Barchester Healthcare Homes Limited

Alice Grange

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

Alice Grange is a purpose built care home providing nursing care for up to 85 younger adults and older people. The service provides support to people with a range of needs which include; people living with dementia, have a physical disability, or require palliative care.

This was an unannounced inspection which took place on 18 November 2014 and 27 November 2014. At the time of our inspection there were 63 people who used the service.

At the last inspection on 29 May 2014 and 5 June 2014, we asked the provider to take action to make improvements relating to the care and welfare of people who used the

Summary of findings

service, supporting workers and assessing and monitoring the quality of service provision. Following the inspection the provider sent us an action plan advising us of how they planned to address these shortfalls.

We carried out a focussed inspection on the 5 August 2014 after we received concerns about the management of medicines at the service. Our pharmacist inspector found that people were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place for the recording, handling, using and safe administration of medicines. We had also been notified of concerns that indicated people had not received their medicines as prescribed. The provider sent us an action plan to tell us the improvements they were going to make.

During this inspection we looked to see if the shortfalls identified at the previous inspections had been made. We found that some progress had been made to address our concerns.

At the time of our inspection there was no registered manager at Alice Grange. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. A new manager had been appointed by the provider to run the service and was in the process of registering with the CQC.

People that we spoke with told us they felt safe, were treated with kindness, compassion and respect by the staff and were happy with the care they received.

Staff knew how to recognise and respond to abuse correctly. People were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Risks associated with people's care needs were assessed and plans were in place to minimise the risk as far as possible to keep people safe.

There were sufficient numbers of suitably skilled staff to meet people's care needs. Improved processes had been made and were on going to support staff and provide them with the knowledge and skills to carry out their roles and responsibilities.

While we found improvements in the management of medicines, people were not fully protected against the risks associated with the management of medicines because the provider did not have appropriate arrangements in place for the recording and safe administration of medicines. Improvements were required in the recording of medicines. People who were unable to give consent to their medicines being given to them disguised in food and drink should have a documented capacity assessment.

People were supported to access health care according to their individual needs. People's care records provided information to staff on how to meet their needs, promote their independence and maintain their health and well-being. However not all the care plans reflected how people were involved in making decisions about their care.

While we found improvements had been made in the monitoring and recording of people's nutritional needs, people were at risk of not receiving personalised care as the documentation used to record well-being checks were not always fit for purpose.

CQC monitors the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. DoLS are a code of practice to supplement the main Mental Capacity Act 2005. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. The provider was meeting the requirements of the DoLS. People who could not make decisions for themselves were protected. Where a person lacked capacity Mental Capacity Act (MCA) 2005 best interest decisions had been made. DoLS were understood and appropriately implemented.

People were supported to be able to eat and drink sufficient amounts to meet their needs and encouraged to be as independent as possible. Where additional support was needed this was provided in a caring, respectful manner.

Staff interacted with people in a caring, respectful and professional manner. Where people were not always able

Summary of findings

to express their needs verbally staff responded to people's non-verbal requests promptly and had a good understanding of people's individual care and support needs.

People were supported with their hobbies and interests and had access to a range of personalised, meaningful activities. People knew how to make a complaint and confirmed their choices were respected.

Improvements had been made to assess and monitor the quality of the service provided. The views of the people who used the service, their relatives, staff employed at the service and visiting healthcare professionals had been sought and acted on where required.

Summary of findings

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 consistently safe.

Some improvements had been made to processes for supporting people with their medicines. However, people were not fully protected against the risks associated with the management of medicines because the provider did not have appropriate arrangements in place for the recording and safe administration of medicines.

People who used the service told us they felt safe and secure. Staff were recruited safely and understood their responsibilities to safeguard people from the risk of abuse.

Is the service effective?

Good

The service was effective.

Improvements had been made to provide staff with knowledge and skills to carry out their roles and responsibilities.

People's best interests were managed appropriately under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People told us they had plenty to eat and drink. People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

Is the service caring?

Good

The service was caring.

People were happy about their care and the way staff treated them.

Staff understood people's individual needs and care choices and acted in their best interests. Throughout our inspection we saw that staff were kind and attentive in their interactions with people.

Is the service responsive?

Requires improvement

The service was not always responsive.

Improved arrangements were in place to provide people with personalised care. However, not all care records reflected how people were involved in decisions about their care.

While improvements had been made in the monitoring and recording of people's nutritional needs. Not all documentation used to record well-being checks were fit for purpose.

Summary of findings

People were supported with their hobbies and interests and had access to a range of personalised, meaningful activities. People knew how to make a complaint and felt that their choices were respected.

Is the service well-led?

Requires improvement

The service was not consistently well-led.

There was not a registered manager in post although arrangements were in place to register the new manager with CQC.

Improvements had been made to the culture of the service to make it open and transparent.

Systems were in place to monitor the quality and safety of the service provided but were not yet fully embedded.

Alice 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 unannounced inspection was carried out over two dates; 18 November 2014 and 27 November 2014. On the 18 November a CQC pharmacist inspector looked at the management of medicine arrangements in place at the service The inspection on the 27 November 2014 was completed by two inspectors and a specialist advisor who had knowledge and experience in dementia care.

Before our inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service: what the service does well and improvements they plan to make.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

Prior to our inspection we spoke with five health and social care professionals about their views of the care provided.

During the inspection we spoke with eleven people who used the service, four relatives and five visitors. We also spoke with a visiting health care professional, thirteen care staff, two domestic staff, a trainer, the manager and regional manager.

People who used the service were able to communicate with us in different ways. Where people could not communicate verbally we used observations, spoke with staff, reviewed care records and other information to help us assess how their care needs were being met.

We spent time observing care in communal areas and used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people who were unable to talk with us, due to their complex health needs.

As part of this inspection we observed eight people's care and reviewed their care records. This included their care plans and risk assessments. We looked at 20 medicines records for people. We reviewed nine training records for staff authorised to handle medicines. We looked at induction and training records for three members of staff. We reviewed information about maintenance, complaints, compliments, quality monitoring and audits. We also looked at health and safety records.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe and secure. One person said, "I am safe and happy here". Another person told us, "I feel nice and safe here." One relative we spoke with said, "I visit often and think the home is very safe. The building has locked doors and a secure entry system with codes to access the different floors. There is also good lighting throughout and when you leave. Handy when it is dark and walking to the car park. I think it is very safe here."

The provider worked with the local authority to address safeguard concerns and took steps to address shortfalls where identified. Systems were in place which protected people from the risks of harm and potential abuse. The provider's safeguarding adults and whistle blowing procedures provided guidance to staff on their responsibilities to ensure that people were protected from abuse. Staff understood the procedures to follow if they witnessed or had an allegation of abuse reported to them.

Staff understood people's needs and risks to individuals were managed. For example, staff took practical steps to minimise the risk to people when being hoisted and transferred to their wheelchair. We saw that staff explained their actions throughout and checked the person's well-being. This meant the person understood what was happening. We could see the person appeared comfortable and was safe during the process.

Since our last inspection we found improvements had been made to people's care records. The majority of records seen showed that individual risk assessments reflected people's current situation and covered identified risks such as nutrition and moving and handling with clear instructions for staff on how to meet people's needs safely. However one care plan stated a person was able to use the call bell for assistance, but their risk assessment showed they were unable to and staff were to check on them hourly. We spoke to the manager about consistency of records. They told us all the care plans were in the process of being audited by the management team and showed us the actions they were taking to address the shortfalls. This included planned staff training in record keeping.

There were sufficient numbers of staff to care and support people according to their needs. People who used the service told us they had no issues regarding staffing levels. However concerns were expressed about the reliance on agency staff. One person told us, "When it is not the usual staff there are some problems. They don't understand what care needs I have and how long it takes me." Another person told us that sometimes with the agency staff they had to, "Remind them I like a shave and want my teeth done, then they do it quickly." They explained how the regular staff knew people's routines and preferences. They told us, "It would be ideal for them [agency staff] to know people's routines and how we like things done."

Discussions with the manager showed they were actively recruiting to the vacant nurse's posts and progress had been made to fill a number of permanent positions. For example carers and team leaders. The manager said it was proving difficult to recruit to the nurse's posts and they and the provider were looking at ways to address this. They told us they now used a preferred agency to provide cover with staff who had worked at the service before to ensure consistency. They explained the changes they had brought about to provide people with suitable staff to meet their needs. This included permanent nurses including management to be on shift with agency cover to provide support if required. Members of staff, including agency staff, confirmed this.

People were safe and had their health and welfare needs met by staff who had the right skills and experience. Staff confirmed the provider had interviewed them and carried out the relevant checks before they started working at the service. Records we looked at confirmed this.

Since our pharmacist inspection on the 5 August 2014 we found improved arrangements in place for the management of medicines. Medicines were stored safely for the protection of people who used the service. There was a record of the temperatures of the areas where medicines were stored and these were within acceptable limits which helped to maintain the quality of medicines used. Arrangements were in place to record when medicines were received into the service, when they were given to people and when they were disposed of.

In general medicines records seen were in good order and demonstrated that people received their medicines as prescribed. However, we found that some people had not been given their medicines as they were "asleep". In some cases we could not find any evidence that any attempt had been made to give these people their medicines when they awoke. There was therefore a risk that people would not receive their prescribed medicines. Additionally, when

Requires improvement

Is the service safe?

medicines were given to people at different times to those on the printed medicines record form, the time it was given was not always recorded and this could result in people being given medicines too close together.

Where people received their medicines in the form of a medicated skin patch, we found that the recording form to indicate the site of application of the patch was not accurately completed. This could result in damage to a person's skin if the same site was used repeatedly. Some people were given their medicines concealed in food and drink. We saw that the service had consulted the person's GP and relatives about this in the past. But we couldn't find any documentation that the person remained unable to consent to their medicines being given in this way and that this was in their best interests.

Where people were prescribed medicines on a "when required" basis, for example for pain relief, we found there was guidance for staff on the circumstances these medicines were to be used. We also saw that this guidance was regularly reviewed, to ensure medicines were given to meet people's needs. We observed medicines being given to some people at different times during the day. We saw that this was done with regard to people's dignity and personal choice. We heard staff explain to people what they were doing.

We looked at the training records for nine of the 12 staff members who were authorised to handle medicines. We found that these staff had received appropriate training and had been assessed that they were competent to handle medicines. We were therefore assured that people would be given medicine by suitably qualified and competent staff.

Before the inspection the provider told us that they carried out weekly and monthly checks on the quality and accuracy of medicines records. We looked at the records of these checks over the previous three months. We found that these had picked up some minor errors in recording but these had been investigated. We were therefore assured that appropriate arrangements were in place to identify and resolve any medicines errors promptly.

Good

Is the service effective?

Our findings

People told us that staff always asked their permission before providing care or support. One person said, "They [staff] check with me first and ask if it is OK before helping me." A member of staff said, "I always ask [the person] about their care and get their agreement before I carry out any personal care."

Throughout our inspection we saw that staff had the skills to meet people's care needs. They communicated and interacted well with people who used the service. Training provided to staff gave them the information they needed to deliver care and support to people to an appropriate standard. For example, staff were seen to support people safely and effectively when they needed assistance with moving or transferring.

Improvements had been made to support staff since our last inspection. Staff told us they had received training they required to meet people's needs and additional training was planned. They told us that team meetings were held which gave them the opportunity to talk through any issues and learn about best practice. This was verified in the team meeting minutes we looked at.

We saw that progress had been made to provide staff with supervision but not all staff we spoke to had received this. However, we saw that arrangements were in place and the manager was addressing this shortfall. Our discussions with staff and records seen showed staff were encouraged and supported to gain nationally recognised vocational qualifications, which developed their skills and understanding in supporting people and enabled them to consider their own career progression.

The provider was meeting the requirements of the DoLS. People who could not make decisions for themselves were protected. The manager was liaising with the Local Authority and in the process of making DoLS referrals where required for people. Staff had a good understanding of MCA and DoLS legislation and new guidance to ensure that any restrictions on people were lawful. Records and discussions with staff showed that they had received training in MCA and DoLS and they understood their responsibilities.

People were complimentary about the food. They told us they had plenty to eat, their personal preferences were taken into account and there was choice of options at meal times. One person said, "The food is brilliant, get a fish and meat choice every day." Another person told us, "There is plenty of choice and tastes good."

People were not rushed to eat their meals and staff used positive comments to prompt and encourage individuals to eat and drink well. Staff made sure people who required support and assistance to eat their meal or to have a drink, were helped sensitivity and respectfully. Suitable arrangements were in place that supported people to eat and drink sufficiently and to maintain a balanced diet. For example care plans contained information for staff on how to meet people's dietary needs and provide the level of support required.

Systems were in place to support people to maintain their health and well-being. People had access to healthcare services and received ongoing healthcare support where required. One person said, "If I have to go to the hospital or to the optician they [staff] will take me to my appointment." Records showed when healthcare professionals visited the service or when people were supported to attend their appointments.

During our inspection we spoke to a visiting healthcare professional. They told us the staff understood people's needs and communicated well with them. They said, "The staff here are good at telling me if there are any changes. A heads up on how the person is doing: what mood they are in, if today is a good day or not. This is really helpful. The staff also leave notes for me in the care files to keep me updated as they know I will look at them beforehand."

Good

Is the service caring?

Our findings

People told us they were happy with the care provided. One person said, “Staff are very caring and kind.” Another person told us, “They [staff] do listen to me and even though I would rather be at home. It is not so bad here. The staff are friendly and look after me well.”

The atmosphere within the service was welcoming, relaxed and calm. Staff interactions with people were kind and compassionate. People were seen smiling, laughing and joking with staff.

Staff demonstrated knowledge and an understanding about the people they cared for. They told us about people’s individual needs, preferences and wishes and spoke about people’s lives before they started using the service. This showed that staff knew people and understood them well.

People told us the staff respected their choices, encouraged them to maintain their independence and knew their preferences for how they liked things done. One person said, “I am an early riser and I like to be up and out. The staff know this and come early to help me in the mornings. They ask me what I want doing and help me. Most things I can do for myself and they know this and encourage me. But they never push me to do things if I don’t want to.”

People told us and our observations confirmed that staff respected people’s privacy and dignity. We saw that staff discreetly asked people if they wished to go to the bathroom and supported them appropriately. We saw that doors to bathrooms and people’s bedrooms were closed during personal care tasks to protect people’s dignity.

Requires improvement

Is the service responsive?

Our findings

People told us that their care needs were met in a timely manner and that staff were available to support them when they needed assistance. One person told us, "The staff are kind and attentive. If I press my call button they come quickly." Another person said about using the call button for assistance, "Only used it once but they [staff] came quickly.

One person told us how the staff responded to meet their nutritional needs they said, "The food is really good, I don't like the fancy stuff but they [staff] will make me something up, I am having omelette today."

At our inspections in May and June 2014 we found shortfalls in the nutritional monitoring and recording of people who remained in their bedrooms and required all care and support from staff. People were at risk because care records and checks carried out by staff on people's well-being were not correctly completed and recorded. During this inspection we found improvements had been made. Records showed consistency in the recording and totalling of fluid intake for people.

However, documentation for two people showed a bed rail check form was also being used to record well-being checks. Whilst the form being used stated hourly checks to be carried out, staff told us they were carrying out less frequent checks which were in line with the person's care plan. People were at risk of not having their individual needs met as the appropriate forms to provide staff with instructions to record accurate monitoring information were not in place.

Improved systems were in place for people to have their needs regularly assessed, recorded and reviewed. Staff we spoke with confirmed that the care plans provided them with sufficient information to provide the appropriate care and support to meet people's individual needs. However, it was not consistent in all the care plans we looked at how people contributed or were involved in the on the going development and planning of their care. Further improvements were needed to ensure people received personalised care in response to their needs.

Some people chose to sit in their own rooms and others were in the communal areas. During our inspection a number of activities took place that people could get involved with. For example, games, bingo and an impromptu sing along. Staff also provided more individualised support with people who had specific needs. For example, talking to people in their bedroom and reading to them. People said they were able to participate in interests of their choice either individually or in groups and if they declined to join in staff respected their wishes.

People and relatives told us they were able to express their views about the quality of the service provided and to share ideas and suggestions with staff, in meetings. The minutes of these meetings showed people's feedback was taken into account and acted on. For example, relatives said it would be helpful to identify key people within the organisation and at Alice Grange. An agreed action was to produce a 'staffing tree' (visual aid of the staff at the service and head office contacts).

Requires improvement

Is the service well-led?

Our findings

People told us they had no concerns with the management and staff. They said the manager and staff were approachable, listened and valued their opinions. One person said, “I can’t complain I get everything I need when I need it. No worries at all.” Relatives confirmed the manager was a visible presence in the home and accessible to them. They told us they had confidence in the management of the home.

At our last inspection we had concerns with the systems in place to assess and monitor the service. The management arrangements were not robust and consistent. Different operational management staff were carrying out audits but were not effective to bring about change. Since our last inspection a new manager had been appointed to run the service and weekly monitoring visits from the regional director had been implemented to support them. We saw that audits had been carried out and some progress had been made to address shortfalls identified. At the time of this inspection these improvements were still a work in progress and the changes were not fully embedded.

There was not a registered manager in post although arrangements were in place to register the new manager with CQC.

Staff told us they had seen improvements to the culture of the service since the appointment of the new manager. A member of staff said, “Such a big difference. The new manager is friendly and approachable and always available if you need them. I can pick up the phone and call them and it is not a problem.” Staff told us they felt supported and morale was improving. One staff member said, “Things are picking up. It is not oppressive anymore. We [staff] feel valued and listened to. It is a better working environment.”

We found that progress had been made by the manager regarding supporting staff. Training, supervisions and team meetings had been held. Staff said the manager treated them fairly and listened to what they had to say.

Systems were in place to obtain the views of people, relatives and friends. Feedback was taken seriously and acted on. The manager told us this was an area they planned to develop for example the ‘satisfactions surveys’ to ensure people received high quality care.