

Smallwood Homes Limited

Cale Green Nursing Home

Inspection report

Adswood Lane West
Cale Green
Stockport
Greater Manchester
SK3 8HZ

Tel: 01614771980

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service: Cale Green Nursing Home is a purpose built nursing home in the Cale Green area of Stockport. It provides personal and nursing care for up to 50 older people and people with physical disabilities. At the time of our inspection the service was supporting 33 people.

At the time of our inspection the home was in the process of being sold and the new owner was in the process of applying to become the registered provider.

People's experience of using this service:

People and their relatives told us they felt safe and protected from abuse in the home. People said they knew the care team well and that staff understood their needs.

People were not always kept safe from environmental risks. Some doors which should have been locked to prevent people becoming trapped in rooms, or to keep people safe from harmful chemicals were left propped open. Some hot water outlets were not monitored to check whether the temperature of the water posed a scalding risk to people. Fire drills were not being performed in the home.

People's care records were being re-written to ensure the person received support that was personal to them. We found the care records that had been completed reflected people's needs well.

Checks were done on people before they started work in the home however we found that sometimes not all the appropriate checks were completed.

People enjoyed the food in the home and were given choices of meals. Where people didn't like the choices alternatives were offered.

People, their relatives and staff told us the home had improved under the new management and found the management team approachable, open and honest.

The manager did not always have a clear oversight of the quality monitoring and health and safety requirements in the home.

Rating at last inspection: Requires Improvement 12 July 2018

Why we inspected: This was a planned inspection based on the rating of the service at the last inspection.

Follow up: We have asked the provider to let us know what action they will be taking to improve the service to at least 'Good'. We will continue to monitor the service through information we receive and future inspections.

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 effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Cale Green Nursing Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection team consisted of one Adult Social Care Inspector, one Assistant Inspector and a Specialist Advisor in nursing care

Service and service type:

Cale Green Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is required to have a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection a new manager had been appointed and was in the process of applying to CQC to become the registered manager.

Notice of inspection:

The first day of the inspection was unannounced.

What we did:

Before the inspection we reviewed information we held about the service including notifications the service was required to send us about things happening in the home, information from other stakeholders, for example the local authority and information from members of the public.

In addition the provider completed a Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This

information helps support our inspections.

During the inspection we spoke with six people living in the home, two relatives of people living in the home, six members of care, nursing staff and domestic staff, the manager and the owner. We also reviewed care and medication records of five people, recruitment records of four people, records of accidents and incidents and complaints, quality and maintenance checks and surveys conducted by the provider.

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 observed interactions between staff and people living in the home and looked around the building.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- At our last inspection we found some doors in the home were left unlocked posing an entrapment risk to people. During this inspection we found empty bedrooms remained unlocked and there continued to be a risk to people of becoming trapped. We raised this with the manager of the home on the first day of inspection and the rooms were locked. We checked that the doors remained locked on the second day of our inspection.
- Doors to cleaning cupboards, the laundry and sluice rooms were unlocked and open meaning hazardous chemicals were not being stored securely. We raised this with the manager on the first day of our inspection and they instructed staff to keep the doors locked however we found the doors were open again on the second day of our inspection.
- Checks on the temperature of hot water in the home were being performed, however a water outlet in the hairdresser's room was not being monitored and was at an excessive temperature. We raised this with the manager and they agreed to keep the room locked when not in use and assess the risk the hot water posed to people and mitigate the risk.
- An inspection of the home by Greater Manchester Fire and Rescue service had identified a number of issues relating to fire safety. During our inspection we saw some steps had been taken to address these issues and a new fire alarm had been fitted however no fire drills had taken place in the home.
- The above demonstrates a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe Care and Treatment.

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

- People told us they felt safe. One person we spoke with told us, "I don't have anything to worry about here."
- Staff working in the home had undergone training in safeguarding adults and staff we spoke with understood the types of abuse they needed to be aware of and the signs that may indicate people were at risk of abuse. Staff told us they would have no concerns in speaking to management of the local authority safeguarding team if they had any concerns.
- Low level concerns were recorded and analysed and reported to the local authority in line with their guidelines. Where more serious concerns were raised appropriate authorities, including CQC were informed in a timely manner.
- Where concerns had been raised we saw that an in-depth investigation was conducted to identify the cause of the concern and what could be done to prevent a recurrence.

Staffing and recruitment

- Checks were not always done on people's backgrounds to ensure they were of good character and suitable to work with vulnerable people. We found that full employment histories had not been obtained from some

people to allow full checks into people's backgrounds to be done. Checks were made with the Disclosure and Barring Service (DBS) before people started work. The DBS helps employers make safe recruitment decisions as they identify if a person has had any criminal convictions or cautions.

- The above demonstrated a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and Proper Persons Employed.
- Staff told us the staffing levels in the home were good and they rarely needed to use agency staff. A member of staff told us, "We're rewarded if we pick up extra shifts but when we do need agency [staff] we have the same ones coming in." Relatives we spoke with told us, "The temporary staff have cut down so the staff are more stable now."
- During our inspection we observed staff spending time with people and supporting them in a calm unhurried way.

Using medicines safely

- People's medicines were stored safely at appropriate temperatures to ensure the medicines remained effective.
- We saw records showing when changes were made to the medicines people were prescribed their records were updated in a timely manner.
- Where people were prescribed medicines to be taken as and when required (PRN) these were highlighted on their medicine administration record (MAR) along with guidance of what symptoms the person may display to assist staff if the person was not able to ask for the medicine.

Preventing and controlling infection

- The home was clean and during our inspection we noticed no unpleasant odours.
- Log sheets for the domestic team to record what checks they had done and where they had deep-cleaned were being introduced to help staff keep track of which areas were due a deep-clean.
- Supplies of personal protective equipment such as disposable gloves and aprons were available throughout the home and we observed staff using these as they supported people.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

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

- People's consent was sought by staff before they supported people.
- Where people did not always have the capacity to make decisions for themselves, assessments were done to identify what support could be given to help them make decisions.
- Where DoLS applications needed to be made these were done appropriately and notifications to CQC were completed.
- The manager was in the process of collating information relating to DoLS into one folder to ensure that applications to renew authorisations were made in a timely manner.

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

- At the time of our inspection people's needs were being reassessed to ensure the care records were up to date and ensure people received the support they needed in the way they chose.
- People's records contained detailed information about the person, including their life history, background and culture to ensure these needs and choices were reflected in the support they received.
- We found some people's records had been updated and where the way they were supported had changed this had not always been reflected in other records relating to their care.
- We recommend the service review people's records to ensure all the documents reflect their most recent review
- The service was exploring the use of an electronic care record system and was evaluating different systems at the time of our inspection.

Staff support: induction, training, skills and experience

- Most staff we spoke with told us they had a good induction to the home and had the skills they needed following their induction, however we found some non-care staff were unclear of their role.
- We recommend the service reviews its induction for non-care staff to ensure they are clear on their roles and responsibilities.
- Staff told us the local authority team had done a lot of training with them and they had been very supportive. One member of staff told us, "We're going on loads more courses than we were. It's good to have a refresher." Another member of staff told us, "We've done catheter training as even though we don't do them we do the aftercare for them so the training helps us know if there's a problem with it."
- Staff told us they felt more supported with the new owner. One member of staff told us, "I'm happy with everything. The managers are guiding and helping us." Another member of staff said, "We work as a team and help each other, we've got good teamwork."

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

- People told us they enjoyed the food in the home. One person told us, "The food is nice. Usually I eat in my room but sometimes I go to the dining room."
- People were offered a choice of meals and we saw the chef visiting people in their rooms to see what they wanted to eat that day.
- Mealtimes were calm and we saw people being patiently supported to eat with staff offering choice about what the person would like for their next mouthful.
- Where people needed special diets for medical or cultural reasons, the chef ensured appropriate meals were prepared.
- During our inspection we observed the chef seeing someone apparently not enjoying their meal. The chef sat next to the person and offered alternatives that were not on the menu to encourage them to eat.

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

- Prior to our inspection the service had been supported by the quality team from the local authority and by the local Clinical Commissioning Group. The feedback from these organisations was that staff were receptive to the support and worked well with them.
- A local GP visited the home every week to see people living there. We saw records showing advice from the GP had been included in the way people were supported.
- People were encouraged to have regular eye tests with visiting opticians.

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

- At the time of our inspection communal rooms were in the process of being re-decorated and there was a plan to redecorate people's bedrooms.
- People's bedroom doors were painted in different colours and people and their relatives were encouraged to personalise their bedrooms with pictures, ornaments and furniture to make it feel homely.
- Signs that were more understandable to people living with dementia were in use throughout the home.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us they felt they were treated well. One person told us, "I'm very happy. Everything is good." Another person said, "They're all very nice."
- During our inspection we observed staff interacting with people in a warm, caring and friendly way.
- People living in the home and the staff knew each other well. We heard a person greeting a care worker, "Where have you been? I've missed you." The care worker sat next to the person and had a conversation with them.
- A relative of a person living in the home told us, "[My relative] gets on with some staff better than others so they arrange their work so the staff he likes look after him."

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

- We observed staff offering choices to people throughout our inspection, for example whether they wanted to stay in their room, where to sit in the lounge or a choice of drink.
- Staff used non-verbal communication such as facial expressions or eye contact to help people express themselves.
- Relatives we spoke with told us they were involved in their relative's care. One relative we spoke with told us, "We were involved in his care plan and the staff have respected what we've said."
- People's communication needs were identified and recorded in their care records and on their summary care plan so it could be shared with other organisations involved in supporting the person.
- If people required information in another language or another format to make it understandable to them then this would be arranged.

Respecting and promoting people's privacy, dignity and independence

- We saw people being treated with respect by staff. We saw staff quietly adjusting people's clothing and bedsheets to help preserve their dignity
- A relative told us, "It's not just [my relative] they treat with respect and dignity, we feel like we are respected too."
- Some people's rooms had signs on the outside advising staff of the specific needs of that person. These signs could also be seen by visitors and other people living in the home meaning the people's privacy was not always maintained.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs
People's needs were met through good organisation and delivery.

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

- People's preferences and choices were well known to the staff and they were supported in ways that were appropriate for their choices
- Each floor in the home had a lounge with a tv and a variety of board games. There were also CD and DVD players and a variety of films and music for people to choose from.
- Where people were unable or chose not to sit in the communal lounges the activities coordinator would visit them and spend one-to-one time with them doing an activity the person chose. A relative of a person living in the home told us, "[The activities coordinator] has been doing reiki and foot massages with [my relative] and they really enjoy them.
- We saw in some people's rooms there was a sign showing their favourite TV programmes and the times they were on TV to remind them if they wanted to watch.

Improving care quality in response to complaints or concerns

- Relatives we spoke with told us, "People have raised things and they have acted on it. People said it was hard to speak to someone on the phone so they now have a cordless phone which makes it easier to get through." Another relative added, "If we raise anything it's sorted immediately."
- The home had a complaints procedure on display in the reception area alongside contact numbers for advocacy services and people who could support individuals to make complaints.
- People we spoke with told us they felt able to complain and that they would speak to any member of staff.
- The manager told us complaints would be investigated in a similar way to safeguarding concerns to try and identify underlying causes of the complaint and ways the service could be improved.

End of life care and support

- People were able to be supported as they neared the end of their life.
- Relatives of people we spoke with told us the home encouraged people to remain independent for as long as possible.
- The service had processes in place for the safe storage of medicines a person may need at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- At the time of our inspection a new manager had been appointed and was in the process of applying to CQC to become the registered manager.
- Concerns had been raised by the local authority and CCG about the level of clinical leadership in the home. The manager is a registered nurse and at the time of our inspection was being supported by another experienced nurse to help develop the skills of the nursing staff.
- During our inspection we found the manager did not have clear oversight of the health and safety requirements in the home. Fire drills had not been performed, not all hot water outlets were monitored for scalding risks and records relating to checks on fire doors were not detailed and did not indicate what checks had been done.
- We also observed confidential records relating to people left unattended in the upstairs lounge which could compromise people's privacy
- There was also no system in place to indicate when routine checks of safety in the home, for example gas and electrical safety and water quality, were due.
- These shortcomings had not been identified by the manager in quality monitoring checks.
- The above demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

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

- People we spoke and their relatives felt the home was improving with the new management. A relative told us, "[The owner] has had a meeting with relatives and is really open and honest. We really appreciate their honesty. They know it's not perfect but they're working hard to make it better."
- Members of staff told us, "We can speak to management at any time. We've got [the owner's] mobile number. Some members of staff felt the manager could be abrupt but was approachable."

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

- Staff told us they felt proud to work in the home and that morale amongst the staff was good.
- The owner and manager acknowledged there were a lot of improvements still to be made to the home and had a plan of how these improvements would be made. They had prioritised re-writing people's support plans and re-writing their plans for a safe evacuation of the building in case of fire. At the time of our inspection this work was ongoing.

- People and relatives we spoke with understood the work the management team were doing and their priorities.

Continuous learning and improving care; Working in partnership with others

- The home had received support from the local authority and CCG and worked with them to improve the quality of support the people in the home received.
- The owner told us, "We welcome the input from anyone to help make us better."
- At the time of our inspection the local authority were reducing the level of support they gave to the home and the management team were working with them to ensure this happened in a smooth and safe way.

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
Treatment of disease, disorder or injury	Doors in the home were unlocked posing an entrapment risk to people. Doors to cleaning cupboards and sluices were propped open allowing people access to hazardous chemicals. Fire drills were not being performed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	People were not fully protected from environmental risks due a lack of audits and lack of oversight of regulatory requirements.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	Checks into the background of people, to ensure they were appropriate to work with vulnerable people, were not always completed before a person commenced employment.