

MGC Care Limited

Danesford Grange Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 26 January and 8 February 2017 and was unannounced.

Danesford Grange provides nursing and personal care for up to 33 people. At this inspection they were providing care and support for 32 people.

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

People received differing experiences from staff members some of which were caring and respectful whilst others were not. People were not always given the information they needed in order to make decisions about things that affected them. There were inconsistencies in the way people were treated by those supporting them.

People were not always engaged in social activities that they enjoyed and found stimulating. There were inconsistencies in the way opportunities to engage in activities were presented in order to people to gain their involvement.

People were not consistently engaged in decisions or changes in their home. People were not always asked for their views and the provider did not have systems in place to consistently obtain people's opinions. Small amounts of information was available to people and visitors through a regular newsletter. However, this did not provide sufficient information for people to make informed decisions.

People had care and support plans that were individual to their personal needs. People received care from staff members who knew their individual likes and dislikes. People and their relatives were encouraged to raise any issues. The management team had systems in place to address any concerns or complaints.

People had regular contact with the provider and registered manager and found them approachable. The provider had systems in place to monitor the quality of support given and to make changes when needed.

People were safe as staff had been trained and understood how to support people in a way that protected them from danger, harm and abuse. People had individual assessments of risk associated with their care. Staff members knew what to do in order to minimise the potential for harm.

People were supported by enough staff to safely meet their needs. People received help with their medicines from staff who were trained to safely support them. The provider followed safe recruitment practices and completed checks on staff before they were allowed to start work. The provider had systems in place to address any unsafe staff practice including retraining and disciplinary

processes if needed.

People received care from staff that had the skills and knowledge to meet their needs. New staff members received an induction to their role and were equipped with the skills they needed to work with people. Staff attended training that was relevant to the people they supported and any additional training needed to meet people's requirements was provided.

People's rights were maintained by staff members who were aware of current guidance and legislation directing their work.

Staff received support and guidance from a management team who they found approachable. People and staff felt able to express their views and felt their opinions mattered. People's likes and dislikes were known by staff who assisted them in a way which was personal to them.

The registered manager and provider undertook regular quality checks in order to drive improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from the risks of abuse by a staff team who knew how to recognise signs of ill-treatment and knew what to do if they had concerns.

People had individual assessments of risks associated with their care. The provider followed safe recruitment checks. Incidents and accidents were investigated in order to minimise reoccurrence.

Is the service effective?

Good ●

The service was effective.

People were supported by staff members who were trained and supported to undertake their role. People had their rights protected by staff members who followed current guidance.

People had access to healthcare to maintain wellbeing. People were supported to eat and drink enough to maintain their health

Is the service caring?

Requires Improvement ●

The service was not always caring.

People were not always treated as if they mattered to those supporting them. People received differing experiences from staff members some of which were caring and respectful whilst others were not. People were not always given the information they needed in order to make decisions in a way they could understand.

Is the service responsive?

Requires Improvement ●

The service not was always responsive.

People were not always engaged in social activities that they enjoyed and found stimulating. People were involved in the development of their care and support plans which were individual to them. People received care from staff members who knew their individual likes and dislikes. People and their relatives were encouraged to raise any issues. The management team had systems in place to address any concerns or complaints.

Is the service well-led?

Requires Improvement ●

The service was not always well led. People were not always asked for their views or opinions and they were not consistently involved in developments in their home. People had regular contact with the registered manager and found them approachable. The provider had systems in place to monitor the quality of support given and to make changes when needed.

Danesford Grange Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 26 January and 8 February 2017 and was unannounced.

The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the provider. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used any feedback as part of our planning.

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 spoke with four people, four relatives, the provider, the registered manager, one team leader, one nurse, two care staff members and one assistant chef. We looked at the care and support plans for two people, records of quality checks, accident and incidents records and medicine administration. We looked at the recruitment records of two staff members.

Is the service safe?

Our findings

We looked at how people were kept safe from abuse. People we spoke with told us they believed they were protected. One relative said "I have never heard anyone talk unkindly to [relative's name]," Staff members told us that they had received training in how to recognise and respond to concerns of abuse or ill-treatment. One staff member told us, "If I saw or suspected anything I would stop it straight away. I would ensure the person was safe and go straight to my manager and report the incident." Other staff members explained the steps they would follow on how to report concerns to the local authority and to the care quality commission. One staff member said, "We all have the relevant phone numbers and information available so we can raise any concerns at any time we need." We saw that the registered manager had made notifications to the local authority in order to keep people safe. Staff members were aware of the advice and guidance from the local authority. This contributed towards a consistent approach on keeping people safe.

People told us they felt safe when receiving services at Danesford Grange. One person told us, "I feel quite safe." Another person said, "I'm happy here, I feel very safe." We saw people had individual assessments of risk associated with their care and support. These assessments identified the actions staff should follow in order to keep people safe and well. For example, we saw one person was to be supported to access the garden area with the assistance of staff members to keep safe. We saw staff assisting this person in accordance with their assessment. People and staff members told us equipment was provided and maintained to support people to remain safe. These included hoists and mobility aids. One staff member said, "If it is ever assessed that someone needs a piece of equipment to keep safe this is provided immediately by [provider's name]."

We saw incidents and accidents were recorded and reported. Any incidents were then monitored by the registered manager in order to see if any additional action was required. One staff member said, "As a result of [person's name] falling there was a complete re-assessment of their mobility which included them and their wishes. This included them spending more time in communal areas where a greater level of assistance could be provided." We saw this person being supported by staff members who followed this person's assessment of risk.

People we spoke with thought there was enough staff available to meet their needs. One person said, "You don't have to wait long when you ring your bell." Another person told us, "There are always plenty of staff around." One staff member told us, "There is the provision here that if we require additional staffing on any given shift this is available to us. This means we can help people as they need. This is especially helpful if someone's needs changes and they need some additional support." We saw there were staff available to meet people's needs and to respond to them in a timely manner.

Staff members told us that before they were allowed to start work checks were completed to ensure they were safe to work with people. Staff told us references and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied with the responses they could start work. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people. The provider had systems in place to address any unsafe behaviour displayed by staff members

which included disciplinary action if required.

People received their medicine when they needed it. One person said, "I know what tablets I take and when. They (staff) are never late." We saw staff members assisting people by administering their medicines. People were given the information they needed to make a decision whether or not they wanted to take their medicines. If someone informed staff they did not wish to take their prescribed medicine the staff member recognised their right to decline and made contact with the prescribing GP if needed. Should someone not have the capacity to make decisions regarding their medicines then these decisions were made in the person's best interests. Only staff trained and assessed as competent in the safe administration of medicines assisted people. One staff member told us, "I completed my training and then I was observed over several days by [staff member's name]. This was to make sure I was safe and followed the correct process". Staff members told us everyone one was responsible for ensuring no errors were made when assisting with medicines.

Is the service effective?

Our findings

People we spoke with told us they believed those supporting them were skilled and knowledgeable in order to assist them. One person said, "I do think they have the right skills to help me." Staff we spoke with told us they felt well trained and supported to meet the needs of those living at Danesford Grange. One staff member said, "[Staff member's name] recognised that I would personally benefit from expanding my skills in dementia care. As a result they sourced a training course for me which I attended. I now have a greater insight into how to recognise and support people living with dementia." Staff members new at Danesford Grange understood what they described as a "supportive and full induction," to their role. One staff member said, "I completed some basic training. For example, moving and transfers. After I did that I completed a couple of weeks where I worked alongside another staff member. I had the chance to meet and get to know people and how to best support them."

People received assistance from a staff team that felt well supported. Staff members we spoke with told us they received support from the management team and colleagues. Staff received one-on-one sessions where they could discuss their work practice and any developments in their knowledge and learning. One staff member told us, "During one of these meeting we spoke about expanding my knowledge of end of life care. I then attended training with a local hospice. One of the skills I developed was how to have difficult conversations with people which I would have previously backed away from." Other staff members told us their colleagues and the qualified nurses were a good source of information, guidance and support.

We saw staff sharing information appropriately between people they supported and other staff members. We saw staff members exchanging information on what support people had received and what was still required to meet their needs. We saw one person had declined support and requested it later in the day. This was passed to other staff member who later supported the person as they wished. This open communication between staff members assisted people to receive consistent care as information was shared appropriately between those providing support.

We saw people were supported to make their own decisions and were given choices. People were given the information in a way they could understand and were allowed the time to make a decision. One person told us how they requested changes to the time they preferred to get ready in the evening. They said that staff members responded to their choice and support them as they wish. Also throughout this inspection we saw people being offered choices regarding what they wanted to eat and what they wanted to do.

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. We checked whether the service was working within the principles of the MCA. The provider had trained and prepared staff in understanding the requirements of the MCA.

We saw people's capacity to make decisions was assessed and reviewed when needed. Staff we spoke with

had a clear understanding about the process to follow if someone could not make a decision themselves. Staff had a clear understanding of the principles of the Mental Capacity Act and the process of best interest decision making. We saw details of a best interest decision which had been made to ensure someone received appropriate care with regards to their medicines. This care was provided in the least restrictive way possible and the decision making process correctly followed the current guidance.

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). The provider had made appropriate applications and followed the guidance provided. We looked at the recommendations made as part of the authorised applications. The provider had taken action and was meeting the recommendations made. We saw staff members assisting people in accordance with the recommendations made following authorised applications. The provider had systems in place to monitor the time scales for reviews or a repeat application if necessary to ensure people's rights were maintained.

Staff followed current guidance regarding do not attempt cardiopulmonary resuscitation (DNACPR). People's views and the opinions of those that mattered to them were recorded. Decisions were clearly displayed in people's personal files and staff knew people's individual decisions.

People were supported to have enough to eat and drink and to maintain a healthy diet. One person told us they got a choice of what to eat. We saw people making choices of what to eat and when some declined their lunch we saw alternatives were provided. We saw one person decline some of their main meal but ate their pudding. The staff member recognised that they had enjoyed their pudding and asked if they wanted more which was then provided. The person told us, "That was lovely, I really enjoyed it". Staff we spoke with were knowledgeable about people's personal dietary requirements. This included any allergies or medical requirements. For example, diabetic diets were catered for where needed. Staff members including the kitchen staff knew the outcomes of people's speech and language assessments to ensure they received food prepared in a way they could manage.

People had access to healthcare services, including GP, and were supported to maintain good health. People were involved in discussions about their medical intervention and options for treatment. Information following medical visits was recorded and relayed to all staff members concerned. People had access to additional health care including opticians and chiropodists. People told us, and we saw, staff responding to changes in people's health condition. Assistance was requested from medical professionals and guidance recorded to support people appropriately.

Is the service caring?

Our findings

Throughout this inspection we saw inconsistencies in the approach of staff members towards those they were supporting. We saw some good interactions with people, however we also saw several instances where people were not treated as if they mattered by those supporting them. For example, when we were talking with one person in their room a staff member came into the room unannounced. They then proceeded to place items of clothing away in the person's room. No conversation took place with the person and there was no explanation of what the staff member was doing. This staff member made no indication of their intention when entering the room and left without comment to the person whose room it was. The person whose room it was told us, "This happens with some of them (staff members). Others are great." In this instance this person's personal space was compromised by the staff member's actions and lack of interaction with them.

Additionally when we were sat in the lounge area with 17 other people a staff member came in and stated, "I can't hear myself think." They then proceeded to turn off the sound on the TV. At the time there was building work in the lounge area. In addition a staff member was completing a deep clean of the carpets. One person said to us, "I don't know who just turned the TV down but I can't hear it now." This noise and disruption continued throughout lunch time which was not calm or relaxed and did not promote social interaction. On the second day of this inspection lunch time was once again interrupted by a staff member being concerned with a maintenance task which took the attention away from those receiving support. It was not evident that either staff member considered the impact of their action on any of those living at Danesford Grange. The registered manager and the provider told us that they were considering introducing protected mealtimes for people to ensure disruption is minimised. They recognised that the planned work and cleaning which affected those in the lounge area could have been better planned to avoid any disruption to people.

People told us they were not given any information regarding the impact of the building and cleaning work that was being completed on the first day of our inspection. They were not presented with any information on which to make a decision. For example, had they been informed about the disruption caused they could have individually made the decision to return to their rooms. We could not identify that any consideration for the potential for upset or distress caused as a result of the work undertaken had been made.

However, we did also see a number of instances where people were treated with dignity and respect. We saw staff member's knock and announce themselves when entering as person's room. They provided a full explanation of what they were doing and permission was asked before proceeding. We saw several staff members taking the time to sit and talk with people and encourage them with their eating. We saw one staff member respond immediately to one person who started to show signs of anxiety. The staff member sat with this person and gently talked with them and we saw this person's anxiety ease. The staff member regularly returned to spend time with this person which appeared to comfort the person.

The experiences of people differed at Danesford Grange and the approach from staff members was inconsistent. The registered manager and provider told us they were aware of some of the differing approaches of staff members and were in the process of taking action to ensure a more consistent and

positive experience for people.

People gave us differing views regarding their involvement in the decisions and planning of their own care. One person said, "I don't think they discuss my care at all." One relative told us, "They only take [relative's name] down to the lounge area every other day. They would prefer to go down every day but they just don't take them. I don't know why. No one has explained it to me." Others we spoke with told us they were involved in their care and their decisions were respected by those supporting them. The experiences of people living at Danesford Grange was inconsistent regarding their involvement in the planning of their own care.

In addition to what we observed at this inspection people we spoke with described the staff supporting them as kind, caring and hard working. One person told us "It is quite good here, they really care." Staff members talked about those they supported with fondness and respect. Staff members told us about people's personal histories and the things that mattered to them. These included families, where people used to live, what people liked and also what they didn't like. All the staff member's that we spoke with were able to tell us about those they supported.

People had information that was private to them stored securely and accessed only by those with the authority to do so. We saw staff members interacting with healthcare professionals on the phone. The staff member confirmed the person's identity before sharing only the information required for that professional to make their assessment. Information about people was treated confidentially and respected by staff.

Is the service responsive?

Our findings

At this inspection we saw people experiencing differing opportunities to engage in social activities they enjoyed and found stimulating. On the first day the leisure and wellness facilitator, whose primary responsibility was to engage people in activities, was on pre-arranged annual leave. No provision had been made to accommodate this absence. The result was that people received only very limited social activity. For example, on day one of this inspection the only activity we saw was one person playing a board game with a staff member. The registered manager confirmed with us that no alternative provision was made to accommodate the absence of the leisure and well-ness facilitator. They told us carers would do games and puzzles with people if they had time. On our return the leisure and wellness facilitator was available and we saw people engaged in a range of one to one activities including card making, jigsaw puzzles, word games and reading. People also spent time with a pat-a-dog therapy pet. People told us they also took part in and enjoyed regular performances by entertainers coming into their home. People's experiences of social activities were inconsistent. This was because no provision was made for the times when key staff members were unavailable to support them. However, people told us they enjoyed the activities when they were provided. The times that entertainers came into Danesford Grange were advertised for families and friends to also attend. One staff member told us, "This is so people can make it a good social occasion for them and their relatives."

We saw there was very limited opportunity for people to socialise or engage with others during meal times. This was in part to the fact that no dining table facilities were available. Some of those we spoke with told us they would prefer to have their meals on a table as opposed to in their chair or in their room. Staff we spoke with told us they felt people would benefit from interacting with others during meals as this was a focal point for socialisation. The registered manager told us a dining area was going to be provided once the building works had been completed.

People had care and support plans that reflected their individual needs and preferences. When it was appropriate the thoughts and views of family members or friends were obtained as part of the planning of someone's care. People told us differing experiences of their involvement in their care planning. One person said, "I had an initial assessment to see what help I needed. This was then reviewed every three months or so." Another person could not recall being involved in any discussions about their care. However, we saw care and support plans that detailed individual's needs and adapted to any changes. These care plans detailed people's medical needs as well as key life events. Staff members we spoke with talked about those they supported with a good degree of knowledge regarding individual's personal needs. Those we spoke with told us that their personal and medical needs were well managed at Danesford Grange. People were supported by those that knew them as individuals.

People had their care and support plans regularly reviewed or adapted when their needs changed. We saw details where the registered manager and nursing staff had worked with people to ascertain their advanced wishes regarding their care. This is where people considered how they wished to be cared for in the future. Their decisions were recorded in case they are unable to communicate what they want at a later date. This assisted staff members in complying with what people wanted at the point they could not tell them.

People were encouraged to maintain relationships with those that mattered to them. Relatives and friends were free to visit whenever they wanted and private areas for visiting were available if they wished. We saw relatives visiting throughout this inspection. Those visiting were encouraged to spend time with their loved

ones and to engage in any social activities that were available.

People and relatives felt comfortable to raise any concerns or complaints with staff or the manager. One person told us, "I did have to make a complaint once. They [registered manager's name] addressed it straight away. I have not felt the need to raise any concerns since." At this inspection we saw information was provided to people, relatives and visitors on how to raise a concern or who to talk too if they had a complaint. The management team had systems in place to investigate and respond to complaints. We saw details of investigations and the outcome and explanations provided to the complainant.

Is the service well-led?

Our findings

People we spoke with did not feel that they were involved in the decisions that affected the running of their home. People were not aware of the work which was being undertaken around them. People told us they had not been consulted on what was happening or even what they would like as part of the extension to their home. During the improvement works in the main lounge area all those accessing the communal area were sat in a crowded part of the room. We did not see any explanations given to people regarding why they were sitting in a different part of their home. We saw newsletters which informed people that building work was being undertaken and if they had any questions to ask the registered manager or the provider. However, this put emphasis on people and relatives to make the approach rather than being provided with information that they could use to understand what was happening around them. We saw information was provided for people but this was limited and inconsistent.

People told us they were not routinely asked for their views or input on the service that they received. We saw the management team had just started to reintroduce a resident survey. This questionnaire was in the initial stages of introduction and the views and opinions of only two people had so far been gained. The registered manager knew the results of these questionnaires and had taken action to respond to the feedback received. For example the registered manager passed on the wishes of one person to the catering staff to alter the person's meal size. Once people's feedback was gained the provider and registered manager responded positively. However, the approach regarding people's views and keeping them informed was inconsistent.

People and staff members we spoke with believed the registered manager and the provider were open and transparent and were able to discuss anything they wanted. Staff members were aware of any incidents or key events so that improvements could be made. For example, following a recent infection prevention and control quality check completed by the Clinical Commissioning Group improvements were identified. The provider and registered manager completed an action plan to address the recommendations. The registered manager told us, "We welcome such feedback as it gives us the opportunity to reflect on what we are doing and to make improvements."

Staff members felt supported and part of a team with shared values although their approach towards people did differ on occasion, as already mentioned. One staff member told us, "I feel supported by [registered manager and provider's name]. They are approachable and motivate us by encouraging our development and growth through training opportunities." Staff members were aware of appropriate policies which directed their practice including the whistleblowing policy. Staff members we spoke with told us they were confident they would be supported if they ever needed to raise a concern.

Staff members were involved in regular staff meetings where they were able to discuss aspects relating to their work as part of a group. This included what is going well and any areas for improvements. Staff members told us they felt their opinions mattered to the management team and they felt empowered to make suggestions. The registered manager told us that details and discussions at the staff meeting were passed onto those unable to attend by email. They said this was so all staff received the same information in

a timely fashion.

Danesford Grange had a registered manager in place. The registered manager understood the requirements of their registration with the Care Quality Commission. The registered manager had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. The registered manager took responsibility for maintaining their knowledge and skills with regular attendance on training courses provided. In addition they were in the process of completing their nurse revalidation. This is the process they need to go through to renew their registration with the nursing and midwifery council. The registered manager and provider recognised the responsibility placed on the registered manager. They were in the process of recruiting deputy managers to support them in their role. One position had been filled and the second was in progress. The registered manager was also developing their own professional support systems. They were in the process of creating an information network of advice and guidance with other registered managers working in adult social care. This would aid discussions regarding the role they performed with others with similar experiences.

The provider and registered manager had systems in place to monitor the quality of service provision. The registered manager assessed information from quality checks, incident and accidents and feedback from people and staff which they used to drive improvements. For example, during one quality check the registered manager identified the required mattress checks had not been completed as instructed. This was passed onto staff and a named individual identified to ensure this was not missed in the future. At this inspection we saw these checks had been completed.