1st Care Limited

Orrell 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?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 1 and 3 October 2018. The first day of inspection was unannounced.

Orrell Grange is a purpose built care home providing accommodation and nursing care for up to 36 older people. It is situated in a residential area of Bootle with nearby facilities including shops, pubs and public transport. At the time of the inspection, there were 27 people living in the home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The home had a registered manager. A registered manager is a person who has registered with 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.

At our last inspection in August 2017, we found that the registered provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The home had not always maintained the environment to ensure the provision of safe care and treatment. Staff had not always managed medicines safely. During this inspection we checked whether the service had made improvements.

We found the registered manager and staff had worked hard to better the safety and quality of care. However, aspects of the safety, effectiveness and governance of care were still not always robust enough to protect people. This meant that there was overall no change in the rating of the service. There was a continued breach of regulation, with regards to prevention of and response to risk for people. People's safety needed to be managed better by the home and the registered provider.

However, we highlight there were also very good examples of care. We found an overall caring culture led by the registered manager, who was looking at further ways to improve. Staff we spoke to confirmed this. People and their relatives spoke highly about the registered manager and the service.

We found that the management of medicines had significantly improved. The provider was no longer in breach of Regulation 12 regarding this.

The home had acted on our concerns regarding people's access to some parts of the premises and secured these. We found however that the registered provider had not always acted in a timely way on some risks to people identified by checks, assessments and the monitoring of people's health.

Care files showed staff had completed risk assessments to assess and monitor people's health and safety. We found that staff had not always taken appropriate action to protect people based on their monitoring.

You can see what action told the provider to take at the back of the full version of this report.

More detailed systems than at our last inspection were in place to oversee the safety and quality of the service. However, there were again issues we found during our inspection that these checks had not picked up.

You can see what action told the provider to take at the back of the full version of this report.

People told us they felt safe living in Orrell Grange and staff responded to their needs quickly. Staff were knowledgeable about keeping people safe and knew safeguarding procedures.

Staff recruitment was robust. People living in the home and relatives told us there was enough staff on duty to meet their needs and staff agreed. The registered manager had added an additional staff member to protect people better.

When people were unable to provide consent, the home had completed mental capacity assessments. The registered provider was supporting the registered manager to improve these. We saw a good example of the registered manager working with others in a person's best interest. The service needed to review conditions for people being deprived of their liberty to ensure they cared for people in the least restrictive way.

We have made a recommendation about working within the principles of the Mental Capacity Act 2005 (MCA).

Staff told us they felt well supported and could raise any issues with the registered manager. Staff were supported through a comprehensive induction when they commenced in post and completed a variety of training.

The home provided people with a variety of good home-made meals and snacks. People told us they enjoyed the food and there was plenty of it. Staff supported people to eat when needed and were aware of people's nutritional needs and preferences. The home's kitchen were creative in presenting pureed food in appetising ways.

People told us staff were kind and caring and treated them with respect. Everybody spoke highly of the staff and the support they provided. Interactions between staff and people living in the home were familiar, warm and genuine. We observed staff respecting people's dignity throughout the inspection.

People's care plans contained varying levels of information about their life history, as well as preferences in relation to their care. At times there needed to be a clearer focus on how to prevent the risk and promote people's autonomy. During our inspection we saw staff responding to a person's changing health needs.

Relatives were made to feel welcome by staff. The home advertised details for local advocacy services to represent people when they needed this. People told us they enjoyed the activities available within the home. The registered manager had introduced more trips out for people.

Activities coordinators carried out surveys with residents. We discussed with the registered manager that asking people for their views and opinions could take place more naturally and regularly. There was a complaints procedure available within the home. Complaints had been reviewed by the registered manager and all action taken towards resolution was recorded.

The provider was updating the environment in response to a survey from the summer. We saw evidence of personalisation in people's bedrooms, such as having their own bedding, furniture, ornament displays and favourite football teams.

Residents' and relatives' meetings took place every six months. Relatives told us they could raise any issues at those meetings. The service had introduced a quicker electronic way of asking relatives for their feedback.

Feedback we received from the local authority and commissioners was overall positive and showed improvements.

The registered manager had submitted notifications to the Care Quality Commission (CQC) regarding events and incidents that had occurred in the home in line with regulations. The service had displayed the ratings from the last inspection in the reception area of the home and on the provider's website.

This is the fourth time the service has been rated Requires Improvement.

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 always safe.

The service had not always managed or appropriately responded to risks identified for people using the service. This included risks in the environment, as well as those to people's health and wellbeing.

The service had improved their management of people's medicines and this was now robust.

The service had recruited staff safely using appropriate checks. Everyone we spoke with told us there were enough staff to meet people's needs.

On the days of our visit the home was clean and odour free. Flooring was in need of replacement and the provider was in the process of carrying this out.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were reviewing capacity assessments to improve them in line with the Mental Capacity Act. The service needed to review authorised restraints more frequently to work in the least restrictive way.

The service worked with a variety of other health professionals, but not always in a timely manner.

People had enough to eat and drink. People who lived at the home and relatives told us the food was very good.

Staff received the training and supervision they needed to work effectively.

Is the service caring?

Good

The service was caring.

We observed a warm, familiar and caring atmosphere at the

home throughout our inspection.

People who lived at the home, relatives and staff spoke highly of the caring nature of the service, which the registered manager led on

Staff treated people with dignity and respect. The service involved people living at the home and relatives in decisions and planning of care.

Is the service responsive?

Good

The service was responsive.

Care plans included information to help staff learn about people and care for them in the right way. The level of information varied at times.

'Resident surveys' took place but people's views could be gathered more often in a less formal, more natural way. The provider was updating information in welcome packs to make it more accessible for people.

People enjoyed the activities within the home and more trips out had taken place.

The service cared for people at the end of their life. Staff received training to support them with this and the home had several 'end of life' champions.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Systems were in place to oversee the safety and quality of the service. However, there were issues we found during our inspection that these checks had not picked up.

External audits and risk assessments had not led to a robustly safe service for people living in the home.

Team meetings, residents' and relatives' meetings took place, but were not frequent. The provider had introduced a new electronic survey to get relatives views.

A registered manager was in post. The registered manager was well respected by staff, people and relatives. It was clear that they had worked hard to make improvements to the service.

Orrell 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 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.

During the inspection the registered manager and the local authority made us aware of an investigation into some aspects of the safety of people's care. Our inspection was separate from this investigation. However, as part of our standard checks we looked at people's care plans to see whether the service had responded appropriately to any risks or concerns.

This inspection took place on 1 and 3 October 2018. The first day of inspection was unannounced. The inspection team consisted of two adult social care inspectors.

Before our inspection we reviewed information we held about the service. This included the statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law.

We used information the registered provider sent us in the Provider Information Return. This is information we require registered 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 also contacted the commissioners of the service and the local safeguarding team to gather their views. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the registered manager, the registered provider's healthcare auditor who was supporting the home and the service's clinical lead nurse. We spoke with care staff, nurses and activities coordinators when we toured the home. We also spoke with one of the chefs, a senior member of the domestic staff, a kitchen assistant and a nurse.

We spoke with four people living in the home and five relatives.

We looked at the care files of five people receiving support from the service and four staff recruitment files. We checked daily communications, records and charts relating to people's care, medicine administration records and audits. We looked at the home's safety and maintenance checks, quality assurance processes, training and supervision information. We toured the home on both days of our inspection, observed the delivery of care at various points during the inspection, and observed people participating in social activities.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in August 2017, we found that the registered provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not always maintained the environment to ensure the provision of safe care and treatment. Staff had not always managed medicines safely.

Following our last inspection, the registered provider sent us an action plan of how they would make the necessary improvements. During this inspection we checked whether this had been achieved.

We found the management of people's medicines had improved. However, the service continued to be in breach of regulation 12 as they had not always responded effectively to identified risks to people's health and safety. This included people's health care, as well as the management of the environment in relation to fire risks. Safety checks of the environment were not always robust and clear.

Care files showed staff had completed risk assessments to assess and monitor people's health and safety. Care plans highlighted known risks to individuals' wellbeing and detailed the measures staff needed to take to keep people safe. According to records we viewed, staff had not always taken timely action in accordance with care plans when they noticed worsening health concerns. This put the person at significant risk.

The home had acted on our concerns regarding people's access to some parts of the premises and secured these. External contracts and internal checks were in place to assess the safety of the building and equipment. However, internal checks did not pick up on some safety concerns. The provider had not addressed some fire safety concerns from an external assessment.

The provider had employed a specialist to carry out a fire risk assessment in July 2018. We understood the registered provider disputed some findings, as they felt not all of the external recommendations were safe within the assessment. As a result the majority of remedial works had not been booked for commencement and completion until mid-October. However, some undeniable risks to people that needed immediate attention had not been fully addressed by the provider. This included the storage of combustible items in the 'roof voids', or loft. The risk assessment stated there was no adequate smoke detection or separation in the loft. The registered provider informed us following our inspection adequate fire detection was in place and we saw that compartmentation of the roof voids was part of their remedial works booked for October. However, combustible items were still in the loft at the time of our inspection, which posed a risk to people should a fire start in this space and spread quickly. We asked the registered manager to confirm to us as soon as possible that these items had been removed. They did so at the end of the week of our inspection.

The home's maintenance person showed us the door to the laundry room, a significant source of heat, did not always close fully. This was picked up by the fire risk assessment some months ago, but did not show on the home's fire door checks. The provider's health care auditor and the registered manager were not aware of this. They addressed this fault and introduced further checks.

Plans about people's safety and behaviours that challenge were not always person-specific and preventative. People had Personal Emergency Evacuation Plans (PEEP) in place. These gave basic information, but in places needed more detail, for example about meeting points or communication abilities of people, to help staff support individuals effectively in an emergency.

The provider's "Distressed Reaction Behaviours Policy" described a focus on working proactively and preventing incidents of behaviours that challenge. We found that people had risk assessments around behaviours that challenge. However, staff needed to share in more detail what helped the individual in a personalised way to avoid situations becoming distressing in the first place. We discussed with the registered manager that incident forms could be used more effectively to support people who may present behaviours that challenge. We discussed that this could be by learning about what might make incidents more likely, or what could help prevent them.

The above examples are a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The service now managed people's medicines safely and was no longer in breach of regulation regarding this. We carried out stock checks and these were correct. Staff had signed for medicines they had given people appropriately. Staff ensured good record keeping around medicines, including the application of creams. The registered manager checked that staff were competent to give people their medicines. Protocols for people's 'as required' medicines were detailed and person-centred. We discussed with clinical staff the way in which one person received their medicines and staff took appropriate action.

People told us they felt safe living in Orrell Grange. Relatives felt their loved ones were safe living at Orrell Grange. One person we spoke with said, "'I feel safe and have no concerns about being here." A relative told us, "'I feel [relative] is safe here and I do not worry when I leave'".

People who lived at the home and their relatives told us there were enough staff to keep people safe and meet their needs. Staff we spoke with agreed. During our inspection we observed staff helping people when they needed it. We checked the home's staff rotas with the registered manager. They showed us that shifts rarely went uncovered. The registered manager had added a member of staff to keep people safer at certain times of the day, based on their analysis of incidents. The home employed and trained their own 'bank staff' to be available to cover unfilled shifts at short notice.

The home's recruitment processes were robust. We checked files for four members of staff. We found administrative staff had carried out appropriate checks to help protect people using the service and ensure new staff were suitable to work at the home.

Staff were knowledgeable about keeping people safe and knew safeguarding procedures. The service had an easy read guide on "Say No to Abuse" inserted into the welcome pack for people using the service. We found that safeguarding referrals, where the home had made them, had been made appropriately. We saw an example of a concern being investigated and resolved by the service. Staff told us they were confident the registered manager would address any concerns they raised. Staff were also confident to whistle-blow to other bodies, such as the local authority or CQC. The provider's safeguarding policy and whistleblowing policy supported this.

Staff we spoke with knew how to report accidents and incidents. There was a monthly review of all accidents and incidents by the registered manager. They used a clear form which identified any trends or patterns. To help with analysis and lessons to learn, the registered manager looked at the location of accidents, the time

of day the occurred, the injury caused and whether the person lived with dementia.

On the days of our visit we found the home to be clean and there were generally no unpleasant smells. The home's most recent external infection control audit scored very highly with almost 99%. The home's flooring was in need of repair. The registered manager showed us evidence that the provider was in the process of carrying this out.

Requires Improvement

Is the service effective?

Our findings

At our last inspection we found that the service needed to improve their working within the principles of the Mental Capacity Act 2005 (MCA). At this inspection we found there were still issues regarding this. The registered manager was addressing these with support from the provider.

The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

We found that appropriate authorisations were in place for people. However, staff had not evidenced meaningful review of restrictions on people's freedom in line with conditions on authorisations. For example, the use of a restrictive seatbelt or giving people their medicines hidden in food or drink needed to be reviewed regularly by the service. This was to ensure they worked in the least restrictive way.

The registered manager with support from the provider's health care auditor was reviewing mental capacity assessments. This was to make them more decision and person-specific. We discussed with both ways to ensure that mental capacity assessments were structured correctly.

We recommend that the service evidences their review of conditions on people's deprivation of liberty authorisations and refers to government published codes of practice for development of mental capacity assessments.

We found a good example of the registered manager working in a person's best interest to achieve a positive outcome for them. The person was not eating the special diet professionals had prescribed for them and they were losing weight. The registered manager used the best interest principles of the MCA to meet with stakeholders and review this. The registered manager informed us this had led to the person eating better and regaining weight.

People had access to health professionals, including GPs, speech and language therapists, dieticians, opticians, physiotherapists and district nurses. Records we viewed showed staff had not always reviewed and referred health concerns in a timely manner in line with care plans.

People had enough to eat and drink. People who lived at the home and relatives told us they liked the food at the home and we saw there was plenty of it.

One person told us, "The food is good and the kitchen staff go 'round with a menu every day." Another person said, "'I like the food, I really love the toast and jam they do." A relative told us, "They cater for my [relatives] preferences and there is a good choice when it comes to food."

Another relative said, "They would encourage my relative to eat even if it meant having two 'sweets' instead of a meal as it is very important to keep his calories up. [Relative] is on a puree diet and wherever possible they separate it out i.e. meat and veg to make it more appetising and appealing."

Kitchen staff used people's food preferences to produce a menu, but alternatives were on offer. People also had regular snacks and drinks. Kitchen staff were knowledgeable about people's different diets. We saw that kitchen staff presented people's pureed foods by piping separate meal items it into rosettes to create an appetising effect. One of the staff told us, "I love baking cakes for the residents. I bake one for their actual birthday, but then there is also cake when we have a celebration for all the residents born in the same month." We sampled the lunchtime food and some of the baking and it tasted very good.

Staff added thickeners to the drinks of people with swallowing difficulties in line with prescriptions. We discussed with the registered manager that they could improve on the recording of this, so that information was clearly available. The registered manager told us about how they worked together with the clinical commissioning group. One example was in the summer to ensure the home had enough thickener available when people needed more drinks to stay hydrated.

Staff we spoke with told us they felt well supported in their role. We found that staff had a detailed induction when they started and this was specific to their role. At the previous inspection we found that not all staff received regular supervision meetings. The registered manager showed us that this was now improving, but there was more work to do. Staff we spoke with told us, "I have supervision every couple of months. I get to speak about what is important to me." Supervision meetings are a way for managers to support staff development and performance and offer the opportunity to raise any concerns on an individual basis.

The home had a variety of training on offer. This included learning modules mapped across the Care Certificate. The Care Certificate is an induction standard for staff caring for people. Most of the staff had completed all these modules. The provider also promoted staff completing national vocational qualifications. The registered manager had arranged manual handling training, as not all staff were up to date with this. There was also more specialised training on clinical aspects of care. Not all staff providing nursing care had attended this, but the registered manager had arranged more sessions.

The registered provider and the registered manager had identified that the home's environment needed some updates. This included introduction of clearer signage for orientation, including on people's bedrooms door. This could help to make the environment more supportive for people living with dementia.

Good

Is the service caring?

Our findings

People living at the home and their relatives told us staff were kind and caring and treated them with respect. The registered manager was proud to be leading the caring culture of the service. They had a guitar in their office which they sometimes played for people at the end of their working day. A person living at the home said about the registered manager, "When I need her she is always there."

One person we spoke with told us, "I am very pleased to be here." Another told us, "I am happy and the staff know me well." Other people's comments included, "I like it here, it is full of nice people" and "I have lived here a long time, it is good."

We walked around the home and we observed different aspects of care on both days of our visit. We saw warm and familiar interactions between staff, people using the service and relatives. Staff took time to care for people and responded to their needs, but were not rushed.

Some rooms had en-suite facilities and evidence of personalisation such as people's own bedding, furniture, ornament displays and favourite football teams. People also had a personal profile doc in their bedroom which provided basic information about their preferred routines and preferences such as how they liked their tea, if they used shower gel or soap, preferred a bath or shower. The home celebrated people's individual birthdays and there was an additional larger party for all people born in the same month.

We went around to speak to relatives, but relatives also came to us to tell us about how very caring the home was. A relative told us in a heartfelt way how grateful they were for the care the home provided to their loved one and that they could not ask for more. Another family member said, "'[Relative is] very well looked after here, the staff are brilliant, so helpful and lovely'. Staff are always talking to the residents and that makes a big difference. Staff are warm and genuine and share good banter with each other and the residents."

Other relatives said, "The home is welcoming. All staff are approachable and we have never had to complain". Relatives told us that visiting hours were flexible.

People told us staff respected their privacy and dignity, for example by always knocking on their door before coming in. Nurses kept people's care plans in a lockable cupboard within their office, to protect privacy.

Staff told us they always ensured they looked after people as well as they would like their loved ones to be looked after. A member of staff said, "I always knock on the door before I go into the room, I ask if it is ok to come in. If they cannot answer me, I will go up to them and speak to them so they can hear me."

The service was looking into the use of technology, such as computer tablets, to support people to express their views and wishes in different ways. Parts of the resident information pack were provided in an easy read version to make it accessible. The provider's healthcare auditor told us they were reviewing this to make the whole document easier to understand for people.

We observed staff asking people if it was ok to help them with something before they did. People ate their lunch either in the lounges or in a smaller dining room. Staff sat with people who needed assistance with eating and were not rushed. Staff were calm during lunchtime and responded gently when some people had more heated discussions.

We asked staff how they helped people to express their views, for example if the person did not speak. A member of staff said, "We get to know [people's] facial expression, or you can 'prompt' them [with questions]. We had a [resident] who used word pad, it was a matter of [acting things out for the person with gestures] but you got there."

The registered manager and staff involved relatives in the care planning for their loved ones. Relatives told us, "I was totally involved in the care plan as my [relative] cannot 'speak' for [themselves]." Another relative confirmed they had reviewed care plans together with staff. The home advertised independent advocacy services for people, if they had no one else to represent them.

Good

Is the service responsive?

Our findings

A person living at the home told us, "'Staff have enough time to see to my needs and are quick to respond to them." Relatives agreed that staff knew people well and were good at meeting their needs.

Care plans we viewed included information to help staff learn about people and care for them in the right way. The level of information varied at times. For example, some people had detailed information about their food preferences, but others did not. However, we understood the service was moving to a new electronic system. This meant they were adding and updating information as they transferred plans across.

Care plans and risk assessments around people's nursing needs provided clear direction for staff. Pre-admission assessments identified people's needs. Information about people and their life stories was detailed. Staff had completed risk assessments based on people's needs and reviewed them regularly. We discussed with the registered manager that at times reviews simply stated, "no change". This might not reflect that staff had tried other approaches.

Assessments, such as on the risk of developing pressure sores, needed to link more clearly to preventative plans, although we found evidence of staff completing relevant records. We saw for example that staff had filled in repositioning charts and checked people's bodies for any sores or marks.

Relatives told us that staff were good at responding when people became distressed. A relative said, "They do not push [relative] when agitated, they will come again when it is better for [my relative]." We considered staff could support this further by detailing in care plans what helped to prevent the person becoming distressed.

Communication care plans provided instructions for good communication, for example the use of simple and short sentences. This supported people by making information more accessible. The provider was updating information in welcome packs to make it more accessible for people. We found activity care plans described people's past, including their former occupation. There were instructions for staff to initiate conversations around these topics to promote reminiscence.

There were two activities coordinators. People told us they enjoyed the activities in the home. Trips out had taken place, but people said they would like these more often. A person living in the home told us, "I have been for the odd pub lunch but there could be more activities and it would be nice to get out more." Staff had supported one of the people living at the home to visit their football club's grounds.

Other people's comments included, "Sometimes I go to the bowling green with staff, that's good", "I enjoy the bingo and quiz, I could do that every day" and "There is enough to do and I would not want to go out." Relatives told us they felt there was a good offer of activities. On the first day of our visit there was bingo. On the second day, the home had arranged for an entertainer to come in who sang for people.

'Resident surveys' were carried out by the home's activities coordinators. They had last completed these in

June 2018. People we spoke with told us they felt listened to by staff and the registered manager. The registered manager and provider were addressing findings from surveys, such as updating the environment of the home. Staff were always talking with people, so views could be gathered more often in a less formal, more natural way.

The registered manager shared with us their "You said – We Did" reports. These showed that the home had listened to people living at Orrell Grange, as well staff, to make the service more responsive to people's needs. This included an update to the environment, more trips out, more time for staff to speak with residents and allocating a named key worker.

People who lived at the home and relatives we spoke with told us they had had no reason to complain. There was a complaints and compliments procedure in place. Information about how to make a complaint was included in the home's welcome pack for people and their relatives. We found that a couple of minor complaints had been recorded and investigated appropriately by the registered manager. They had taken action towards resolution and recorded this.

During our visit, we observed how the service responded well to the changing health needs of a person living at the home. Within 24 hours of the person's health deteriorating significantly, nursing staff and the registered manager had written updated care plans. They had introduced additional monitoring records and taken other steps to care for the person well.

The service cared for people at the end of their life. Staff received training to support them with this and the home had several 'end of life' champions.

Requires Improvement

Is the service well-led?

Our findings

The home had a registered manager and they had been at the service for over two years. A registered manager is a person who has registered with CQC to manage the service. We found the registered manager warm, welcoming and responsive to our feedback.

At our last inspection we made a recommendation regarding the home's auditing processes. This was because quality assurance processes had not picked up issues we had found with regards to the safety of the home.

At this inspection we looked to see if the necessary improvements had been made. We found that the registered manager had completed more thorough audits. However, these had not always identified and addressed issues, such as lacking robustness of safety checks.

We found that where external monitoring had identified concerns to the safety of people, the registered provider had not always acted in a timely manner. This included immediate concerns within the fire risk assessment from July 2018. The provider disagreed with the risk assessment carried out by an external contractor as part of the provider's safety governance, as they felt not all of the external recommendations were safe. However, in that they overlooked some concerns that were clear and needed to be addressed immediately. This included the continued storage of combustible items in the loft, as well as issues with fire doors. The external assessment also picked up that the home's own fire door checks had not recorded relevant faults.

We looked at the fire doors check conducted by the home's maintenance person on 2 October. This showed all doors as in working order. On 5 October the provider's health auditor told us, in writing following our inspection, that in fact two of the doors were not closing correctly. The maintenance person had also recorded on the check sheet that the laundry door closed, yet demonstrated to us on 3 October that it did not always.

The above issues showed that quality assurance processes needed to be more effective in testing the robustness of checks. Quality assurance elements, including external assessments and internal checks, needed to link up timelier and more effectively to improve safety for people.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed with the registered manager and Healthcare Auditor the water safety checks of the home. Some of these checks had been included in other tests. There were different external and internal risk assessments and measures to promote good water safety. We discussed the difference in information with the Healthcare Auditor, who informed us of their current practice. The registered provider had also employed external contractors to carry out future water hygiene risk assessments.

We found good examples of where the registered manager had introduced more robust checks, such as of people's pressure relief mattresses. An unannounced visit by the provider had picked up the need to redecorate the corridors due to low natural light levels.

We recognised that the registered manager and their team had worked hard to make improvements and had achieved this, particularly regarding the safe management of medicines. The registered manager was working in partnership with the clinical commission group and other commissioners to improve the quality of care for people living at the home. Feedback we received from these stakeholders was overall positive and highlighted some improvements the service had made.

People who lived at the home, relatives and staff gave us positive feedback about the registered manager. Comments included, "The [registered] manager is approachable, helpful and open, and able to answer any queries" and "Approachable and addresses things, I have not had to complain." Staff told us the registered manager listened to them and they felt well supported.

Staff told us, "Great to work here, I do love it!" We asked if everybody working at the service had the same goal. A member of staff said, "Just to be for there for care and safety of the patients, everything runs smooth if you are happy."

Staff told us regular meetings were available for them to attend and that they were able to share their views and were confident they would be listened to. We saw in records that meetings occurred regularly, between three and four months. Staff spoke about concerns and training needs at these meetings.

Residents' and relatives' meetings took place every six months. At these, people living at the home and their families had discussed things such as flu jabs, protected mealtimes, work on the garden, involvement with care plans, food, activities, and the colour of rooms. The provider had started new and quicker electronic surveys for relatives. These collected comments on things including the cleanliness and environment of the home, time relatives had to wait to be let into the home by staff, relatives' involvement and the quality of care. Responses were overall positive. As the surveys were very new, the registered manager had not yet addressed any issues.

There was a range of policies in place to help guide staff in their role. We requested the provider's policy on equality and diversity. A focus on equality and diversity are important to ensure the diverse needs of people using the service, as well as that of staff, are protected. Diverse needs can include a person's age, disability, gender or gender reassignment, marital status, maternity, race, religion or sexual orientation. The home provided us with an equal opportunities policy that related to progression within the organisation but made a clear statement against discrimination of any kind. The policy outlined everyone's responsibilities in this respect. We saw that this was also included in the easy read guide for people on "Say No to Abuse."

The registered manager had submitted notifications to the Care Quality Commission (CQC) regarding events and incidents that had occurred in the home, in accordance with our statutory requirements. We asked the registered manager to submit one outstanding notification, which they did. This meant that CQC were able to monitor information and risks regarding Orrell Grange.

Ratings from the last inspection were displayed within the home and on the provider's website in line with requirements.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service had not always responded effectively to identified risks to people's health and safety. The service had not taken action in response to fire safety concerns raised in a fire risk assessment. Staff had on occasion not done all that was reasonably practicable to mitigate known risks to people in a timely manner in line with care plans.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider's monitoring systems were not always operated effectively to ensure a safe service in line with good governance requirements. The registered provider had sought but not always acted in a timely manner on feedback from other persons to improve the safety of the service. Aspects of internal auditing were not always reliable when assessing and monitoring the safety of the service.