

St Philips Care Limited

The 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



Overall summary

We carried out an unannounced comprehensive inspection of this service on 15 April 2015. At that inspection we found a breach of legal requirements. People living with dementia were not living in a suitable environment which was a breach of Regulation 15 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Premises and Equipment.

The premises were not suitable for people living with dementia because there was no opportunity for them to interact with the environment. The doors, walls and handrails were all one colour and there was limited signage to help people be able to be as independent as possible. Parts of the service were in need of repair.

We also recommended the provider reviewed staffing levels and follow good practice in relation to the Mental Capacity Act (2005).

After the comprehensive inspection, the provider wrote to us with an action plan to say what they would do to meet legal requirements in relation to the breach.

We undertook this focused inspection on 3 September 2015, to check that they had followed their plan and to confirm that they now met with the legal requirements. This report only covers our findings in relation to that requirement. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Grange on our website at www.cqc.org.uk.

We found that improvements had been made to staffing levels to ensure there were sufficient staff available to meet people's needs. The registered manager had reviewed staffing levels and now had sufficient staff to meet people's needs. Care was delivered in a calm and kind way and was unhurried. People were able to make choices about their care and there were sufficient staff to support this.

The service had some staff vacancies which meant staff were doing additional shifts and the registered manager was delivering care. We suggested the registered manager keep this under review as it could impact on the leadership of the service.

Summary of findings

Improvements had been made to the environment. Repair work and redecoration had taken place in a communal bathroom. Bedroom doors, hand rails and communal doors had been painted to enable people living with dementia to be as independent as possible. Some further work was planned to the environment to make it as dementia friendly as possible.

Improvements had been made to the implementation of the Mental Capacity Act (2005). We saw detailed assessments of people's ability to make decisions. Where people could not make decisions the service had included the relevant people to ensure they made a best interest decision on the person's behalf.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Improvements had been made to staffing levels.

The registered manager had reviewed staffing levels and was assured they had sufficient staff to support people who lived at the service. Staff told us it had improved since our last inspection.

We saw staff provided support to people in an unhurried and caring way.

The service had some staff vacancies which meant the registered manager was delivering care. We suggested this be monitored to ensure the registered manager had time to complete her role.

Requires improvement



Is the service effective?

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Improvements had been made to the environment.

Redecoration work had commenced the changes to the colour of doors, handrails and improved signage meant people could be more independent.

People's bedroom doors had signs with their names and information which was personal to them.

Improvements had been made to mental capacity assessments and best interest decisions. We saw detailed assessments of people's ability to make decisions.

Requires improvement



The Grange

Detailed findings

Background to this inspection

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

This inspection took place on 3 September 2015 and was unannounced. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on the 15 April 2015 had been made. We inspected the service against two of the five questions we ask about services: Is the service safe: Is the service effective. This is because the service was not meeting one legal requirement and had received two recommendations in relation to staffing and the mental capacity act.

The inspection took place with one inspector who reviewed information about this service that was held by CQC. This included the statutory notifications that had been made and the action plan that had been sent to us by the service following the 15 April 2015 inspection. Prior to the inspection we contacted local authority commissioners.

We spoke with one person who used the service, and three visiting relatives. We also spoke with three members of staff; the registered manager, a care assistant and the activities co-ordinator. After the inspection we spoke, on the telephone, with the head of care.

We looked at three support plans to review the mental capacity assessments and records of best interest decisions. We spent time observing staff interactions with people in the main lounge, and over lunch. We looked at the staff rota for the last four weeks. We completed a tour of the building paying specific attention to décor and signage which would help people living with dementia to be as independent as possible.

Is the service safe?

Our findings

At the last inspection on 15 April 2015 we found concerns with staffing levels within the service. We had seen people were cared for but staff were rushed, and they did not have time to sit and talk with people or support them to take part in social activities.

We had observed staff to be very busy, however, people's call bells were answered promptly, people had their care delivered in line with their care plans and looked well cared for. A number of people needed care from two care staff and we saw this was provided. One person spoke to us and told us they were 'wet' and wanted care staff to help them get up. We spoke to the registered manager about this and a member of staff went to support the person with their personal care. There were periods during the morning when care staff were not supervising people in the main lounge however the administrator spent some time in the lounge and helped to make drinks for people.

We recommended the provider review staffing levels to ensure they are confident they have sufficient staff to support people.

At the inspection on 3 September 2015 we found staffing levels had improved.

One person who lived at the service told us, "I like it here. This morning I had a lie in, the staff are able to help me when I want it, so if I want to stay in bed longer I can. I can have a bath when I want and the food is good." A relative told us, "I think generally there is enough staff. I have never had any concerns about the standard of care [my relative] receives." However, another relative told us they did not think there were enough staff and there could be more going on for people who lived at the service. They said, "Overall [my relative] is having their care needs met, but sometimes I think there could be more going on and I have seen people in the lounge without any staff around."

We spoke with one care assistant who told us things had improved since our last inspection. They said staff did not have to, "Run around as much. We have more time to spend with people and it's not as rushed." Another member of staff told us, "People don't have to wait to have their care needs met, and there are generally enough staff. However, sometimes people don't have as much activity as they could have."

Since the last inspection the service had decided it was no longer able to provide nursing care. As a result of this seven people had moved into alternative accommodation. At the time of our inspection 17 people were living at the service. We observed care delivered throughout the inspection was caring, compassionate and unhurried. One example was a care assistant noticed someone needed support to get changed and they quietly spoke to the person and took them to their bedroom to get changed.

The registered manager explained to us staffing levels had been reviewed as a result of people moving on. The only reduction in staffing had been the removal of one registered nurse from each shift. This was because nursing care was no longer being provided at the service. The registered manager explained to us the service needed one senior care assistant and two care assistants during the daytime. This was in addition to ancillary staff; the cleaner, laundry assistant and cook. Overnight one senior carer and one care assistant were required.

We reviewed the rota for the last four weeks and could see staffing levels were provided in line with the services own assessment. This meant the service had sufficient staff to meet the needs of people living there.

However, the service did have some staff vacancies and this meant on the day of our inspection the registered manager was working as a senior carer. They explained this had been the case for the last two weeks. If the registered manager was delivering care on a regular basis this could have an impact on the quality of the leadership of the home. We discussed with the registered manager the importance of keeping this under review to ensure it was not having an impact on their role within the service.

The service had a vacancy for a deputy manager, one senior care assistant and one care assistant. This meant staff were covering additional shifts. We also saw on occasion the activities co-ordinator was being used to cover care shifts, this meant people were not always being supported to engage in meaningful activity.

We found the service had actioned the recommendation we made at the last inspection.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service effective?

Our findings

At our comprehensive inspection on 15 April 2015 we found the environment was not dementia friendly. Corridors had no reminiscence information for people to look at, whilst there was some art work on the walls there was nothing for people with dementia to engage with. We saw three people spent most of their day walking up and down the corridor, the corridor got narrower towards the end and there was not enough room to have a seat should the person need a rest.

Some bedrooms had the person's name on the door, but these were small printed black and white labels which were hard to read, four people's rooms had nothing to identify them as someone's bedroom and we saw they just had a number. Only two bedrooms had any personal information on the door to support the person to know it was their bedroom. Although there were some signs on the toilet doors and one bathroom had a picture of a toilet it would have been difficult for people living with dementia to orientate themselves. This was of particular importance as only four bedrooms had en suite facilities. The handrails, doors, and walls were all painted in neutral colours making it difficult to differentiate for people.

This was a breach of Regulation 15 (1) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 safety and suitability of premises.

The provider sent an action plan and told us they would ensure that signage was displayed around the service and that water based gloss would be used to paint bedroom doors, hand rails, toilet doors and fire doors different identifiable colours to assist people to be as independent as possible. In addition to this they told us they would add memory boxes to people's bedroom doors so they were identifiable. They told us the home would be redecorated throughout.

At our focused inspection on 3 September 2015 we found that the provider had made improvements and had started work on the action plan they had sent us, to meet the shortfalls in relation to the requirements of Regulation 15. Not all of the improvements had taken place but we were told they would be completed by 30 November 2015.

Despite all of the work not being completed we concluded the service was now meeting Regulation 15 because when we completed a tour of the building, we could see that

redcoration had commenced. Communal doors such as those into bathrooms and toilets had been painted, as had some people's bedroom doors. We also saw handrails had started to be painted dark blue to differentiate them from the neutral colour on the walls. Signs had been put up to indicate what was behind the door. These were pictorial, for example there was the word 'toilet' and a picture of a toilet. This meant people with dementia could be more independent within the service.

In addition to this every bedroom door had a sign with the person's name on it. The registered manager told us the service had fitted these as a temporary measure whilst they waited for memory boxes to be installed. The purpose of this was to enable people living with dementia to be able to recognise something familiar to them and, where possible, identify their own bedroom. The registered manager told us people who used the service had noticed the additions of signs and had made reference to them. They told us when one person walked past their bedroom they said,

"My room" and the person was also able to find the dining room and toilet, within the service on their own. They told us this enabled the person to be more independent than they had been previously.

The service was waiting for a delivery of the memory boxes for individuals but showed us proof of order.

There was a plan in place for the rest of the decoration. The service had told us it would be completed by 31 August 2015 but they had some difficulties which had prevented this. Overall however, we saw improvements had been made to the environment for people living with dementia.

The registered manager advised us that the major refurbishment works which had been planned at the last inspection were now on hold. Rooms which were not able to be used had been secured to reduce risks to people. Repairs to communal bathrooms had taken place.

At our comprehensive inspection on 15 April 2015 we found some concerns with the implementation of the Mental Capacity Act (2005). The Mental Capacity Act (2005) provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions for themselves.

We saw mental capacity assessments in people's care plans, these assessments were made in relation to specific

Is the service effective?

decisions. The assessments were a tick box record of whether the person had the capacity to make an informed decision or not, however, there was limited information recorded as to how the member of staff had reached the decision that the person lacked capacity. We discussed this with the registered manager who agreed to review these, whilst we were there the registered manager had started to discuss this issue and seek support from the regional manager. Where it was recorded a person lacked the capacity to make a specific decision we found a Best Interest decision had been recorded and appropriate people had been involved in making this.

We recommended that the provider explored the guidance on the Mental Capacity Act 2005 looking at how a person's mental capacity is determined.

At our focused inspection on 3 September 2015 we saw that the mental capacity assessments had improved.

We reviewed three people's support plans where each person had a mental capacity assessment. There was a clear record of how the person completing the assessment had reached their decision and these were signed and dated. The assessments were individual to the person. There was a clear record of who had completed the assessment and this was signed and dated.

Where people lacked capacity to make their own decision we saw evidence of their families being involved in reaching a decision which was in the person's best interests. We observed staff routinely sought people's permission before providing support.

Deprivation of Liberty Safeguards (DoLS) are safeguards to protect the rights of people by ensuring that if restrictions are in place they are appropriate and are the least restrictive option. We noted one person's DoLS had expired. We spoke with the registered manager about this during the inspection. They emailed us the following day to advise they had submitted the required paperwork to the local authority to ask for the DoLS to be extended.

We found the service had actioned the recommendation we made at the last inspection.

We could not improve the rating for effective from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.