1st Care Limited

Orrell Grange

Inspection report

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Bootle
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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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 22 August 2017 and was unannounced.

Orrell Grange is a purpose built care home providing accommodation and nursing care for up to 36 older people. It is situated in a residential area of Bootle with nearby facilities including shops, pubs and public transport. At the time of the inspection, there were 30 people living in the home.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in March 2016, we found that the provider was in breach of regulation regarding care planning. During this inspection we looked to see whether improvements had been made and found that they had. Care plans were specific to the individual person and provided staff with sufficient detail to enable them to provide care based on people's needs and preferences.

We found that planned care was evidenced as provided and all but one of the care plans we viewed had been reviewed regularly to help ensure they remained accurate. The provider was no longer in breach of regulation regarding this.

External contracts and internal checks were in place to help ensure the building and equipment remained safe. We found however, that the environment was not always maintained to ensure people's safety. Vulnerable people had access to the staff room which contained a kettle and staff members personal belongings. There was also direct access to the laundry where we found a pot of tablets on the window sill that belonged to a member of staff. The laundry gave access into the garden which contained an open shed full of equipment used by the maintenance staff which could pose risks to vulnerable people.

You can see what action told the provider to take at the back of the full version of this report.

Staff received medicine training and had their competency assessed. Medicines which required refrigeration were stored in a fridge; however the fridge was not always maintained within the recommended temperature ranges. Records regarding medicines were not always maintained accurately as we saw gaps in the recording of administration and inconsistencies with the instructions for administration.

Systems were in place to monitor the safety and quality of the service, however they did not identify all of the issues we highlighted during the inspection. We made a recommendation regarding this.

People told us they felt safe living in Orrell Grange as staff were always available to support them when they needed it. Staff we spoke with were knowledgeable regarding safeguarding procedures and we found that

referrals had been made appropriately.

We found that staff were recruited safely. People living in the home told us there was enough staff on duty to meet their needs and most staff we spoke with agreed. A twilight shift had recently been implemented to ensure there was enough staff to support people at busy periods throughout the day.

Care files showed staff had completed risk assessments to assess and monitor people's health and safety. We found that appropriate actions were taken based on the results of these assessments.

People told us staff asked for their consent before providing care. When people were unable to provide consent, we saw that mental capacity assessments had been completed. Most of the assessments we viewed had been completed accurately and in line with the principles of the MCA. There was a system in place to seek and record consent, however this was not consistently followed.

Applications to deprive people of their liberty had been made appropriately.

Records showed that not all staff had received regular supervision to support them in their role. However, staff told us they felt well supported and were able to raise any issues with the registered manager. We saw that staff were also supported through a comprehensive induction when they commenced in post and regular training.

People told us they enjoyed the food, had sufficient amounts to eat and could request more if they wanted it. We saw that people were supported to eat when needed and staff were aware of people's nutritional needs and preferences.

People told us staff were kind and caring and treated them with respect. Everybody spoke highly of the staff and the support they provided. Interactions between staff and people living in the home were familiar, warm and genuine and we saw people's dignity and privacy being maintained during the inspection.

Dignity locks were installed on most bathroom doors, which enabled people to lock them to protect their privacy. However, a newly refurbished bathroom had not had a lock fitted for people to use if they chose to. The registered manager arranged for a lock to be fitted.

People living in the home and their relatives, were involved in the development of care plans. They contained information about people's life history, as well as preferences in relation to their care. This enabled staff to get to know people as individuals. Care plans we viewed promoted choice and independence and people told us they were encouraged to make choices about their daily care.

We observed relatives visiting during the inspection and we saw that they were made welcome by staff. For people who did not have any family or friends to represent them when needed, contact details for local advocacy services were advertised within the home's service user guide for people to access.

People told us they enjoyed the activities available within the home and staff knew people's preferences in relation to activities.

We looked at processes in place to gather feedback from people and listen to their views. Records showed that resident and relative meetings took place occasionally. Quality assurance surveys were also issued to relatives, although the most recent survey results had not yet been analysed.

There was a complaints procedure available within the home. People told us they knew how to make a complaint and would feel comfortable raising any concern they had.

The registered manager had submitted notifications to the Care Quality Commission (CQC) regarding events and incidents that had occurred in the home, in accordance with our statutory requirements.

Ratings from the last inspection were displayed within the home and on the provider's website as required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The environment was not always maintained to ensure people's safety.

Medicines were not always stored safely and records regarding medicines were not always maintained accurately.

People told us they felt safe living in Orrell Grange and staff were knowledgeable regarding safeguarding procedures.

Staff were recruited safely and there were adequate numbers of staff on duty to meet people's needs.

Is the service effective?

Requires Improvement

The service was not always effective.

There was a system in place to seek and record consent, however this was not consistently followed. Applications to deprive people of their liberty had been made appropriately.

Staff felt supported through induction and regular training, however regular supervisions were not always recorded.

People living in Orrell Grange were supported by the staff and external health care professionals to maintain their health and wellbeing.

People's nutritional needs and preferences were met.

Is the service caring?

Good

The service was caring.

People told us staff were kind and caring and treated them with respect.

Interactions between staff and people living in the home were familiar, warm and genuine and we saw people's dignity and privacy being maintained during the inspection.

People were involved in the development of care plans and given information to help them make decisions regarding their care.

Relatives were able to visit at any time and were made welcome.

Is the service responsive?

Good

The service was responsive.

Care plans were specific to the individual person and provided staff with sufficient detail to enable them to provide care based on people's needs and preferences.

People told us they enjoyed the activities available within the home and staff knew people's preferences in relation to activities.

There was a complaints procedure available within the home.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Systems were in place to monitor the safety and quality of the service, however they did not identify all of the issues we highlighted during the inspection.

A registered manager was in post and feedback regarding the service was positive.

The registered manager had submitted notifications regarding events and incidents that had occurred in the home as required.

Ratings from the last inspection were displayed within the home and on the provider's website as required.

Orrell Grange

Detailed findings

Background to this inspection

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

This inspection took place on 22 August 2017 and was unannounced. The inspection team included an adult social care inspector 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.

Before our inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service and the local safeguarding team to gather their views. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the registered manager, deputy manager and six members of staff, including the cook and an activities coordinator. We also spoke with seven people living in the home and three relatives.

We looked at the care files of four people receiving support from the service, four staff recruitment files, medicine administration charts and other records relevant to the quality monitoring of the service. We also observed the delivery of care at various points during the inspection, and spent time with people participating in activities that took place.

Requires Improvement

Is the service safe?

Our findings

Arrangements were in place for checking the environment to ensure it was safe. A fire risk assessment of the building was in place and people who lived at the home had a PEEP (personal emergency evacuation plan) to ensure their safe evacuation in the event of a fire. External contracts were in place to ensure the building and equipment remained safe. We saw certificates in areas such as gas, electricity, legionella, fire alarm system, hoists and slings, passenger lift and portable appliance testing and these were all in date. We also saw regular internal checks were recorded in areas such as window restrictors, fire equipment, water temperatures, fire doors, emergency lighting and the call bell system.

We found however, that the environment was not always maintained to ensure people's safety. For instance, during a tour of the home we saw that people had access to the staff room which contained a kettle and staff members personal belongings. There was also direct access to the laundry where we found a pot of tablets on the window sill that belonged to a member of staff. These were removed immediately. The laundry gave access into the garden which contained an open shed full of equipment used by the maintenance staff which could pose risks to vulnerable people. We raised these concerns with the manager and after the inspection they told us locks had been fitted to these doors to prevent vulnerable people from accessing them.

We looked at the systems in place for managing medicines in the home. This included the storage and handling of medicines as well as a sample of Medication Administration Records (MARs), stock and other records for people living in the home. A medicine policy was available to staff to guide them in their role and records showed that staff had completed medicine training and had their competency assessed.

Medicines were stored in trolleys within a locked clinic room. The temperature of the room was monitored daily and was within the recommended range. Medicines which required refrigeration were stored in a fridge; however we found that on the day of the inspection the temperature of the fridge was not within recommended limits and so medicines were not being stored safely. If medicines are not stored at the right temperature, it can affect how they work. We raised this with the registered manager who arranged for the fridge to be replaced during the inspection.

Medicine administration records (MARs) included details of any allergies people had which helped to ensure they did not receive medicine they were allergic to. Any handwritten entries on the MAR chart had been signed by two staff in line with good practice guidance. We checked the stock balance of five medicines and all were correct, including two controlled medicines. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs Act and associated legislation.

We found however, that records regarding medicines were not always maintained accurately. For instance, one person's MAR chart contained two gaps in the recording of one of their medicines. We looked at the medicines and could see that they had been administered but not signed for on one of the days, but on the day of the inspection they had not been administered when due in the morning. The registered manager arranged for the medicines to be administered so the person did not go without their medicines.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us they felt safe living in Orrell Grange as staff were always available to support them when they needed it. Comments included, "The staff are always checking on me; I have no worries", "I'm never on my own, the staff are always about, asking if I'm ok" and "They (staff) look out for you all the time." Relatives we spoke with agreed. One relative told us, "My [relative] is really well cared for here; I have no concerns about their welfare."

We looked at how the home was staffed. On the day of inspection there were six carers and two nurses on duty, as well as the registered manager, deputy manager, activity, catering, housekeeping, maintenance and administration staff, supporting the 30 people who lived in the home. People living in the home told us there was always enough staff on duty to meet their needs, however some people did tell us that staff seemed very busy at times. Most staff we spoke with told us staffing levels were adequate. One staff member told us it could be busy at times, but that the registered manager had recently implemented a twilight shift to ensure there was more staff available during busy periods and that this was working well. Another staff member told us it could be very busy when staff phoned in sick at short notice as it was difficult to get cover at these times. The registered manager told us they were addressing staff absence issues. Our observations during the inspection showed us that there were enough staff on duty and people did not have to wait long to receive support.

We looked at how staff were recruited within the home and found that safe practices were followed. We looked at four personnel files and evidence of application forms, photographic identification, appropriate references and Disclosure and Barring Service (DBS) checks were in place. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff.

During the inspection we spoke with staff about adult safeguarding and how they would address any concerns they had. All staff we spoke with were able to explain how they would report any safeguarding concerns and their answers were in line with the local policies. Details of the local safeguarding team were available within the home for staff to access. This enabled referrals to be made to the relevant organisations. We found that appropriate safeguarding referrals had been made.

We looked at accident and incident reporting within the home and found that accidents were recorded and reported and appropriate actions taken. For example, we saw that people who sustained a number of falls, were referred to the falls prevention team for further advice. All accidents were reviewed each month to look for any potential themes or trends and enable actions to be taken to prevent further accidents.

The care files we looked at showed staff had completed risk assessments to assess and monitor people's health and safety. We saw risk assessments in areas such as falls, nutrition, moving and handling and pressure relief. We found that appropriate actions were taken based on the results of these assessments. For example, one person's file showed they were at risk of malnutrition. Records showed that advice had been sought from the dietician and changes to the person's diet were recorded within their care plan based on this advice.

The home appeared clean and we saw that personal protective equipment such as gloves and aprons, were easily accessible to staff. We found however that there was one area of the home that was malodorous. We discussed this with the registered manager who advised they were looking at ways to reduce the odour.

People living in the home told us they were happy with the cleanliness and had no concerns. One person said, "The place is spotless" and another person told us, "My bed and room gets cleaned every day." A relative we spoke with agreed and told us, "It's always very clean and tidy."

Requires Improvement

Is the service effective?

Our findings

At the last inspection in March 2016, we found that the principles of the Mental Capacity Act (MCA) 2005 were not always clearly recorded and we made a recommendation regarding this.

During this inspection we looked to see if improvements had been made. We looked to see if the service was working within the legal framework of the 2005 Mental Capacity Act (MCA). 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff we spoke with told us they always asked for people's consent before providing care and people we spoke with confirmed this. One person told us, "They [staff] always ask me before they do anything." We saw this in practice during the inspection, with staff asking for consent before providing personal care and providing support at lunch time.

When people were unable to provide consent, we saw mental capacity assessments had been completed. Most of the assessments we viewed had been completed accurately and in line with the principles of the MCA. For example, one person was receiving their medicines covertly (in food or drink without their knowledge) and we saw that appropriate assessments and agreements were in place to meet the legal requirements of the MCA. A capacity assessment had been completed and a best interest decision had been made in consultation with the person's GP, pharmacist and family members. There was a care plan in place that clearly described how these medicines should be administered.

We found that there was a system in place to seek consent from people; however capacity assessments were not always completed consistently. For instance, one person's file contained a capacity assessment which was decision specific, however the assessment asked if the person had an impairment of the mind or brain and in response to this, staff had recorded that the person lacked capacity to make complex decisions. This meant that the outcome of the assessment had been assumed before it was complete, which is not in line with the principles of the MCA.

We found that changes had been made in how consent was sought and recorded since the last inspection, however further improvements were necessary to ensure this process was consistently followed.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Records we viewed showed that six DoLS authorisations were in place and nine further applications had been submitted to the Local Authority as necessary. The registered manager maintained a record of these applications and they were also reflected within the care plans we viewed.

We looked at staff personnel files to establish how staff were inducted into their job role and found that all relevant staff had completed an induction that met the requirements of the Care Certificate. The Care Certificate is an identified set of standards that care workers have to achieve and be assessed as competent by a senior member of staff.

Records showed that regular training was available and staff we spoke with told us that the training supported them in their role. One staff member told us they were being supported to achieve a National Vocational Qualification and another staff member was hoping to commence a nursing assistant course. As well as training considered mandatory, such as moving and handling, first aid, food hygiene, mental capacity and DoLS, fire safety, medicines, safeguarding and health and safety; additional training was provided to meet the needs of individuals using the service. For example, a staff member told us they had people living in the home who were diagnosed with Parkinson's disease; training had been provided in this area. We also saw that staff had recently completed training in diabetes, dysphagia, stroke awareness and syringe driver management.

People living in the home told us they felt the staff were well trained and were able to meet their needs well. One person said, "The staff here are brilliant; they really know what they are doing" and another person told us, "The help and support I receive is brilliant."

Records we viewed showed that not all staff had received regular supervision to support them in their role. However, staff we spoke with told us they felt well supported and were able to raise any issues with the registered manager. The registered manager told us they were aware that supervisions were not up to date and showed us the most recent action plan for the home. This highlighted that supervisions and appraisals were behind schedule and were to be completed for all staff by the end of September 2017.

People living in Orrell Grange were supported by the staff and external health care professionals to maintain their health and wellbeing. The care files we viewed showed that people had received advice, care and treatment from relevant health and social care professionals, such as the GP, dietician, speech and language therapist, optician and social workers. People living in the home told us they had easy access to health professionals and that staff arranged for the doctor to visit them if they were unwell. One person told us staff had escorted them to a recent hospital appointment. Relatives we spoke with all agreed that they were kept informed of their family member's health and wellbeing and that staff phoned them if any changes occurred.

We asked people to tell us about the food available to them in the home and people told us they enjoyed the food. One person told us, "The food is ok; my favourite is the fish & chips with mushy peas."

A menu was on display in the dining room which showed that there was a choice of main meal available and a range of meals and snacks were advertised on the 'alternatives menu'. People told us they had sufficient amounts to eat and could request more if they wanted it. We observed staff offering people drinks and snacks throughout the day.

We observed staff providing support to people to eat their meals at lunchtime and saw that this was provided in a caring, attentive and unrushed manner. We spoke with the cook who was aware of people's dietary needs and preferences and we saw that these were also reflected within people's plans of care.

Good

Is the service caring?

Our findings

People living at the home told us staff were kind and caring and treated them with respect. Everybody spoke highly of the staff and the support they provide. Comments included, "The staff here are brilliant", "I just ask them [staff] to do something for me and it gets done", "The help and support I receive is brilliant", "They [staff] bend over backwards to help everybody, they really care for [relative]", "The [staff] are very caring, we have a laugh and lots of banter", "The staff are great", "The staff are smashing" and "I can't fault the staff, they can't do enough."

Interactions between staff and people living in the home were familiar, warm and genuine. We heard staff speaking to people in the lounge and dining room and people were relaxed in staff member's company. Staff reassured people throughout the day when needed and we heard them regularly ask people if they were ok or if there was anything they needed.

During the inspection we observed people's dignity and privacy being respected by staff in various ways, such as staff knocking on people's door before entering their rooms and referring to people by their preferred name. We saw that people did not have to wait long if they needed support from staff and were given plenty of time to eat their meals at lunch time. Care plans we viewed reminded staff to always ensure people's dignity and privacy was protected.

We saw that dignity locks were installed on most bathroom doors, which enabled people to lock them to protect their privacy. However, a newly refurbished bathroom had not had a lock fitted for people to use if they chose to. This could impact on people's privacy and dignity. We raised this with the registered manager and they arranged for a lock to be fitted as quickly as possible. Since the inspection the registered manager has confirmed that a lock is now in place to ensure people's privacy.

People told us they were happy with the care that they received. It was clear from care files that when able, people were involved in the development of their plans and family members were also encouraged to participate. People, or their family, had spoken with staff and provided details of their life history, covering areas such as where they lived, their family members, where they went on holiday and preferences in relation to their care. This enabled staff to get to know people as individuals and we observed during the inspection that staff knew people well.

Care plans were written in such a way as to promote people's choice and independence. For example, one person's personal care plan advised staff to offer prompts and encouragement to the person to complete as much of their care needs as possible themselves and not to rush them. The plan advised what aspects of care the person regularly required staff to support them with and what they may require assistance with.

People were provided with information regarding their care and their home in a variety of ways. Planned care was recorded within individual care plans. There was a service user guide available to all people which included details of the home and what could be expected when living in Orrell Grange and there were pertinent policies displayed for people to see within the home, such as those relating to the complaints

procedure. The last CQC report was also on display for people to access. This meant that people were provided with information regarding the home in order to support their decision making.

All people we spoke with told us they were able to make choices about their daily care, such as where to eat their meals, what clothes to wear, whether to participate in activities and where to spend their time during the day. This choice was reflected in the care plans we viewed. Care files were stored securely within an office in order to maintain people's confidentiality. Records from a recent meeting also evidenced that people had been able to choose the decoration for their recently refurbished bedrooms.

We observed relatives visiting during the inspection and we saw that they were made welcome by staff. The registered manager told us there were no restrictions in visiting, encouraging relationships to be maintained and people living in the home confirmed their relatives could visit at any time.

For people who did not have any family or friends to represent them when needed, contact details for local advocacy services were advertised within the home's service user guide for people to access. The registered manager told us they would provide support to anybody who wanted to access these services.

Good

Is the service responsive?

Our findings

At our last inspection in March 2016, we found that the provider was in breach of regulation regarding care planning and the 'responsive' domain was rated as requires improvement.

During this inspection we looked to see whether improvements had been made. We observed care plans in areas such as medication, communication, safe environment, breathing, eating and drinking, continence, washing and dressing, mobility and sleeping. Care plans were specific to the individual person and provided staff with sufficient detail to enable them to provide care based on people's needs and preferences. For example, one person's nutritional plan stated they were at risk of malnutrition. It advised that the person required a fortified diet and provided staff with information regarding fortified diets. The person's preferred meals and drinks were included in the care plan and it also reflected that kitchen staff had been aware of these requirements to ensure the person's nutritional needs could be met. Diet charts were completed daily by staff in order to monitor the person's nutritional intake and ensure they had enough to eat.

Another person's care file reflected that they preferred female staff to support them with their personal care and could become agitated if male staff attempted to provide this support. All staff we spoke with were aware of this person's preference and told us this was always respected and only female staff provided personal care.

We found that planned care was evidenced as provided. For example, we looked at one person's care plan who had diabetes. The plan contained information regarding diabetes, symptoms of common diabetic complications, such as low or high blood sugars and advised that staff should monitor the person's blood sugar each week. We saw records which evidenced this was completed weekly.

Care plans we viewed had been reviewed regularly to help ensure they remained accurate and most reflected people's current needs. We did view one care plan within a person's file that had not been updated. It stated that the person required support to reposition every two hours, however there were no records available to reflect this care had been provided. We discussed this with the deputy manager who advised the person was now able to reposition themselves so charts were not maintained. They updated the care plan immediately to reflect this.

All care files we viewed contained a pre admission assessment; this ensured the service was aware of people's needs and that they could be met effectively from the day they moved into the home.

Improvements had been made within care planning and the provider was no longer in breach of regulation regarding this.

We looked at what activities and social events were available to people within the home. There were two activity coordinators employed and they arranged activities within the home, external entertainers and trips out in the local community. Recent trips included local museums, the cinema and a cricket club. People's family members had also created a relatives group that raised money towards social activities.

There was a four week activity schedule that included sessions such as bingo, reading newspapers, gardening, knitting group, quizzes, singing, pampering, games, arts and crafts and chair exercises. During the inspection we observed people playing bingo in the lounge and everybody appeared to enjoy it. There was a lively and fun atmosphere during the game. People we spoke with told us they enjoyed the activities. One person said, "There is always plenty to do." Staff we spoke with knew people's preferences in relations to activities. For example, a staff member told us one person really enjoyed singing, but would only sing in their own bedroom, so they regularly went to their room to sing with them.

We looked at processes in place to gather feedback from people and listen to their views. Records showed that resident and relative meetings took place occasionally. They included discussions on areas such as activities, meals, staffing, laundry systems and care plan involvement.

Quality assurance surveys were also issued to relatives to gather their views of the service. The surveys completed in May 2016 had been analysed and an action plan produced based on the feedback. The plan clearly identified when actions had been completed. However, the most recent surveys from October 2016 had not yet been analysed and there was no recorded evidence that any action had been taken based on the feedback. Most of the feedback within the surveys was positive, however there were some comments that could be acted on to further improve the service. We were able to follow up on some of these comments, such as the need for new bedroom furniture. We saw that new bedroom furniture had been purchased during the recent refurbishment of bedrooms.

People also had access to a complaints procedure which was another way of providing feedback if people were not happy with any aspect of their care. The complaints procedure was on display within the home and details were also included within the service user guide provided to people when they moved into the home. The registered manager maintained a log of all complaints and actions taken to address them. Records showed that there had not been any recent complaints made. People we spoke with told us they knew how to make a complaint and would feel comfortable raising any concern they had. One person told us, "If I am worried about anything, I can ask [the manager]." A relative said, "The staff and manager are very caring, we have no complaints" and another relative told us, "We've had no reason to complain about anything."

Requires Improvement

Is the service well-led?

Our findings

The home had a registered manager in post. We asked people their views of how the home was managed and feedback was positive. One person told us, "It is very well managed" and another person said, "I think it is a really good nursing home." Staff we spoke with told us they were well supported and enjoyed their jobs. One staff member said, "I love working here, I just love our residents and I want to do the best for them" and another staff member told us, "I would be happy for my Nan to live here." Staff described the registered manager as, "Approachable", "Nice" and "A good listener."

Staff told us regular meetings were available for them to attend and that they were able to share their views and were confident they would be listened to. Records we viewed showed that staff were able to discuss areas such as care planning, staffing, menu's, care provision and mental capacity. Staff also told us that the provider visited the home regularly and they were able to approach them if they had any issues and had access to their contact details.

There was a range of policies in place to help guide staff in their role. Staff we spoke with were aware of the home's whistle blowing policy and told us they would not hesitate to raise any issue they had. Having a whistle blowing policy helps to promote an open culture within the home. Staff told us they were encouraged to share their views regarding the service.

During the inspection we looked at how the registered manager and provider ensured the quality and safety of the service provided. Records showed that the provider visited the home and held discussions with the registered manager in areas such as staffing, care plans, recent relative meetings, mental capacity and any recent external audits.

We viewed completed audits which included areas such as medicines, accidents and care plans. We found that medicine audits identified issues such as missing signatures. In order to address this, an action had been recorded to complete staff medicine competency assessments and we saw that this had been completed.

We found however, that care plan audits showed that actions were not always clearly recorded when completed. For example, one care plan audit we viewed identified a number of actions that needed to be completed in order to make improvements to the plans. There was no evidence to show that the actions had been addressed, however those we checked had been completed. We discussed this with the deputy manager who had completed the audits. They advised they used a 'find and fix' method so any issue identified during the audit were corrected immediately.

Although completed audits identified areas for improvement and we saw that actions had been addressed, not all issues highlighted during this inspection had been identified through the providers auditing system.

We recommend that the provider reviews and updates it's procedures to ensure systems in place to monitor the quality and safety of the service are effective.

The registered manager had submitted notifications to the Care Quality Commission (CQC) regarding events and incidents that had occurred in the home, in accordance with our statutory requirements. This meant that CQC were able to monitor information and risks regarding Orrell Grange.

Ratings from the last inspection were displayed within the home as required. The provider's website also reflected the current rating of the service. From April 2015 it is a legal requirement for providers to display their CQC rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The environment was not always maintained to ensure the provision of safe care and treatment. Medicines were not always managed safely.