

Community Integrated Care Winsford Grange Care Home

Inspection report

Station Road Bypass
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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

Winsford Grange is a purpose-built care home for up to 60 people across four separate units. The service provides nursing care for frail older people and people with dementia. At the time of our inspection there were 36 people being supported across three units as one unit remained closed.

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

Since the previous inspection a new manager had been recruited, along with a non-clinical lead and nurses. The manager showed great awareness for the changes needed in order to improve the quality of the service and the care being provided. They had good insight into the previous issues and the impact this had on staff morale and was working to change this.

Staff told us that a long history of inconsistent management had resulted in a lack of faith and trust. They recognised the changes being made were required in order to improve care and clearly understood the new manager's vision and values to provide people with the best care possible. It was evident there was a strong desire amongst all staff and managers to promote a person-centred culture.

Whilst there were enough staff on duty, a lack of team work and support from some senior staff and nurses created additional pressure on care staff and resulted in people receiving task-based support. The service used agency staff to cover gaps in staff levels; some agency staff were not familiar with the people they were supporting. Regular staff told us they felt rushed and at times unable to provide the person-centred care that people deserved. The manager was aware of the staffing issues and was working to address this through the changes being made.

People told us they felt safe living at Winsford Grange and family members were confident their loved ones were well looked after. Care plans provided staff with the information they needed to help keep people safe from harm and they knew what action to take if they had any concerns. Appropriate equipment was in place to support people's mobility and alert staff to any concerns.

People's medicines were managed safely by nursing and senior staff who had received appropriate training and who had their knowledge and abilities checked regularly by the manager. Where people received their medicines covertly (hidden in food), appropriate records had been completed and professionals involved in the decision making process.

People's individual needs had been fully assessed in line with current best practice guidance. Care plans contained information and for staff to follow in order to provide safe and effective care. Where people received additional support from other health and social care professionals, this was clearly recorded and staff followed the guidance provided.

Meals were provided by an external food supplier who was aware of people's individual dietary needs and

requirements. Where people required additional support with their meals, staff provided this. Risks associated with poor food and drink intake were clearly recorded and guidance in place for staff to follow.

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.

Despite the low staff morale, people continued to receive kind, caring and compassionate care. It was evident that staff knew people well and were keen to give the best care possible. People and family members spoke positively about the caring nature of staff. Family members told us they felt welcome when visiting loved ones.

Care plans were in the process of being updated to provide more person-centred information. Those looked at contained detailed information about people's life histories to help staff get to know people before providing support. People had access to a range of activities; the new activities coordinator was in the process of researching and implementing activities that provide better outcomes for people living with dementia. They showed passion for their role and were keen to improve this aspect of the service.

The service worked closely with health and social care professionals and community groups to help promote better outcomes for people and ensure their health needs were met. Regular meetings were held to enable people, family members and staff to provide their views about the service.

Effective systems were in place to check the quality and safety of the service. Regular checks and inspections were completed by the manager and provider and action plans created to aid improvements. There was a strong desire amongst the manager, clinical lead and quality business partner to improve the service.

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

Rating at last inspection (and update): The last rating for this service was requires improvement (report published 9 January 2019). There were multiple breaches of regulation. The provider completed an action plan to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. 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.

Follow up - We will continue to monitor information we receive about the service until we 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?

This service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

This service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

This service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

This service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

This service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Winsford Grange Care 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. 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

This inspection was carried out by one inspector, a nurse specialist advisor (SPA) and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Winsford Grange 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 did not 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. However the new manager had submitted an application to the Care Quality Commission to become registered.

Notice of inspection

This inspection was unannounced.

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 and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. Prior to the inspection we received information of concern from other commissioners of the service relating to safeguarding concerns. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service and four family members about their experience of the care provided. We spoke with nine members of staff which included the manager, non-clinical lead, quality business partner, nurse, care staff and activities coordinator.

We reviewed a range of records. This included 10 people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 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.

Staffing and recruitment

- Staff were not always suitably deployed. The right amount of staff were on duty to meet people's needs, however, on occasions, there was little staff presence within the separate lounge areas and more senior staff were not seen to support care staff during busy time. This often led to task-based support.
- There was reliance on agency staff to cover shortages in regular staff numbers. Staff told us they felt this impacted on their abilities to deliver the care people needed as many of the agency staff were not familiar with people's needs.
- The manager was in the process of recruiting new staff to reduce the reliance on agency staff and provide more consistent care and support.
- Safe recruitment processes were being followed and relevant checks completed on newly recruited staff to ensure they were suitable to work with vulnerable people.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure the environment remained safe for people to use. In addition, they had failed to robustly assess risks relating to people's health and safety. This was a breach of regulation 12 (Safe Care and Treatment) and 17 (Good Governance) 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 12 and 17.

- Risks to people had been assessed and plans were in place for staff to manage these and keep people safe from harm.
- Regular checks were completed on the environment and equipment to ensure it remained safe for people to use.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to keep people safe from abuse and told us they were confident reporting safeguarding concerns.
- Allegations of abuse were raised with the relevant agencies in a timely way. Managers and staff worked alongside others and acted appropriately to safeguard people from further risk of harm.
- People told us they felt safe living at Winsford Grange and family members were reassured their relatives were safe and well looked after. Comments included; "E[very night I say to myself 'I am safe in bed'" and

"[Relative] is very safe because of the care she is given by the staff."

Using medicines safely

- Medicines were managed safely by suitably trained and qualified staff. Regular assessments were completed to ensure they remained competent to safely manage and administer medicines.
- Medication administration records (MARs) were completed to reflect prescribed medicines and when they were administered.
- Guidance was in place for staff to follow for the use of 'as required' medicines to ensure people only received these when necessary.
- Where some people required their medicines to be administered covertly (hidden in food) appropriate assessments and plans were in place for staff to manage this safely.

Preventing and controlling infection

- The home was visibly clean and well maintained and people spoke positively about the overall cleanliness.
- Staff told us they had received training around preventing and controlling the spread of infection and had access to relevant guidance and information about good infection prevention and control.
- Staff were seen to use personal protective equipment (PPE) when required.

Learning lessons when things go wrong

- A detailed review and analysis was completed of incidents to help identify patterns and triggers. Information was used to re-evaluate people's assessed needs and help prevent incidents occurring in the future.

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 improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to ensure that records relating to people's nutritional needs were completed accurately. This was a breach of regulation 17 (Good Governance) 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.

- People were supported to maintain a healthy balanced diet and were provided with regular food and drink throughout the day.
- Meals were provided by a pre-prepared meal service which consisted of a four weekly menu for lunch and dinner. The meals were nutritionally balanced and catered for people's special dietary requirements.
- On-the-whole people spoke positively about the food provided. Comments included; "The food is better than you would expect," "Some food is nice. The puddings are wonderful" and "I wouldn't say the food is good, it's bearable."
- People were protected from risks associated with poor nutrition, hydration and swallowing difficulties; such as weight loss, dehydration and choking risks. Relevant charts were completed and reviewed by senior or nursing staff to ensure people received adequate food and drink.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

At our last inspection the provider had failed to ensure that records relating to people's identified needs were completed accurately and in detail. This was a breach of regulation 17 (Good Governance) 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.

- People's needs were assessed, and care delivered in line with standards, guidance and the law. Assessments were completed in good detail and provided guidance for staff to support people and ensure their needs were met.

- Assessments from health and social care professionals were obtained and used to help plan effective care and support for people.
- People's oral health was considered as part of the assessment process and guidance in place for staff to ensure good oral health was maintained.
- Information was shared with other agencies where this was appropriate so that people received consistent care and support to meet their needs.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled and carried out their role effectively. Newly recruited staff had completed a comprehensive induction and shadowing period.
- People and family members told us they felt regular staff knew what they were doing. Comments included; "The staff are very young and smart young women" and "I cannot fault the care, the girls are wonderful."
- Since the new manager had been in post, staff had received regular one-to-one supervision where any concerns or learning objectives could be discussed. Staff told us they were unable to say if they felt supported due to the inconsistent management at the service but felt the new manager was approachable. We have reported on this further within our key question 'is this service well-led'.

Supporting people to live healthier lives, access healthcare services and support

- People received additional support from health and social care professionals when needed and staff followed guidance when needs had changed.
- People told us their health needs were met and had regular access to health professionals such as a GP who visited regularly. One person told us, "They bring the doctor out if I am ill."

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

- The building design met the physical needs of people living in the home with wide spacious corridors and handrails to support people with mobility difficulties.
- There was signage around the home to help people find their way and identify rooms such as their own room and bathrooms.
- The activities co-ordinator told us of plans to introduce items of interaction and reminiscence to help encourage people living with dementia to engage with staff.

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, and whether any conditions on authorisations to deprive a person of their liberty, had the appropriate legal authority and were being met.

- The manager worked with the local authority to ensure that any DoLS applications and authorisations made on behalf of people were lawful.

- Where people lacked the capacity to make particular decisions, they were supported to have maximum choice and control over their lives and were supported by staff in the least restrictive way possible.
- Where decisions needed to be made in people's best interests, relevant people were involved and appropriate records had been completed in detail.

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 good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were observed to be kind, caring and attentive when providing support to people. They told us they often felt rushed due to the use of agency staff and felt they did not always get the opportunity to spend quality time with people.
- People and family members spoke positively about the caring nature of staff. Comments included; "The staff are very pleasant," "The staff are very good, very attentive" and "[Relative] is well loved and cared for. The girls are wonderful."
- Staff knew people well and spoke warmly of them. They told us they often felt rushed due to the use of agency staff and felt they did not always get the opportunity to spend quality time with people and chat with them.
- Family members told us they always felt welcome when visiting their loved ones. Comments included; "I visit at tea time and I am always welcomed" and "When I come in the morning they always bring me porridge and coffee."

Respecting and promoting people's privacy, dignity and independence

- We observed staff treating people with dignity and respect and providing compassionate support. Staff made sure people were clean and well-presented and people told us they felt listened to.
- People felt their dignity was maintained. Comments included; "They [staff] always protect my dignity, closing curtains and doors when they wash me and they always knock on my door" and "They [staff] always protect my privacy."
- Records relating to people's care were kept confidential and staff understood the importance of discussing people's care in private.

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

- People, along with family members, were encouraged to share their views about the care people received with regular reviews and meetings.

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 improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection the provider had failed to ensure that care plans contained detailed, person-centred information. This was a breach of regulation 17 (Good Governance) 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.

- Care plans were in the process of being changed and updated to ensure they were detailed and person-centred. They now contained information about people's life histories and what was important to them. This provided staff with the ability to get to know people before supporting them and to engage in conversations of interest.
- People received care that was person centred and based on their individual needs.
- Staff interactions with people showed they knew people well and understood and met their individual needs well.

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

- The service had recently recruited a new activities co-ordinator who showed great enthusiasm for their role. They were currently in the process of researching and implementing activities that provided better outcomes for people living with dementia.
- Electronic devices, such as tablets, were also being considered to provide more person-centred activities and help improve people's engagement.
- Feedback from a recent relative survey had provided positive comments regarding activities. One family member said they "very much appreciated" the supported staff had given for both them and their loved one to celebrate important events in their lives.

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 and difficulties were considered as part of the assessment and care planning process. Guidance was place for staff to follow to help effectively communicate with people where required.

Improving care quality in response to complaints or concerns

- Family members told us they would raise concerns or complaints if they needed to. They were confident that any concerns would be properly investigated by the manager. One family member told us, "I have no complaints but if I had an issue I would speak to the nurses."
- A record of any concerns/complaints was kept which clearly showed the procedures followed by the manager and how they were investigated and resolved.

End of life care and support

- The service was not currently supporting anyone with end-of-life care. However, staff had received appropriate training and were able to explain the importance of providing person-centred end-of-life care.
- People were supported to make decisions about their preferences for end of life care and were involved in developing care and treatment plans. Care plans included people's end of life wishes and what is important to them.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since the last inspection a new manager had been recruited who had worked hard to make improvements to the service. They recognised and understood that previous inconsistent management had created a culture of low morale and lack of trust and support for the staff team.
- Staff told us they understood the need for changes being made in order to improve the quality of care. However, due to the long history of inconsistent management, they lacked trust and told us they felt "let down" by previous promises to improve the service.
- There appeared, at times, to be a lack of cohesion within the staff team. Some staff, including senior staff and nurses, were not seen to support each other during busy times. This created a 'rushed' atmosphere and placed some staff under pressure adding to the low morale and resulting in people not always receiving person-centred care.
- The manager had recruited a new non-clinical lead and nurses to support her in her plans to continue with the changes and improvements being made. They showed passion for providing person-centred care and creating a culture that was open and transparent.
- Despite the low morale and lack of faith, staff understood the manager's vision and values to improve care. Comments included; "[Manager] wants to get it back to a decent home" and "They [manager] wants to deliver the best care possible."
- The manager was aware of their legal requirement to notify CQC about certain events and submitted notifications when required.

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

- Regular staff meetings were held to allow the manager to provide updates on changes being made; staff told us they felt it would take time for them to feel able to offer their views and opinions and feel supported in their role.
- People and family members were involved in discussions about the service through regular meetings and surveys. The manager told us relative meetings were well attended and the feedback received had been positive.
- The service was in the process of implementing a support group for family members of people living with dementia. The non-clinical lead told us by doing this they hoped to promote positive relationships amongst

relatives and create better awareness of the effects of dementia on people's lives.

- The service worked closely with other partner agencies and community groups to achieve good outcomes for people.

Continuous learning and improving care; 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 provided evidence of all the improvements made since they began in post and the future changes planned. They showed good knowledge and experience and understood what was required in order to improve the quality of the service and the care provided.
- Whilst improvements had been made they needed to be embedded and sustained over a longer period.
- Effective systems were in place to check the quality and safety of the service. Regular checks and audits were completed by managers and the registered provider; any issues were addressed through action plans.
- The registered provider and manager were open and transparent about issues or changes within the service and ensured relevant professionals were kept up-to-date.
- The manager informed people when things went wrong and took action to address and learn from incidents.