

Community Integrated Care Winsford Grange Care Home

Inspection report







Station Road Bypass
Winsford
Cheshire
CW7 3NG

Tel: 01606861771
Website: www.c-i-c.co.uk

Date of inspection visit:
14 November 2018
19 November 2018
20 November 2018

Date of publication:
09 January 2019

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

What life is like for people using this service:

Since the previous inspection the registered provider has worked to address the issues identified to ensure a more person centred, effective and safe service for people living at Winsford Grange.

The current registered manager has been in post since October 2018 and is supported by an interim manager, clinical lead, area manager and the registered provider's quality team. Since their recruitment into the role the registered manager has made numerous improvements to the service. These improvements remain on-going.

The new leadership of the service now promoted a positive culture that was person centred and inclusive. People and family members commented on the previous concerns about the service but were aware of the current improvements being made. Staff described the registered manager as supportive and approachable. The management team showed a continued desire to improve on the service and worked closely with other agencies and healthcare professionals in order to do this. Effective systems were now in place to check on the quality and safety of the service and improvements were made when required.

Whilst improvements had been made, we identified a continued breach of regulation in relation to records and safe care and treatment.

People told us they felt safe living at Winsford Grange. In the majority of cases risks that people faced were identified through assessments and measures put in place to manage them and minimise the risk of harm occurring. However not all risks assessments had been fully completed and some potential risks had not been assessed and planned for. The registered manager was in the process of updating care records and assessments to accurately reflect people's needs.

Most aspects of the environment were safe however some environmental safety issues were identified that could place people at risk of avoidable harm. These issues were in the process of being addressed by the registered manager. People had access to appropriate equipment where needed. Staff showed a good understanding of their roles and responsibilities for keeping people safe from harm. Medicines were managed safely and people received their prescribed medicines at the right time.

The recent recruitment of permanent staff and the closure of one of the units within the service had helped to ensure that sufficient numbers of suitably qualified and skilled staff were deployed to meet people's individual needs. The service had previously relied heavily on the use of agency staff to cover shortfalls in staffing numbers, however this had since reduced. Staff received a range training and support appropriate to their role and people's needs.

Staff showed genuine motivation to deliver care in a person-centred way based on people's preferences and

likes. People were treated with kindness, compassion and respect. Staff used techniques to help relax people with positive outcomes. Staff had developed positive relationships with people and some family members and were seen to display kind and compassionate support to people.

People's needs and choices had not always been assessed and planned for; some care records lacked detail in relation to some aspects of people's care and support needs. Most care plans identified intended outcomes for people and how they were to be met in a way they preferred. People told us they received all the right care and support from staff who were well trained and competent at what they did. People received the right care and support to maintain good nutrition and hydration and their healthcare needs were understood and met. People who were able consented to their care and support. Where people lacked capacity to make their own decisions they were made in their best interest in line with the Mental Capacity Act.

People received personalised care and support which was in line with their care plan. However, some care plans lacked detail in relation to people's care and support needs. This was currently being addressed by the registered manager. People, family members and others knew how to make a complaint and they were confident about complaining should they need to. They were confident that their complaint would be listened to and acted upon quickly.

Rating at last inspection: Inadequate (Published 27 June 2018)

About the service: Winsford Grange is a purpose-built care home for up to 60 people. The service provides nursing care for frail older people and people with dementia. There are four separate units. During inspection 40 people were being supported over three units as one unit has recently been closed.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service had improved from inadequate to requires improvement and has been taken out of special measures.

Enforcement: You can see at the end of the report what action we asked the provider to take.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner. We will meet with the registered provider to discuss how they plan to address the issues identified during this inspection.

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 findings below.

Requires Improvement ●

Is the service effective?

This service was not always effective.

Details are in our findings below.

Requires Improvement ●

Is the service caring?

This service was caring.

Details are in our findings below.

Good ●

Is the service responsive?

This service was not always responsive.

Details are in our findings below.

Requires Improvement ●

Is the service well-led?

This service was not always well-led.

Details are in our 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 as part of our regulatory functions. This inspection checked 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 2014.¹

Inspection team:

Day one of the inspection was conducted by one adult social care inspector, 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. Day two and three of the inspection were conducted by one adult social care inspector.

Service and service type:

Winsford Grange is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality commission. This means they and the provider are legally responsible for how the service is run for the quality and safety of the care provided.

Notice of inspection:

Day one of the inspection was unannounced and day two and three were announced.

What we did:

Our plan took into account information the provider sent us since the last inspection. We also considered information about incidents the provider must notify us about, such as abuse; and we looked at issues

raised in complaints and how the service responded to them. We obtained information from the local authority commissioners and safeguarding team, Healthwatch and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to populate our 'planning tool' and plan our inspection.

During the inspection, we spoke with seven people using the service and eight family members to ask about their experience of care. We also spoke with the registered manager, interim manager, clinical lead, quality advisor, area manager and six members of staff including the activities co-ordinator.

We looked at seven people's care records and a selection of medication and medication administration records (MARs). We looked at other records including quality monitoring records, recruitment and training records for four staff and records of checks carried out on the premises and equipment.

Details are in the Key Questions below.

The report includes evidence and information gathered by the SPA and Expert by Experience.

Is the service safe?

Our findings

People were not always safe and protected from avoidable harm.

When we conducted a previous inspection in May 2018 we found the registered provider was in breach of regulations in relation to safe care and treatment and records. During this inspection we found improvements had been made however the registered provider remained in breach of these regulations.

Assessing risk, safety monitoring and management

- During the previous inspection concerns were identified in relation to risk assessments and the safety of the environment. During this inspection some improvements had been made.
- The environment was not always safe for people using the service; on day one of the inspection sluice room doors were left unlocked and unattended. These contained taps with higher temperature water than normal taps which could place people at risk of potential avoidable harm. This same issue had been identified during the previous inspection.
- Where individual risks to people had been assessed, care records provided detailed information around identified risks in order for staff to keep people safe from avoidable harm. However, not all risks assessments had been fully completed which meant that some potential risks had not been identified and planned for.

This was a continued breach of regulations in relation to safe care and treatment and good governance and records.

- People told us they felt safe living at Winsford Grange. Comments included "No harassment or abuse with great commitment from staff," "Yes I do feel safe here, no problems at all" and "I have nothing to worry about at all."
- Safety checks were carried out regularly on systems, utilities and equipment, including equipment used to assist people with their mobility, comfort and independence.
- Staff received safeguarding training and had access to relevant information and guidance about protecting people from the risk of harm. Staff understood what was meant by abuse and were confident about how to report safeguarding concerns.
- The service kept a record of safeguarding incidents that had occurred. Incidents were dealt with appropriately and action was taken to minimise further occurrences.

Using medicines safely

- During the previous inspection in May 2018 we found that medicines were not managed safely. During this inspection, improvements had been made.
- Medicines were now managed and stored safely by appropriately trained staff.
- Medicines were now stored in locked medicine trollies were kept locked.
- Medicine administration records (MARs) were now completed correctly and staff had access to information and guidance about how to safely administer people's prescribed medication.
- Staff now had access to guidance around the use of medication to be given 'as required' (PRN) and the

application of creams, ointments and patches.

- Regular checks were now in place to ensure the temperature of the medication room remained at a safe level and to ensure that correct procedures were being followed for the ordering and destruction of medicines.

Staffing levels

- During the previous inspection we found that insufficient staff had been deployed to safely meet the needs of people using the service. During this inspection improvements had been made.
- The registered provider had closed one unit within the home; this meant that staff were now deployed across three units instead of four therefore reducing the demands placed on staff.
- Sufficient numbers of suitably qualified and trained staff were deployed to meet people's needs and keep them safe. A dependency tool was used to ensure safe staffing levels across the service. Nurses were on duty both during the day and night to ensure that people's nursing needs were met.
- The service still used agency staff to maintain safe staffing levels however due to recent recruitment fewer agency staff were required. The registered provider was continuing to recruit more permanent staff to further reduce the need for agency staff.

Preventing and controlling infection

- During the previous inspection we found concerns regarding infection control and the cleanliness of the environment. During this inspection improvements had been made.
- The service now ensured that sufficient numbers of housekeeping staff were on duty to maintain the cleanliness of the home and the equipment used. The environment and equipment was now visibly clean.
- Staff had received training and were provided guidance and information around preventing and controlling the spread of infection.

* Staff followed good practice to minimise the spread of infection. They used personal protective equipment (PPE) and followed good hand washing techniques.

Learning lessons when things go wrong

- Records of any incidents or accidents that occurred were kept and reviewed regularly. The service now used an 'events' tracker that was reviewed regularly to identify any possible patterns or trends so that lessons could be learned when things went wrong. The information was used to make any required changes within the home such as adjusting staffing levels at certain times in the day.

Is the service effective?

Our findings

When we conducted a previous inspection in May 2018 we rated this key question as requires improvement and found the registered provider was in breach of regulation in relation to risks associated with people's nutritional needs. During this inspection improvements had been made however the registered provider was found to be in breach of regulation in relation to good governance and records.

People's care, treatment and support did not always achieve good outcomes, promote a good quality of life and was not always based on best available evidence

Effectiveness of care, treatment and support: outcomes, quality of life

Eating, drinking, balanced diet

- During the previous inspection we found concerns in relation to people not always being supported with additional food and fluids and staff not recording and reviewing people's diet and fluid intake in a timely manner. During this inspection some improvements had been made.
- Risk assessments and care plans in relation to nutritional needs had not always been completed fully and did not always provide clear guidance for staff to follow. However other records showed that appropriate care and support was being provided. This issue was currently being addressed by the registered manager.

This was a continued breach of regulation in relation to good governance and records.

- People were now supported to maintain a healthy balanced diet and were provided with regular food and drinks throughout the day.
- Staff spent time supporting people during meal times where required; staff took time to encourage people to eat. Kitchen staff were available to make alternative meals for people if they did not like what was being offered. People spoke positively about the food and told us they were always offered alternatives if they didn't like what was on the menu.
- 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.
- Staff were aware of those who required their food and fluid intake to be monitored throughout the day and relevant charts were now completed within a timely manner. Charts were reviewed by nursing staff to ensure people received adequate food and fluid.

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

- Assessments of people's care needs had not always been completed in detail; some care plans lacked detail around specific needs and did not always reflect information in other records. This issue was being addressed by the registered manager.

This was a continued breach of regulation in relation to good governance and records.

- Assessments were obtained from other health and social care professionals prior to people receiving

support and used to help plan people's care.

- Although some records lacked specific detail around people's need staff knew people well and knew how meet their needs. Staff used the training and experience they had received to support people and provide good outcomes and a good quality of life.

Staff skills, knowledge and experience

- Staff were competent, knowledgeable and skilled and carried out their roles effectively. Newly recruited staff had completed a comprehensive induction and continued to receive training throughout their employment to maintain up-to-date skills and knowledge. Training received was appropriate to people's needs and the requirement of the role.
- The registered manager was aware that some staff required more up-to-date training and provided evidence that this was being addressed.
- Staff now felt more supported in their role and felt more able to discuss work related issues and their learning development needs.
- The registered manager was aware of the need to conduct regular supervision and had held one-to-one meetings with most staff; plans were in place to make sure all staff had received supervision.

Healthcare support

- Where people required support from healthcare professionals this was arranged and staff followed guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as hospitals.
- Where staff had identified changes in people's needs, referrals to appropriate healthcare professionals were completed in a timely manner.

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

- Technology and equipment was used effectively to meet people's care and support needs. People had access to call bells to alert staff to when they required support. Sensor mats were in place for people who were at high risk of falls.
- The building design met the physical needs of people living in the service with wide spacious corridors and handrails to support people with mobility difficulties.
- The registered provider had made improvements since the previous inspection to ensure the service supported people living with dementia. There was now signage around the home to help people with their orientation and way-finding.
- The service now had items of interaction and reminiscence to help encourage people living with dementia to engage with staff and others within the home and provide familiarity.

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 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. The application procedures for this in care homes and hospitals are 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 were being met.
- 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.

Is the service caring?

Our findings

During the previous inspection we found the registered provider was in breach of regulations in relation to treating people with dignity and respect and sufficient staffing. During this inspection we found improvements had been made.

Respecting and promoting people's privacy, dignity and independence

- During the previous inspection we found that people were not always treated with dignity and respect; during this inspection we found improvements had been made.
- Staff now treated people with dignity and respect and provided compassionate support in an individualised way; people felt listened to. Staff knew how people liked to be addressed and called people by their preferred name or title.
- People's right to privacy and confidentiality was respected. Staff ensured they delivered personal care to people in private. Staff knocked on doors and waited for a response before entering bedrooms, bathrooms and toilets and people told us this was usual.
- Records relating to people's care were kept confidential and staff understood the importance of discussing people's care in private.
- People were given choice and control in their day to day lives and supported to maintain their independence wherever possible. Staff were keen to offer people opportunities to spend time as they chose and where they wanted.
- People told us, and family members agreed that they were supported to maintain and develop important relationships. Comments included "[Staff] treat my elderly father well when he visits mum and have helped him maintain a relationship with her," "They help include my family and friends" and "Absolutely welcoming atmosphere, staff make us feel really welcome."

Treating people with kindness and compassion and ensuring people are well supported

- During the previous inspection we found that people were not always well supported due to a lack of sufficient staff; during this inspection we saw that improvements had been made.
- Staff now ensured that people were well cared for and provided support when needed or asked for. People were no longer left waiting for staff to provide care and support.
- Staff provided support and comfort to people who were upset and anxious to help relax them.
- People were treated with kindness and were positive about the caring attitudes of staff. Comments included "I like it here, it's very good because [staff] make me laugh," "Staff are lovely, they seem to know me well" and "The [staff] are better now, I get on well with them."
- Staff knew people well and displayed positive, warm and familiar relationships when interacting with them.
- Staff understood and supported people's communication needs and choices. Staff observed body language and maintained eye contact and listened patiently and carefully when speaking with people.
- People and family members had been given the opportunity to share information about their life history, important relationships, likes, dislikes and preferences. Staff used this information, to get to know people and engage them in meaningful conversations.

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 service.

Is the service responsive?

Our findings

During the previous inspection we found the registered provider was in breach of regulations in relation to records and person centred care. During this inspection we found improvements had been made however they remained in breach of regulations in relation to records.

People did not always receive personalised care that responded to their needs

Personalised care

• Most care records were now detailed and person centred and contained all relevant and up-to-date information regarding people's needs. The service had worked hard to update people's care records, however some information was missing due to some sections not being fully completed.

* Some care records lacked information around people's life history and preferences and not all sections of people's records had been completed to ensure all needs had been fully documented. This was currently being addressed by the registered manager.

* There was no evidence that people were not receiving the right care and support from staff.

This was a continued breach of regulation in relation to good governance and records.

- The care people received was person centred and based on their individual needs. Staff knew people's likes, dislikes and preferences and used this knowledge to care and support people in the way they wanted, such as, how they preferred to spend their time
- Staff were more responsive to people's needs and ensured that care and support was provided when needed.
- People's needs were identified, including those related to protected equality characteristics, and their choices and preferences were regularly met and reviewed.
- Reasonable adjustments were now made where appropriate and the service identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.
- People were supported to access a range of activities on a regular basis. The activities coordinator was supported in their role by regular volunteers who attended the home. Activities were often provided on a one-to-one basis as some people preferred not to engage in group activities.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care. The service provided a range of accessible ways to do this through regular surveys and other meetings held with people and their relatives.
- People and family members were given information about how to make a complaint.
- Complaints that were made were dealt with appropriately by the registered manager and where required were used as an opportunity to improve the service.

End of life care and support

- 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 advanced decisions about their end of life wishes and appropriate professionals were involved throughout.

Is the service well-led?

Our findings

During the previous inspection we found the registered provider was in breach of regulations in relation to poor governance. During this inspection we found improvements had been made however they remained in breach of regulations in relation to records and safe care and treatment as detailed in other key questions. Continuous improvements need to be made to ensure risks were identified and mitigated and records fully reflected people's needs and choices.

Leadership and management assure person-centred, high quality care and a fair and open culture

Continuous learning and improving care

- During the previous inspection we found that quality assurance systems were not always effective at identifying issues; during this inspection we found improvements had been made.
- Quality assurance systems were now in place and used effectively to monitor key aspects of the service. Audits and checks were completed on a regular basis by the management team and registered provider to identify areas of improvement. Clear action plans were created by both the registered manager and provider and tasks were allocated to appropriate staff to complete.
- The registered provider's quality team had completed regular 'themed' audits and reviews to help identify areas that required improvement. Action plans were created to support the registered manager to address any identified issues.
- Due to the short time the registered manager had been in post, many of the improvements were still on-going.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements and leadership and management

- Since the new registered manager had been in post there was evidence of a well-managed service. However, they had only been at the service for a short time and there were still areas of practice and records that required improvements to be made.
- The registered manager and new permanent clinical lead had developed a good working relationship and understood each other's roles and responsibilities.
- Staff felt extremely supported by the registered manager and clinical lead and were confident about discussing any issues and concerns in an open manner.
- The registered manager and clinical lead had worked extremely hard to address issues found during the previous inspection. They showed passion for their roles were able to evidence improvements that had started to be made.

Promotion of person-centred, high-quality care and good outcomes for people

- The registered manager promoted a culture of person-centred care by engaging with everyone using the service and family members.
- There was an open-door policy at the service whereby the registered manager and other senior staff positively encouraged feedback from people, family members and staff.
- Learning took place from accidents and incidents and concerns and complaints were listened to and

acted upon to improve the service.

- □ Staff understood the registered manager's vision and were keen to implement this within the home to ensure that people received the best care possible. Staff told us they had seen huge improvements since the last inspection and felt proud to work for the service. They described a more happy, calm and homely environment and told us they now enjoyed their work.

Engaging and involving people using the service, the public and staff and working in partnership with others.

- □ The service involved people and family members in discussions about the care. Their views were obtained through regular surveys and meetings. Issues that were raised were still being addressed by the registered manager.
- □ The management team and staff worked closely with other partner agencies and community groups to achieve good outcomes for people. This included working in partnership with external healthcare professionals, commissioners and safeguarding teams.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The premises being used to care for and treat service users were not safe for use. In particular: Storage rooms containing water at a hotter temperature than normal taps were left unlocked when not attended.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records relating to people's care and support needs were not always completed in detail.