supported people to maintain their privacy and dignity. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider had a system to manage complaints. The management team had regularly met with people

and their families to provide information and discuss any concerns. People's feedback about the service was used to drive improvements.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 26 September 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found improvements had been made. However, the provider was still in breach of one regulation. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a continued breach in regulation in relation to the assessment and management of risk for people, and the management of medicines. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 caring.

Details are in our caring findings below.

Good ●

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 are in our well-led findings below.

Requires Improvement ●

Grimsby Grange and Manor

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector and an Expert by Experience on the first day. There were two inspectors and an inspection manager on the second day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service did not have a manager registered with the CQC. A manager had been in post since November 2019, they had submitted their application to register and this was in the process of being considered. For services with a registered manager, this means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of our inspection was unannounced; we told the provider we would be visiting on the second day.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior

to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with twelve people who used the service and eight relatives about their experience of the care provided. We spoke with 17 members of staff including the quality lead, health and safety manager, home manager, two deputy managers, three senior care workers, five carers, two activity coordinators, a housekeeper and the cook on duty. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included ten people's care records and multiple medication records. We looked at three staff recruitment files and a variety of records relating to the management of the service, including audits, maintenance and fire safety.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training records, quality assurance and clinical governance records.

Is the service safe?

Our findings

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

At the last inspection, this key question was rated as inadequate. At this inspection, this key question has now improved to requires improvement. This meant 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.

Assessing risk, safety monitoring and management

At our last inspection, the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of this part of regulation 12.

- Risks to people's health and wellbeing were not properly assessed or managed safely.
- Shortfalls were identified in the risk management of areas such as choking and skin damage.

Failure to take all practical action to assess and manage risks to people's safety and wellbeing was a continued breach of this part of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Significant improvements had been made to reduce and manage the risks associated with fire prevention and safety.
- Environmental risks had been assessed and regular checks and ongoing maintenance helped to reduce risks and keep people safe.

Using medicines safely

- Not everyone had received their medicines as prescribed.
- There were recording shortfalls with controlled medicines. The controlled drugs register was not completed accurately when recording the times some medicines had been administered or when stocks had been moved to another area of the service.
- Some controlled medicines recorded in the register were not present at the service. The provider could not account for how the tablets went missing.

Systems were either not in place or robust enough to demonstrate medicines were safely managed. This placed people at risk of harm. This was a further breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Preventing and controlling infection

At our last inspection, the provider had failed to ensure safe systems to prevent the spread of infections. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 12.

- The service had been assessed by a specialist infection prevention and control nurse the week before the inspection. Good improvements had been made towards standards of hygiene since their last audit in May 2019 and our last inspection.
- The service was clean and tidy. A malodour was noted in one person's room and the manager confirmed the flooring was scheduled for replacement.
- Domestic staff had cleaning schedules, which were overseen by management. Staff knew when to use personal protective equipment to reduce the risk of healthcare acquired infections.

Staffing and recruitment

At our last inspection, the provider had failed to ensure there was always enough staff on duty. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 18.

- There were enough staff to support people safely. People's changing needs and the ongoing fire risk management systems had informed appropriate staffing levels. These had been reviewed continually since the last inspection.
- Staff said overall there were enough of them on duty to support people safely. Following a flood in the service in January 2020, some people had transferred from Grimsby Manor to Grimsby Grange. This had significantly increased the occupancy. The management team had identified the dependency levels on the second floor at Grimsby Grange had increased and had introduced an additional shift to support this.
- We received some mixed comments from people and their relatives about the staffing levels. Comments included, "At the moment there's enough staff", "There's plenty of staff, plenty. They use agency staff and they are as good as the home staff" and "They [staff] don't have a lot of time to chat, it depends what's happening with other residents."
- The provider continued to operate a safe recruitment system. The recruitment programme had been successful and there were few vacancies.

Systems and processes to safeguard people from the risk of abuse

- People were protected from avoidable harm and abuse. Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns internally and to relevant professionals.
- People told us they felt safe in the service. Comments included, "My things are safe, and I'm treated with respect" and "I feel safe." A relative said, "I do feel [Name of family member] is safe, not a lot of problems."

Learning lessons when things go wrong

- A process was in place for the review of all accidents and incidents, with details recorded of action taken to mitigate future risks.

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.

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At the last inspection, the provider had not ensured the premises were appropriately maintained to ensure safe systems in fire prevention. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- Extensive fire safety improvement work had been completed at Grimsby Grange, to address deficiencies in the fire resistance to parts of the building and ensure compliance with fire regulations. This improvement work was now underway at Grimsby Manor, with a completion date for the end of May 2020.
- The provider had continued to work closely with the fire service and had met with people, relatives, staff and other agencies to discuss the impact and progress with the works programme and had provided regular updates.
- Flood damage repair work was being completed in conjunction with the fire improvement programme.
- There was limited storage available for moving and handling equipment. Most of this equipment was being stored in the small lounge areas on each floor, which restricted people's access to these rooms. The management team were looking into this issue.

Staff support: induction, training, skills and experience

At the last inspection, the provider had not ensured staff were effectively trained and supported to carry out their role competently. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The provider had ensured training for staff in fire safety awareness and evacuation procedures had been prioritised and was up to date. Staff had used their skills to safely evacuate people during the recent flood with good results.
- New staff received an induction to the service and were supported to complete a range of training.

Systems were in place to identify gaps in staff's training and when their training needed to be updated. Housekeepers with responsibilities for care duties had completed practical training in moving and handling people.

- Staff were supported through an improved programme of supervision and annual appraisals. The management team worked with staff and observed their practice, on day and night duty. A member of staff said, "We get more training and support now. The new 'positive behaviour' course was good and makes me stop and think how to respond, when people are agitated."
- People told us staff knew how to look after them. Comments included, "They [staff] seem to be trained and know what they are doing. Relatives said, "We feel the staff are trained well enough" and "The staff are all very good."

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

- Most people were supported to attend routine appointments. However, some people living with diabetes had not been supported to attend their annual eye screening hospital appointment. This was followed up during the inspection and new appointments made.
- People received emergency medical attention when needed. A visiting professional told us staff were responsive and provided detailed information to their team when they attended the service.
- Staff and management had worked hard to build links with professionals and regularly sought their advice, guidance and support on how best to meet people's needs.

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

- Staff completed assessments of people's needs and obtained those completed by other professionals involved in their care.
- Consideration had been given to people's oral health and the support they needed in this area in line with best practice.

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

- People were provided with a well-balanced diet, which included choices, alternatives and snacks in between meals. Comments from people about meals included, "The food is good and there's always plenty of variety" and "The food is nice, there's a good menu and it's all home cooked."
- Staff monitored what people ate and drank and regularly weighed them to identify anyone at risk. We spoke with the manager about making sure this information was regularly checked and actions recorded where people had not had much to drink. They gave assurance the senior staff would monitor this more closely to make sure people's needs were met.
- The lunchtime experience was calm and sociable. Staff were attentive to people; support provided was sensitive and met their needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- The provider worked within MCA when people were assessed as not having capacity to make their own decisions. Best interest meetings were held, and relevant people consulted. DoLS applications were completed appropriately and authorisations kept under review.
- Staff had a good understanding of consent and gave examples of how they ensured people gave informed consent. People told us staff asked their consent before carrying out care tasks.

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.

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The management team had consulted widely with people and their relatives, where possible, to involve them in room changes and disruption caused by the works programme. They had held individual and group face to face meetings, held telephone discussions and written to people and their representatives.
- Staff used various ways to ensure people were involved in decision-making. These included providing people with explanations about their care, so they could make informed choices and giving people visual choices for example with meals, activities and clothes to wear.
- The 'Resident of the day programme' enabled people to be involved in regular reviews of their care.
- People were supported by their families or had independent professional support when making decisions.

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

- People appeared relaxed and comfortable in the company of staff and there were kind, friendly and caring interactions throughout our inspection. Comments from people included, "The staff are really lovely; we can't fault the girls", "The staff are good, and I get on with them well" and "I think the staff are caring; if they can help, they will and they're very considerate."
- Staff were compassionate and kind when people became anxious or upset. For example, a member of staff sat with a person who was becoming visibly distressed. They spoke quietly with the person, held their hand and stroked their hair, which helped comfort them and provided reassurance.
- Staff provided examples of how they supported people with their diverse needs. The service was involved in a community equality programme which supported overseas volunteers to work with people to improve their spoken English.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect and promoted their privacy, dignity and independence as much as possible. Staff spoke with people in a polite and respectful way.
- There were positive comments from people about the staff approach. Comments included, "The staff encourage my independence; I ring my GP and look after my own tablets" and "The staff always respect my privacy and knock on my door."

Is the service responsive?

Our findings

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

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question has remained the same. This meant people's needs were not always met.

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

- Overall, staff were responsive to people's needs and provided person-centred support. A relative said, "The staff know [name of relative] very well and understand the care they need." During the inspection we received some concerns about the continence support for one person, which we passed to the management team to look into.
- The standard of recording in the care plans remained inconsistent. Some care plans had improved and contained good information, which guided staff in how to care for people in ways they preferred. For example, one care plan described the support a person needed when they became anxious or distressed, and gave staff approaches to try and topics to discuss. Other care plans were more basic.
- The manager was in the process of reviewing and updating people's care plans to make sure they contained more detailed and person-centred information about their needs and preferences. The provider had arranged additional management support to complete this work with the home staff.
- Steps had been taken to include people and their families in this process to make sure staff understood what was important to people and the care provided reflected their needs.
- People were supported to spend their time as they wished, and staff ensured people were offered choices and respected their decisions.

End of life care and support

- People could remain in the service for end of life care with support from community nurses. Staff were aware of good practice and guidance in end of life care. They were involved in a new training project with the local hospice.
- People's preferences and choices in relation to end of life care had been explored and recorded.

Meeting people's communication needs

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

- People's communication needs were included in assessments and care plans.
- There was signage around the service and pictorial menus and activity planners to assist people living with dementia. Notice boards provided information in accessible formats.

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

- Improvements had been made with the activity programmes. The service had two activity co-ordinators who arranged in-house activities, entertainers, individual one to one sessions, and visits to local areas of interest.
- People enjoyed the activities available. Comments included, "I think there are enough activities for me. I like it when we have speakers in and general chats", "We go to the seafront, I like that" and "I do like the singers coming in, I can hear them from my room." We received some mixed comments from relatives about the activity programme.
- People benefitted from the regular involvement of a national wellbeing organisation, college students and children from a local nursery.
- There was a relaxed and friendly atmosphere within the service and staff spent time interacting with people and engaging them in conversation.
- Visitors were welcomed to the home and people were supported and encouraged to maintain relationships that were important to them.

Improving care quality in response to complaints or concerns

- The provider had a system for managing complaints, so lessons could be learned, and practice improved.
- Some families remained dissatisfied with the provider in relation to historic issues. The manager and operations director had met with them to try and resolve their continued concerns. The local authority were providing support with future meetings.
- People felt able to raise complaints and concerns. Comments included, "I know how to complain, but I've never really had to apart from once or twice about my dinner" and "I wouldn't hesitate to speak to the manager if I had concerns, I'm happier with things now and don't want [family member] moved anymore."

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.

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection, the provider had failed to mitigate the risks relating to the health, safety and welfare of people, to ensure effective governance and maintain appropriate and contemporaneous records. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection, and the provider was no longer in breach of regulation 17.

- The provider had made positive progress to address most concerns identified at the last inspection. For example, improvements with safe staffing levels, staff training and support, the management of fire safety including compliance with an enforcement notice issued by Humberside Fire Service, standards of hygiene and the quality of care records. Improvements needed to be fully completed, embedded and sustained.
- The quality monitoring system had not identified all the shortfalls in the recording and administration of medicines or some shortfalls in individual risk management.
- The manager was proactive and committed to continually improving the service. They had a good awareness of what was needed, had made consistent and systematic improvements and continued to work hard to make planned changes.
- The provider had appointed a new nominated individual, operations director and manager. They had arranged for their quality team and health and safety manager to visit and support with checking the quality and safety of the service. Audits identified areas of the service that required improvement and this information fed into the home improvement plan, to be prioritised and addressed.
- The senior management team had worked with the deputy managers and senior care staff to develop their working practice and responsibilities in line with their existing job role. Most staff we spoke with felt the changes were positive and improved the day to day management.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff morale remained variable. Some staff felt the senior management team were not approachable. Staff told us there were still some communication issues. The manager recognised this was a priority to be addressed and had arranged 1-1 meetings with each member of staff to listen to their concerns.

- People had mixed views about the management of the service. Comments included, "I want to say it is getting better here because things [building works] are getting sorted. It has been up and down, there's been so much upheaval that it knocks things back" and "There have been a lot of changes with management and staff, and they haven't always listened to us, but things are starting to settle now."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The provider and management team understood their responsibility to be open, honest and apologise to people if things went wrong.
- The manager logged accidents and incidents, and these were analysed by the provider's governance team, so lessons could be learned. Following a recent incident in the service, staff had received additional training and attended workshops.
- The manager informed relevant agencies, including the Care Quality Commission, when incidents occurred, which affected people's wellbeing.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The manager and staff had effective working relationships with other organisations and professionals to ensure people received the right support. Throughout the fire safety improvement programme, the provider had kept people, relatives, staff and relevant agencies fully informed.
- The provider had systems in place to engage with people and involve them in decisions. There were daily catch up meetings for heads of departments. Role specific staff meetings and resident and relative meetings were held to provide information and ensure people could express their views. 'You said, we did' information was on display following feedback from people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had not ensured risks were identified, assessed and action taken to mitigate them. Regulation 12 (2)(b). The registered provider had not ensured there was a safe system of medication management. Regulation 12 (2)(g).