

Methodist Homes

Heather Grange

Inspection report

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Website: www.mha.org.uk/care-homes/dementia-care/heather-grange

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Heather Grange is registered to provide accommodation and personal care for up to 70 people. There were 43 people living in the home at the time of the inspection. The home is a purpose built and set in its own grounds in a residential area of Burnley. Accommodation is provided in single occupancy rooms, all of which had an ensuite facility. The home had separate suites known as Village, Woodlands and Garden. Garden suite specialised in providing care for people living with dementia.

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

People told us they liked the staff working at the home and confirmed they usually responded promptly to any requests for assistance. We observed warm and respectful interactions with staff and people throughout the inspection. The manager and staff understood their responsibilities to raise concerns and report incidents or allegations of abuse. The home had a good standard of cleanliness and staff adhered to infection prevention and control policies and procedures.

Whilst Police checks and references had been obtained prior to new staff working in the home, we noted there were gaps in one staff member's history of employment. The manager assured us this issue would be addressed.

Medicines were not managed safely which placed people at risk of harm.

The provider had established systems to ensure lessons were learnt from any incidents and the manager understood their responsibility to be open and honest when something went wrong. The staff carried out risk assessments to help people to retain their independence and receive care with minimum risk to themselves or others. The provider had arrangements to check the safety of appliances, installations and equipment. All safety certificates were complete and up to date.

The provider had a comprehensive schedule of audits which covered all aspects of the operation of the service. There was limited evidence to demonstrate people had been consulted about the service. The manager agreed to address this issue immediately.

Rating at last inspection

The last rating for this service was requires improvement (published 8 June 2019). The service remains rated requires improvement. This service has been rated requires improvement following two consecutive inspections.

Why we inspected

We received concerns in relation to the management of medicines. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has remained the same. We found evidence the provider needs to make improvement. Please see the safe section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Heather Grange on our website at www.cqc.org.uk

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

During this inspection, we identified a breach in relation to 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 request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Heather Grange

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 was carried out by an inspector and medicines inspector.

Service and service type

Heather Grange 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 Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The previous registered manager left the service in February 2021 and the new manager was appointed in September 2021. The manager told us they had begun the application process. An interim manager managed the home from February 2021 to September 2021.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service, such as notifications. These are events that happen in the service that the provider is required to tell us about. We also sought feedback from the local authority.

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.

During the inspection

We spoke with seven people living in the home, five care staff medicines on the day of inspection, a housekeeper, the activities coordinator, the chaplain, the administration manager, the deputy manager, the quality improvement manager and the manager. We also looked around the premises.

In addition, we reviewed a range of records. This included three people's care records and risk assessments, 16 people's medication records and two staff members' recruitment records. A variety of records relating to the management of the service were also reviewed.

After the inspection

We continued to seek clarification from the provider to confirm evidence found.

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 requires improvement. At this inspection, this key question has remained the same. 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.

Using medicines safely

At our last inspection, the provider had failed to manage medicines safely. 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 regulation 12

- People had missed doses of their medicines because some staff had failed to administer them. Before the inspection the manager had stopped using those staff and we saw people were no longer missing doses of their medicines at night.
- People missed some doses of their prescribed medicines because there was no stock available in the home for them.
- Records about medicines and creams did not always show that they were managed safely. Staff did not complete records of administration accurately because they left gaps on the charts it was not always possible to determine if medicines and creams had been given properly. Stock checks for some of those medicines showed people had not been given their medicines properly.
- People did not always have written guidance in place for staff to follow when medicines were prescribed to be given "when required" or with a choice of dose. This meant staff did not have the information to tell them when someone may need the medicine or how much to give. Staff also failed to record if the medicine had been effective.
- People did not always have their medicines which must be given at specific times at the correct times which means they may not work properly.
- Medicines including waste medicines were not always stored safely. The fridge temperature on the day of inspection showed medicines had been stored outside the recommended temperatures.

The provider had failed to manage medicines safely. This was a continued breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- We observed there were sufficient staff on duty on the day of the visit. The manager had access to a staff dependency tool and was able to deploy additional staff in line with people's needs. The manager had recently changed the arrangements for agency staff and increased the number of staff on the Village suite. As part of her review of staffing, she planned to assess staffing levels on the Garden suite.

- People told us the staff usually responded promptly to any requests for assistance. One person told us, "The staff are really helpful and kind" and another person commented, "Some staff really go the extra mile to help you."
- We looked at two staff members' recruitment records. Whilst both staff had completed an application form and Police checks and references had been obtained, we found gaps in one staff member's history of employment. The manager assured us this matter would be addressed to ensure all regulatory checks were fully completed.

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

- The provider had established systems and processes to safeguard people from abuse. One person told us, "The home's staff are very good." Staff had completed training and were aware of the internal reporting procedures. The manager agreed to discuss the external reporting procedures with staff to strengthen their knowledge and understanding.
- Staff had received training and had access to a safeguarding policy and procedure which set out actions to take in the event of a safeguarding concern.
- Staff completed electronic accident and incident records on a central computer system. The manager was in the process of learning about the new system and had developed a paper-based log as an interim measure. This allowed her to track all accidents and incidents in the home and identify any patterns.
- The manager checked all accidents and incident records to make sure any action taken was appropriate and effective. Any lessons learnt were disseminated to the staff team via handover, individual or group meetings.

Assessing risk, safety monitoring and management

- The manager and staff assessed and managed risks to people's health, safety and wellbeing. People's care records included guidance for staff about how to provide their care in a safe way. The manager agreed to review one person's risk assessment and treatment plan to fully reflect their current level of risk.
- The provider had arrangements for routine repairs and maintenance of the premises. The safety certificates pertaining to installations and equipment were complete and up to date. The provider had carried out environmental risk assessments to ensure the safety of people's living space.
- The provider had a business continuity plan and contingency plans which described how people would continue to receive a service in adverse circumstances. We also saw staff had developed personal emergency evacuation plans for each person, which included information on the support people would need in the event of a fire.

Preventing and controlling infection

- People were happy with the level of cleanliness and hygiene in the home. One person told us, "They always keep the home nice and clean."
- After inspecting the infection prevention and control arrangements in the home, we were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

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; Continuous learning and improving care.

- We found there were continued shortfalls in the management of medicines and the provider remained in breach of the regulations.
- The registered manager had left the service in February 2021. The home was then managed by an interim manager until September 2021, when a new manager was appointed. The new manager had been in post for approximately two weeks at the time of the inspection.
- The manager and staff had a clear understanding of their roles and contributions to service delivery. Staff morale was good, and they felt supported by the manager. One staff member told us, "The new manager is very approachable, she has introduced herself to everyone and taken a real interest in everything."
- The management team and staff carried out a number of audits and checks covering all aspects of the service. We saw action plans were drawn up to address any shortfalls.
- The manager was supported by an area manager, who visited the home at least once a month and carried out a range of checks and audits. Senior managers were also able to view many records remotely via the provider's computer systems.
- The manager planned to utilise meetings with staff, both on an individual and group basis, to ensure continuous learning and improvements took place. Staff told us they were comfortable in raising any issues or concerns and confirmed the manager was open to feedback.

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

- We looked at how people were consulted and involved in the service. We found the last satisfaction survey had been carried out in January 2020. Whilst we were sent an action plan, this did not cover all areas of the survey.
- There was an information board outside the office displaying people's comments. However, the interim manager confirmed the comments had been gathered during the survey carried out before the pandemic. There was no evidence seen that any checks had been carried out to make sure any action was effective and there was no evidence of recent residents' meetings. The manager agreed to address these issues immediately.
- The manager and staff worked in partnership with other agencies including commissioning teams and health and social care professionals. This enabled effective, coordinated care and support for people.

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

- The manager and staff were committed to delivering a person-centred service which achieved positive outcomes for people. During the pandemic, the previous registered manager and staff worked tirelessly under very difficult circumstances to care and support the people living in the home.
- The manager and staff respected people's rights and encouraged people to make choices and decisions about their care and support. Risks to people's health and well-being were assessed and kept under review; care records reflected people's choices and preferences.
- The manager and provider understood the duty of candour and their responsibility to be open and honest when something went wrong. Staff were confident the manager would take appropriate action to respond to any concerns.

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 provider had failed to manage medicines safely. (Regulation 12 (g)).