

Oceancross Limited

# Grace Lodge Nursing Home

## Inspection report

Grace Road  
Walton  
Liverpool  
Merseyside  
L9 2DB

Tel: 01515237202

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service:

Grace Lodge is a care home providing personal care for up to 65 older people. The home is purpose built and the accommodation is over two floors. At the time of the inspection there were 56 people living at the home.

### People's experience of using this service:

Before this inspection we received some complaints and negative feedback from relatives of people who wanted to share their experiences of Grace Lodge with us. We found during this inspection that some improvements were required to records and auditing systems.

Care plans were not always kept up to date and some information regarding wound care and management of wound care was confusing. Auditing was being completed, and actions were drawn up, however, there was only a small sample of audits taking place every month. We have made a recommendation concerning this. We received mixed feedback in relation to staffing levels, staff training and management support. We raised this feedback with the registered provider during our inspection, and they have rectified some of the issues we found and have a plan in place to address the rest. They have agreed to keep us updated with the progress of this.

People we spoke with and their relatives said they felt safe living at Grace Lodge. Checks and routine management were completed, and staff were recruited safely. There was a process for documenting incidents and accidents, and staff understood their role with regards to safeguarding. Risk assessments were in place, however, some risk assessments required reviewing, which we raised at the time with registered provider.

The registered manager was working within the principles of the Mental Capacity Act 2005, and associated legislation. Deprivation of Liberty requests continued to be monitored by the registered manager. People were supported with their eating and drinking needs, we sampled the food and found it tasted nice. The menu was displayed in the dining room, however, there was no consideration to presenting the menu in alternative formats to support people's understanding. We raised this with the registered provider who said they would implement this. We saw, in the most part, referrals were being made when needed to external health care professionals. Staff were supervised regularly.

We observed kind and caring interactions between staff and people who lived at the home. People were complimentary regarding the staff. Care plans contained dignified and respectful information which supported people's diverse needs.

Complaints were documented and responded to in line with the registered providers complaints policy. People were supported with end of life care needs, and the registered provider discussed with us how they were developing further training in this area. There was some mixed feedback with regards to the activities.

Activities took place, but some people and their relatives felt this could be improved.

People and their relatives knew who the registered manager was. Staff team meetings took place, and people were asked to submit feedback regarding the home and their experience of Grace Lodge using a feedback form. Some of the actions from the last feedback had been implemented. The registered manager had reported all events that affected the service to CQC in line with regulatory requirements. The registered provider was already making changes to service provision and systems to improve.

Rating at last inspection: rated good report published January 2017.

The service is now rated 'Requires Improvement' overall.

Why we inspected: We brought the date of this inspection forward due to information we received of potential risk and concern.

Follow up: ongoing monitoring; We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

# Grace Lodge Nursing Home

## Detailed findings

### Background to this inspection

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

The inspection was prompted in part by some negative feedback we had received from members of the public. We brought this inspection forward to follow up on these concerns and to make sure the service was still delivering safe care.

The information shared with CQC about the incidents indicated potential concerns about end of life care and communication between the managers and family members. This inspection examined those risks as well as other risks to people.

#### Inspection team:

The inspection team consisted of two adult social care inspectors, a specialist nursing advisor (SPA) and an Expert by Experience with expertise in care of older people.

#### Service and service type:

Grace Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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 that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. On the day of our inspection the registered manager was not available.

#### Notice of inspection:

This inspection was unannounced.

#### What we did:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must let us know about, such as safeguarding events and statutory notifications sent by the provider. A notification is information about important events which the provider is required to tell us by law, like a death or a serious injury. We also looked at feedback we had received from people who had used the service. We sought feedback about the service from the local authority and other professionals involved with the service. The provider had not completed a Provider Information Return (PIR) because we had not requested one. This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we observed the support provided throughout the service. We completed the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five people living in the home, four relatives and six care staff. We looked at records in relation to people who used the service including six care plans and six medication records. We observed the administration of medicines. We looked at records relating to recruitment, training and systems for monitoring the quality of the service provided.

The report includes evidence and information gathered by the inspectors, SPA and Expert by Experience. Details are in the Key Questions below.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

### Assessing risk, safety monitoring and management

- Risk assessments were completed in areas such as falls, pressure care and moving and handling.
- Risk assessments were not always reviewed regularly. Some of the risk assessments were reviewed monthly, however there were some examples where risk assessments had not been reviewed since December 2018. We raised this information with the registered provider during our inspection who advised that they would update these records straight away.
- People, and their relatives, all said that they felt safe living in Grace Lodge. One relative said. "We feel safe to leave them and they won't be at risk of falls."
- Checks on the environment and equipment continued to be safe and in date.

### Staffing and recruitment

- We received some mixed feedback with regards to staffing levels. Some of the staff we spoke with said that they felt there was enough of them to keep people safe. However, other members of staff said they sometimes felt rushed or pressured. One staff member said that when staff go off sick, they are not replaced.
- Out of the five people we spoke with, three of them said they felt the home could do with more staff.
- Rotas showed there were enough staff on shift to support people, and our observations throughout the day evidenced adequate numbers of staff.
- Relatives and people who lived at the home said they felt safe with regards to the staffing numbers. One person said, "I feel safe here because there's plenty of people about."
- We raised some of this feedback with the registered provider who agreed to re-look at the dependency tool they used to identify how many staff were required to meet people's needs, to ensure there were enough staff on duty.
- Staff recruitment continued to be safe. Staff were only offered positions once there had been suitable checks made on their character and suitability to work with vulnerable people.

### Systems and processes to safeguard people from the risk of abuse

- Staff were aware of how to keep people safe from harm and abuse. This included reporting to the local authority or whistleblowing to external organisations, such as CQC or the police.
- There was a safeguarding policy and procedure in place. There was information displayed around the home which ensured people knew how to raise concerns.
- Staff had completed training in safeguarding adults.

### Using medicines safely

- Medications were managed safely.

- Protocols and procedures were in place for staff so they knew how to support to people and administer their medications as and when required, often referred to as PRN medicines.
- Medications were stored appropriately, and the temperatures of the room were taken to ensure they were in the correct range.

#### Preventing and controlling infection

- We observed people were protected by the prevention and control of infection.
- All staff demonstrated good practice in hand hygiene and the use of personal protective equipment (PPE).
  - Prevention and control of infection for staff was covered on the initial induction period and again in annual refresher training.

#### Learning lessons when things go wrong

- We spoke with the registered provider who demonstrated that they had made some changes as a result of some recent concerns.
- We discussed some issues which had recently been brought to our attention around communication and saw that changes were being implemented to improve this area of the service.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- People's records evidenced that other agencies were involved in their care.
- People had regular access to GP services. Where required, referrals had been made to Speech and Language Therapists and dieticians when this support was required by people.
- Staff knowledge and records was not always accurate in relation to the management of pressure area care for people. We raised this with the registered provider who made a commitment to address this. Following the inspection the registered provider confirmed that appropriate action had been taken.

Staff support: induction, training, skills and experience

- There was a training structure in place which covered all areas that the registered provider had deemed mandatory. We received some mixed feedback from staff with regards to training.
- Some staff said that training was okay, and they felt it helped them within their roles.
- Some of the staff we spoke with, however, said that the training did not meet their needs. Training was a mixture of learning modules and practical tests. Two staff felt that the training especially in moving and handling was not well organised. Another staff member said that they were expected to complete the practical tests during their work time which took them away from their shift.
- People and their relatives felt staff were skilled and well trained. One person said, "I feel safe when the staff move me, they hoist me and there are always two staff doing this."

We raised this feedback with the registered provider at the time of our inspection, who agreed to review their training procedures.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

We found that they were.

Ensuring consent to care and treatment in line with law and guidance

- The registered manager was complying with the principles of the MCA.
- People were assessed to determine their ability to make decisions around their and support and the outcome of these assessments was clearly documented.
- Where people could not consent to decision-making, the rationale for making any decisions in their best interests was clearly recorded in their care plans.
- The registered manager continued to monitor and apply for DoLS appropriately.
- People had signed their own care plans where they were able to do so.

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

- There was pre-admission assessment information in each of the care plans we viewed.
- Pre-admission assessments had been used to develop each person care plan, and we saw that information gathered at the pre-admission assessment stage had been correctly transferred over into people's care plans with the involvement of the person themselves, or their family.

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

- People were served meals of their choice and in line with their dietary requirements.
- The chef was knowledgeable regarding people's eating preferences.
- There was a two-week menu in place and people had been consulted with regarding the food choices.
- The menu for the day was displayed in the dining room. We discussed with the registered provider about making the menu available in different formats to support people's understanding. They assured us they would address this.

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

- There was an ongoing programme of refurbishment at the home. Some of the communal areas were bright, spacious and well cared for, and others required attention. We spoke with the registered provider about some of these areas and they assured us they were on the list for renovations and will be redecorated.

# Is the service caring?

## Our findings

.Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff treated people with kindness, consideration and respect. Comments from people and relatives included, "Yes, they [staff] are very kind and caring", "My relative likes the staff and they are very comfortable with them", "The staff are very good. They are all excellent. They are always patient and respectful", "All the staff are lovely, and you can have a laugh and a joke with them. They are very caring and always patient with me" and "The staff who look after me are excellent. They are very kind and patient even though I know I can be trying."
- Care plans contained information regarding maintain and supporting people's diverse needs. For example, we saw how one person liked to go to mass. Another person liked to dress in a certain way.
- We observed staff speaking kindly to people and treating them with respect.

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

- Visiting relatives told us they felt involved and communicated with regarding their relatives care and support. Family members said that communication was 'excellent'.
- Care plans showed that where possible people had been involved in their care plan reviews.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was respected, and privacy was promoted.
- Care plans were written in a way which put people's choices and preferences first. For example, one person liked the menu to be explained to them, and they would indicate what they wanted.
- We observed staff knocking on people's doors and asking them if they wanted anything or if they were okay.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Most care plans contained information relating to person-centred care which focused on the person's needs, choices and wishes for support.
- People's backgrounds and hobbies were recorded in their care plans to enable staff to get to know more about them.
- There was an activities coordinator in post, and a programme of activities at the home.
- People and their relatives told us the activities were 'okay' however there was not much going on.
- We observed during our inspection that people were mostly in communal areas in their curtain chairs or in their bedrooms. We fed this back to the registered provider during our inspection, who assured us that activities were always on offer, and more would be done to try to engage people.
- The Service User Guide was made available in easy read or large print to help support people's needs.

Improving care quality in response to complaints or concerns

- There was a process in place for dealing with and responding to complaints and concerns.
- We discussed at length some of the concerns we had received with the registered provider as we wanted to be sure they were taking action to be responsive to complaints raised by family members.
- The registered provider assured us, and we saw that all concerns the service were aware of had been addressed and responded to.

End of life care and support

- Staff had undergone a training module to enable them to support people in their last days.
- We discussed end of life training with the registered provider and the training manager, as some staff said they felt the training could be better. The registered provider told us they would consult with staff, and make any changes as needed.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Audits took place which looked at service provision. We saw that the content of the audits was detailed, and any actions were followed up with action plans.
- We saw however, that audits were not covering a wide range of documentation. For example, we saw that two care plan audits were taking place per month, two medication audits per month, and a full medication audit every year from the pharmacist. We discussed with the registered provider the timescale it would potentially take for all people's care plans to be audited using this current system.
- The auditing system had not highlighted or addressed some of the concerns we identified in relation to records due to the fact that the care plan had not been audited recently.

We recommend that the registered provider reviews their process in relation to auditing and takes action accordingly.

- Staff were clear regarding their roles, however, some staff felt the training required improvement and were not always confident in raising concerns with the registered manager or registered provider.
- The registered manager was unavailable during our inspection; however we spent time speaking to the registered provider and the staff.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Some records lacked consistency in presentation and reviews and were confusing in parts, which we discussed with the registered provider.
- There was mixed feedback with regards to the management of the home. Some staff said they did not always feel they could approach the management for support. People who lived at the home and their relatives said they felt the home was ran well overall and knew the registered manager by name.
- The registered manager had reported any concerns to CQC.

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

- People who lived at the home and their relatives felt communication was good, and they were kept informed of any changes with regards to their family members health.
- The majority of people and their relatives said they would recommend the home to others. One person said, "Yes, I would recommend it because it's very good and I have got everything I need."
- People who used the service and their relatives were engaged with in the form of questionnaires which were sent out annually. We saw that some of the feedback, such as menu changes had been implemented

at the home.

- Team meetings and resident meetings took place every month.

Continuous learning and improving care; Working in partnership with others

- The registered manager and the registered provider had already begun to implement change as a result of some issues with service provision. This included the management structure of the home, and the delegation of the registered managers time. There was a detailed plan in place to address these changes.
- The staff referred and engaged with some health professionals and had taken on board advice to ensure people received care they needed in most areas.
- The service worked with the local authority to ensure people were suitably assessed before being offered a place at Grace Lodge.