

Key Healthcare (St Helens) Limited

Grace Court Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Grace Court is a residential care home providing personal and nursing care to 29 people at the time of the inspection. The service can support up to 30 people within one building. All bedrooms and facilities are located on the ground floor of the service.

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

Systems in place to monitor the quality of the service were not effective and failed to highlight or address concerns identified during this inspection. Improvements were needed to make the service safe, effective, caring, responsive and well-led.

The care planning and recording systems in place did not ensure that up to date information was available in relation to people's needs being planned for or met. Improvements were needed to ensure that people's medicines were safely managed. Sufficient staff were not always available to ensure that people's needs and wishes could be met at all times.

People's needs and wishes were assessed prior to moving into the service. People received care and support from staff who knew them well. Staff had not always had adequate or up to date information on people's needs due to the electronic care planning system not always being available.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service were not always followed.

Safe recruitment practices were in place to help ensure that only suitable people were employed at the service. The service was in the process of recruiting staff. Systems were in place to control infection.

People had a choice of food and drinks to ensure that their nutritional needs were met. When required, people received support from health care professionals to meet their specific needs.

Staff delivered care and support in a caring manner and it was evident that positive relationships had been formed with the people they supported. Staff knew what support people needed with communication which helped people to demonstrate their needs and wishes.

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

Rating at last inspection

The last rating for this service was good (published 17 January 2019).

Why we inspected

The inspection was prompted in part due to concerns received about personal care delivered to people during the night, staff training and infection control. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe section below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective section below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring section below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive section below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led section below.

Requires Improvement ●

Grace Court Care Centre

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

On the first day of the inspection two inspectors carried out a visit to the service at 0530hrs. On the second day of the inspection an inspector and a nurse specialist advisor visited the service. One inspector visited the service on the third day of the inspection.

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

Notice of inspection

This inspection was unannounced on all three days.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received from and about the service and sought feedback from the local Authority. We used all of this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service, two family members, a health care professional and visiting GP. We spoke with 11 members of staff including the manager, nurses, care staff, maintenance person and administrator. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care plans and multiple medicines records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from information that was provided to us. This included a discussion with the provider regarding actions they were taking to make improvements within the service.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People's care planning documents were not consistent in detailing potential risks for people. Risks associated with specific areas of people's needs were not always considered and planned for.
- Identified risks for people were not always monitored. For example, people identified as being at risk from weight loss did not always have their weight monitored on a regular basis. Following discussion, a member of staff took on the role as champion in ensuring that people's weight was monitored when required.
- Systems were not in place to ensure that pressure relieving bed mattresses were checked to ensure people received the pressure relief they required.
- Regular checks were carried out throughout the building and on equipment in use. However, potential risks to people's living environment had not been minimised. For example, a radiator cover was broken and posed a risk to people harming themselves. A cupboard containing high voltage equipment was unsecured and accessible to all. A wall heater in use was found to be covered in bags of clothing. We discussed this with staff who took immediate action to make these areas safe.

Using medicines safely

- Policies, procedures and good practice guidance in place for the safe management of people's medicines were not always adhered to.
- Medical equipment and prescribed food supplements for people were found to be stored in an area that was accessible to all. We identified this to staff who took immediate action to ensure that the items were stored appropriately.
- Regular visits to the service were carried out by a pharmacist to promote and develop good practice in the management of people's medicines. Improvement actions identified by the visiting pharmacist had not always been completed. For example, advice given in August 2019 had not been actioned at the time of this inspection.
- Homely remedies were in use for people when required. However, we found two homely remedy medicines in use that were past their expiry date. These items were removed immediately.
- Medication administration records (MAR) were in use to record people's medicines. Not all of the MARs had all of the information needing to be recorded. For example, one person was prescribed a variable dose of medicine. No records were in place to demonstrate the actual dose the person had received. We discussed this with staff who took immediate action to address this.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate they maintained people's safety and that medicines were effectively managed. This placed people at ongoing risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the

Staffing and recruitment

- Sufficient numbers of experienced staff were not always available to meet people's needs. On the first day of the inspection, four staff were scheduled to be on duty during the night. However, due to sickness and absence only three staff were on duty. Attempts to have more staff on duty had been unsuccessful. The lack of staff available put people at risk from not receiving the care and support they received in a timely manner.
- On three occasions staff left units unattended to support people on other units with personal care and medicines. This put people at risk of not having their needs attended.
- The service had experienced low staffing numbers on three occasions with the previous eight days. We discussed this with staff during the visits who explained that recent staffing issues had resulted in some areas of the service not being addressed, for example, reviews and improvements with regards to medicines management had not taken place.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure that sufficient staff were on duty at all time to meet people's needs. This placed people at ongoing risk of harm. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The recruitment of staff was safe. Appropriate checks were carried out on applicant's suitability for the role before they were offered a job.
- The provider was actively recruiting new staff.

Systems and processes to safeguard people from the risk of abuse

- Effective safeguarding procedures were in place. Staff had access to information about how to protect people from harm. Staff knew how to refer any concerns they had about people's safety.
- The majority of staff had completed training in relation to safeguarding adults.

Preventing and controlling infection

- Procedures were in place to maintain a safe and clean environment for people to live. However, we identified two small kitchen areas that were in need of cleaning. We discussed this with staff who took immediate action.
- Personal Protective Equipment (PPE) was available throughout the service. Staff were seen to use PPE appropriately when supporting people.

Learning lessons when things go wrong

- Procedures were in place to support staff in responding and recording accidents and incidents that occurred.
- Accidents and incidents were recorded, however, due to a computer failure we were unable to access electronic records during the inspection to carry out a full audit of these records.
- Information relating to accidents and incidents was reported to the provider on a weekly basis. This enabled the provider to monitor, and make improvements when things went wrong.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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. We found that people's needs were not always planned for in a way that considered the MCA.

- The assessment process in place to ascertain people's ability to make specific decisions was generic and failed to demonstrate that people's ability to make decisions had been fully assessed.
- Prior to best interest meetings taking place, an assessment of people's capacity to make specific decisions had not always been carried out.
- Where people's best interests had been considered the information recorded was not always person centred or decision specific, as required under the MCA.
- Records failed to demonstrate that people's best interests had been considered in the decision-making processes for administering medicines covertly and the use of internal key coded locked doors.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate people's rights under the Mental Capacity Act were fully considered and planned for. This was a breach of Regulation 11(Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Systems were in place to assess and review people's needs and wishes in line with legislation and best practice prior to them moving into the service.
- People's individual needs were assessed prior to moving into the service to ensure they could be met. A family member told us that they and other family members had discussed their relative's needs with the

staff.

- A system was in place for the review of people's care plans to ensure that they contained up to date information on people's needs and wishes. We were unable to fully review this system due to lack of access to the electronic care planning documents during the inspection.

Staff support: induction, training, skills and experience

- A programme of electronic induction and continual mandatory training was in place for staff. Records demonstrated that the majority of care staff were up to date with their training.
- Staff told us that they felt the training they received supported them to carry out their role.
- Staff told us that they could always seek support and advice from senior members of staff and that they had received formal supervision for their role. However, records of staff supervision were unavailable at the time of this inspection due to failing of the computer system.

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

- People were protected from the risk of poor nutrition and dehydration. People had access to sufficient food to meet their dietary needs.
- People had a choice of where they ate their meals with several people eating in small dining areas, lounges and the main dining room.
- Pictorial menus were in use to assist people with choosing what they wanted to eat.
- People were seen to enjoy their meals and told us that they liked the food they were eating.

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

- Where people required support from health care professionals this was arranged. For example, staff requested visits from specialist nurse practitioners for wound care management when people required these services.
- GP services visited on a regular basis to assess and monitor the health of people. A pharmacist visited the service on a regular basis to offer advice, review and monitor people's medicines. Both the GP and pharmacist were visiting the service at the time of the inspection carrying out reviews of people's medicines.

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

- The building was accessible to all.
- Signage was in place around some areas of the service to assist people with orientation around the building. Staff told us that some areas had recently been redecorated and not all signage had been put back in place. Discussion took place with staff around the importance of signage to assist people with orientation.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- The lack of staff available at times throughout the inspection resulted in staff taking a task based approach to their role. This meant that there were limited opportunities for other support for people. For example, to utilise other areas around the service and having a sense of freedom of movement around the building. On occasions, staff were not available in lounge areas to offer immediate support to people. We fed this back to senior staff for them to address.
- People were supported to eat their meals by staff who offered encouragement and care.
- Staff provided people with personal care in private to ensure their dignity was maintained.
- People's personal information stored electronically was only accessible to authorised staff.

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

- People were treated with kindness and respect by the staff supporting them.
- Staff knew people well and it was evident from their interactions with people that positive relationships had been formed.
- Staff understood and supported people's communication needs. Staff spoke with people clearly, whilst maintaining eye contact and where it was required, they used non-verbal methods to communicate with people. For example, by using gestures and sign language.

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

- People were asked to make decisions through the day. For example, people had a choice of where they sat, who they sat with and what they wanted to eat and drink.
- Systems were in place to enable people and their family members to share their views about the care provided. This included meetings held to discuss people's care and support. A feedback comment to the service by one family member stated that they had learnt more after attending a meeting on the care plan of a relative.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- People's needs were not always consistently planned and care plans were not always available to support staff to deliver people's care safely and effectively. The lack of consistent care planning put people at risk of not receiving the care and support they required or wished for.
- Care planning records did not always clearly demonstrate that people had received the care and support they required. For example, care plans had not been developed for all of people's identified needs.
- People's electronic care plans and records, for example, positional change and fluid intake charts were not always accessible or complete. Following a discussion with staff, people's records were printed so all staff had access to people's information to be available at all times.
- People did not have consistent access to stimulating activities. It was evident that staff knew people well and were able to support individual's with specific interests, for example, watching sport and talking about pets; however, there were no planned interactions or activities for people. Staff told us that they were currently advertising for an activities co-ordinator.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate people's care and support had been planned, recorded or delivered safely. This placed people at risk of not having their needs fully met. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 were supported by staff who understood their communication needs. For example, where people were not able to communicate verbally, staff were seen to use gesture and sign language along with speech to communicate with people effectively.
- People's care planning documents gave the opportunity to record their communication needs and wishes.
- The provider had facilities to provide written documentation in different formats to meet people's needs.

Improving care quality in response to complaints or concerns

- A complaints procedure and was in place and made accessible to all.
- People indicated they would speak to staff if they were not happy.

- Family members were aware of who they would speak to if they had a concern about the service.
- The provider received a weekly report that recorded any complaints made about the service which enabled them to monitor any concerns raised. At the time of this inspection there were no records of concerns being raised.

End of life care and support

- Care planning documents gave people and family members the opportunity to record their specific wishes about how they wanted to be cared for at the end of their life. However, due to the lack of access to the electronic care planning system we were unable to fully assess these records.
- The care planning system in use enabled specific care planning to take place for people who were on an end of life care pathway. This included anticipatory medicines being available for use when needed.
- GP services were involved in the planning of a person's end of life care.

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 good. At this inspection this key question has now deteriorated to requires improvement. 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

- Systems in place for the monitoring of and ensuring quality and safety were not always effective and put people at risk of not receiving the care and support they needed. Monitoring systems had failed to identify improvements needed in relation to risk management and the implementation of the Mental Capacity Act to protect people's rights.
- Records failed to demonstrate what action had taken place, or was planned in response to a recent visit to the service by Merseyside Fire and Rescue Service.
- A monthly medicines audit was in place, however this had not been implemented and actions suggested by a visiting health care professional had not been implemented to further improve medicines management.
- The current system in place for the oversight and monitoring of people's care planning documents was ineffective. It failed to identify the gaps in people's care records with regards to the planning of people's care and the monitoring of the care they received.
- Problems with the electronic care planning system had been identified and were being investigated, however no action had been taken at the service to ensure that people's care planning documents and records were available to ensure they were available to staff to assist them in delivering the care and support people needed.
- A new manager had been in post for three months and was in the process of submitting an application form to become registered manager of this service with the Care Quality Commission.

Systems were either not in place or robust enough to demonstrate that governance within the service was effective. This placed people at risk of not receiving their planned care. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care; working in partnership with others

- In response to areas of improvement needed within the service, the provider had engaged an external consultancy service to carry out a review and develop an action plan to make the required improvements to the service.
- Staff had access to training for their role to ensure they had up to date knowledge for their role although some training still needed to be accessed by staff.
- Learning took place from accidents and incidents to minimise the risk of re-occurrence.

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

- Staff and the provider had an understanding of their responsibilities in responding to people who use the service under the duty of candour following incidents and when things have gone wrong.

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

- Staff had a clear understanding of their role and responsibilities. Staff felt that the recent staffing issues experienced within the service had impacted on their ability to deliver the high quality of service they wanted to.
- Staff told us that senior staff were accessible to offer support and guidance.
- The provider informed the Care Quality Commission of incidents and events which occurred at the service in line with regulatory requirements.

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

- Arrangements were in place to engage and involve people using the service, family members and staff. Surveys had been completed to gather people's views, their friends, relatives and staff's views about the service. An analysis form had been completed with the views people had shared, however, there was no action plan or response to the areas of improvement that had been identified.
- Staff sought advice and worked in partnership with others such as the local authority and health care professionals to promote the best possible support for people.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent Systems were either not in place or robust enough to demonstrate people's rights under the Mental Capacity Act were fully considered and planned for.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems were either not in place or robust enough to demonstrate people's safety and medicines was effectively managed. systems were either not in place or robust enough to demonstrate people's care and support had been planned, recorded or delivered safely. This placed people at risk of not having their needs fully met.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were either not in place or robust enough to demonstrate that governance within the service was effective. This placed people at risk of not receiving their planned care.
Accommodation for persons who require nursing or	Regulation 18 HSCA RA Regulations 2014 Staffing

personal care

Treatment of disease, disorder or injury

Systems were either not in place or robust enough to ensure that sufficient staff were on duty at all time to meet people's needs.