Grangemoor Care Homes

Grangemoor House Nursing Home

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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

This inspection took place on 13 August 2015 and was unannounced. Grangemoor House Nursing Home provides personal care and support for up to 30 people with mental health conditions. At the time of this inspection 30 people used the service. The last inspection was completed in December 2013 and was compliant with the Regulations we looked at.

The service had a registered manager. 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.

Summary of findings

Some people who used the service were unable to make certain decisions about their care. In these circumstances the legal requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) were being followed. People were not always involved in making decisions about some restrictions and restrictive practices that were placed on them.

People told us the staff were pleasant and supportive but there were times when people had to wait for staff to be available to support them.

Risks to people's health and wellbeing were not consistently identified, managed and reviewed. Some people were subject to regular checks of their whereabouts, there were no assessments to determine if these checks were necessary for each individual person.

People told us they liked the food but at times a change in menu would be beneficial.

People had access to healthcare professionals but some people experienced occasional delays with routine appointments.

People told us they liked living at the home and were satisfied with the environment and staff. However, some working practices did not support people with maintaining or developing their independence.

The provider had a complaints procedure and people told us they would speak with the registered manager or staff if they had concerns.

Systems were in place to assess the quality and safety of the home.

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?
The service was not consistently safe. Staffing levels were not always sufficient to ensure people were supported in a timely way and upon request. Staff were trained in safeguarding people from abuse and knew where and how to raise concerns. Medications were managed and stored safely.

Requires Improvement

Is the service effective?
The service was not consistently effective. The principles of the MCA and DoLS were followed to ensure that people's rights were respected. However some decisions were being made by the registered manager and staff without due consideration or involvement of the relevant people. People's nutritional needs were met but people told us that sometimes the menu was repetitive. Staff received training to support people with their care and support needs.

Requires Improvement

Is the service caring?
The service was not consistently caring. Staff were aware of and knew the likes, dislikes and preferences of people. However, people were not supported consistently with developing and maintaining their independence.

Requires Improvement

Is the service responsive?
The service was not consistently responsive. People's individual's preferences were not always considered. People knew who they could speak with if they had any concerns or complaints about the service.

Requires Improvement

Is the service well-led?
The service was not consistently well led. People did not always receive care and support in a person centred or individualised way. People told us the registered manager was supportive, approachable and helpful. Systems were in place to regularly check the quality and safety of the service.

Requires Improvement

Grangemoor House Nursing 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 was 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 13 August 2015 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. The expert by experience had personal experience of using or caring for someone who uses this type of care service.

We looked at the information we held about the service. This included notifications the home had sent us. A notification is information about important events which the provider is required to send us by law. The provider had completed a Provider Information Return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to formulate our inspection plan.

We spoke with the majority of people who used the service; some people were able to tell us their experience of life at the home. Some people declined or were unable to, so we spent time in the lounge areas and observed the interactions between people.

We spoke with a relative and a social worker who visited the home, the registered manager, the nurse and three care staff. We looked at the care records of seven people and other records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

People who used the service had mixed views of the availability and the levels of staff on duty. One person said: "There's always staff around". However another person told us: "Sometimes the staff do not have enough time to sit and chat with me". Two people commented there were not enough night staff and another person said: "Sometimes I can't go out because there is not enough staff". One person requested to go out during the morning but was told that they would have to wait for the staff on the afternoon shift to arrive. The nurse explained this was due to the timing of the request, this being around lunchtime. Staffing levels were insufficient at this time to support this person to do what they wished to do when they wished to do it.

We observed staff were busy undertaking the tasks associated with the delivery of care and support. One staff member told us: "We could always do with extra staff, but we're okay. Extra staff would mean we could do more with people". The registered manager told us staffing was arranged at minimum levels over the 24 hour period but varied according to the needs of the people. They told us that if people had planned activities that required additional staff to support them, and were over and above the minimum levels, then additional staff would be arranged.

We saw staff were vigilant in recording the whereabouts of every person who lived at the home every 15 or 30 minutes. Care staff were unsure why this was needed for every person but told us this was something that was always done. The registered manager told us: "I need to know at any time who is in the building and where they are". One person who used the service told us: "I am not allowed to go out alone, not even to the local shops which are very close by. They say I am not safe". Their risk assessment instructed staff to escort this person at all times when in the community. People's health and welfare and the risks associated with their safety were recorded in their care files and staff we spoke with told us of the action they needed to keep people safe. However there was no assessment for the requirement to constantly monitor the whereabouts of each person. The registered manager and staff told us that 'perhaps some people do not require this level of scrutiny'.

People told us they felt safe and secure at the home. One person told us: "I can lock my room and yes I do feel safe". One person said: "If I had anything to be worried about I'd go to the boss and they would report to social services or someone like you". Another person said: "I'm okay here sometimes there can be people who I don't get on with, but the staff are very good". Staff we spoke with knew what they needed to do to report any concerns about the safety or protection of people who used the service. They told us they would report any suspicions of abuse or harm to the most senior person at the time. This could be the registered manager or senior staff. One staff member told us: "We have received this training and I would report any issues straightaway".

Staff told us and records confirmed that the provider had an effective recruitment procedure in place. This meant that care staff and nurses that were employed had been subject to checks to confirm they were suitable to work at the home.

We looked at the way the medication was stored and administered. Medicines were managed safely; we observed medicines, being administered, stored and recorded. People told us the nurses gave them their medication at set times during the day. Most people were aware of when their medication was due and what they were for.

Some people required medication that could be given on an 'as required' basis. Staff confirmed there were no protocols or specific guidance for staff as to when, how often or why the medication could be given. We saw that one person was prescribed an occasional medicine for supporting them with anxiety and distress. A nurse told us they used their professional judgment in determining when they needed this medicine. They told us of the signs and the changes to the person's behaviour which triggered the need for the person to receive their occasional medication.

Requires Improvement

Is the service effective?

Our findings

Staff told us some people could not go into the community without an escort because of their vulnerability and lack of insight into their condition and potential dangers. Three people were subject to restrictions that had been agreed with the local authority to keep them safe from harm. These agreements or DoLS authorisations were in place where people who used the service were assessed as not having capacity to understand the risks to their safety. A member of staff told us that some people were subject to DoLS if they needed to be escorted out of the building.

A person told us and we saw they did not hold their own cigarettes but asked staff to provide them with one when they wanted to smoke. We saw that this instruction of the control of cigarettes was recorded and part of a behavioural management plan. The person did not complain or have objection about this restriction, however we did not see their agreement with this was recorded in their management plan.

The staff we spoke with told us they received the training and support they needed to deliver safe, effective care and support. One staff member said: "The management team have been great, very supportive. I can go to them with anything". Staff also confirmed they received regular one to one meetings to discuss their competency and performance and team meetings were held approximately twice per year. Another staff member described how they had completed the common induction standards, when they had first started at the service and had enrolled on a nationally recognised care qualification. They also confirmed that all essential and basic training was provided and up to date.

Most people told us they liked the meals that were provided and they had a choice of food at each mealtime.

One person told us: "Today we are having liver and onions. I don't like it much so I'm having a salad". Another told us: "The food is lovely; I've put loads of weight on". People also told us they were: 'Fed up with sandwiches in the evening'.

We observed a lunchtime meal, food was served in a heated trolley. People had made their food choices the day before and those who had chosen salad received a pre-plated salad meal. One person told us the salad they had been offered was 'lovely'. We observed people were asked if they wanted any accompaniments such as mayonnaise, salad cream and bread and butter. When the hot foods were being served, people were asked if they wanted the vegetables and gravy. One person was heard to say they didn't want the meal they had chosen and was offered an alternative. We saw one person was assessed as needing a softer diet, staff we spoke with were aware of this and told us: "We make sure [person who used the service] has the same as everyone else, but just a softer version. For example they have had a very tender piece of liver and I've mashed the sprouts".

One person had specific cultural dietary needs. We were told they were offered foods that were culturally acceptable, but the person often chose alternatives. Where people needed to have their food and drink intake monitored we observed that staff ensured they received sufficient to maintain their health and welfare.

People had access to health services as they needed them. One person said: "I go to see the doctor if I need to". We saw that people had received dental check-ups, but one person said: "I need my eyes testing and new glasses I haven't been to see an optician for at least a couple of years". We spoke with a visiting social worker, they told us the staff were very accommodating and provided the care and support to people in a satisfactory way. People who were subject to orders under the Mental Health Act 1983 received regular reviews of their care by an independent care coordinator. These orders support people with mental ill health to remain well and stay in the community.

Requires Improvement

Is the service caring?

Our findings

People's independence was not always promoted. We found that staff undertook many of the day to day tasks in the home; there was little involvement of people who used the service. For example we saw the staff had routines such as 'Thursday was bed changing day'. We observed that all beds were stripped of covering in the morning and left like that until staff were available to remake the beds. We saw that one person went back to bed and lay on the unmade bed. Staff told us they tried to encourage people in these routine chores. They told us: "Sometimes people will help but many times they just don't want to".

We saw a couple of issues where disrespectful language was used to record events in care plans and daily progress documents. We spoke with the registered manager and gave examples, they agreed with our findings and offered a reassurance that action would be taken, staff spoken with and changes made.

Most people told us that staff respected their rights to privacy, one person said: "Staff usually knock my door and then enter my room". However one person told us: "A few times staff have come into my room when I have been having a shower". They told us they felt this was an invasion of their privacy. Staff told us they respected people's rights to privacy. We did not see any incidences where people's privacy was compromised.

People had a key to their bedrooms. One person said: "Yes I have a key to my room and I like to lock the door so that I can be private, staff respect this. I like it here". People were able to access all areas of the home to meet with their relatives and visitors as required. We saw a number of lounges were available and people could also meet with relatives in the privacy of their own bedroom.

Most people told us the staff were kind and caring, comments received from people included, 'Staff are pretty good', 'Staff here are golden', 'Staff care about me'. One person said: "A lot of the staff care about me but there are some that see it as just a job". We observed staff interacted in a positive way with people who used the service. Where there was a potential for conflict, staff responded quickly and effectively. There was much humour and evidence of good relationships in their interactions. Staff told us they loved their job and tried to make a positive difference each day to people's lives.

People told us their religious needs were met. One person liked to attend a church service and was supported to do this. Another was supported to practice their religion at the times they wanted to. For example one person prayed daily in the privacy of their own bedroom. Staff told us: "They tend to pray just once a day while they are here, that is their choice. They will pray more often when at home". The person had a religious observance care plan which recorded the use of the person's bedroom for 'daily prayers'.

We saw that people were treated with dignity and respect. One staff member said: "We respect people's rights to choose what they want and what they want to do". We saw that staff offered people choices about some parts and aspects of their care. For example, we saw people being provided with choices of meals at mealtimes. However there were other examples where people's choices were not considered, this related to the 'routines' in the home such as stripping the beds on a set day each week, not being able to go out and a lack of availability of equipment to make their own drinks and food. A relative spoke to us and stated that their relative was very settled and happy at the home: "It is lovely to see him so happy and contented". People told us they were supported to maintain contact with their relatives and loved ones. One person said: "I go out with [relative] and [person who used the service] goes home to see their family every week".

People told us they didn't have access to independent advocates and there wasn't any information within the home telling people about independent advocacy what it meant and how to access one. An advocate is someone who offers one-to-one support to people. They may give advice, raise awareness about their rights and represent their views, wishes and feelings when they are unable to do this for themselves.

Requires Improvement

Is the service responsive?

Our findings

Staff told us that meals and drinks were routinely served at set times and there were other routine practices such as the weekly bed stripping. At times only one person at a time was allowed to have a cigarette in the smoking area and that at a certain time during the evening the main door would be locked. Staff offered a reasonable explanation regarding these routine practices but this was not conducive to providing care within a person centred approach.

We saw that people had access to kitchenettes in each of the dining rooms. We found that one kitchenette had no equipment to promote people's independence, for example, there wasn't a kettle, anything to drink or eat and no cutlery, cups or plates. In the second kitchenette we saw there were coffee and tea, but no milk and no food items in the fridge. Staff told us: "They can make their own drinks if they want to. Some people do, they only have to ask". One person who used the service said: "I'm not allowed to make my own drink and staff wouldn't make you a drink". Another said: "We have drinks at 11am, 3pm and 10pm". One person had a thermos flask which they used to make hot drinks with when they were in their bedroom. They told us they liked to have a hot drink when they wanted one. We asked if people had kettles in their bedrooms or any means of making drinks in their rooms. Staff told us no person had a kettle in their room, the reason given was: "No that's health and safety". The provider had not responded to people's individual needs.

People we spoke with gave mixed accounts of the opportunities they had to be involved in any form of recreational or occupational activity. One person told us: "I can go out by myself. I can get to the shops". Another person told us: "I've started knitting with [person who used the service] and I went on a barge trip". A third person commented that there wasn't anything for them to do saying: "I just sit here". We saw some people were able to engage in hobbies and interests, but for others there was a lack of encouragement or opportunity to do anything. For example, we observed people sat watching television or sat in the garden smoking. We observed staff busy undertaking tasks and providing care and support with little opportunity to actively engage people in a recreational activity or to take them out into the community. A member of staff told us: "We'd like more time to do more things with people and spend more time talking to them".

All people had a plan of their care and support needs. Staff told us that people were involved with the planning of their care and the regular reviews that took place. One person confirmed this and said: "I feel involved in the planning of my care; I go through my care plan every couple of months I think". Staff told us that people were always asked if they wished to have a copy of their plan but that many people declined this offer. One person told us: "You can see some of your notes but not allowed to see other bits as it's a secret".

People told us they knew how to complain. One person told us: "I don't have any complaints". Another person said: "I'd go to the boss if I had a complaint and [staff name] is very good I'd go to them as well". The registered manager told us they had not received any formal complaints since 2012, but if people had any concerns, for example about the food, then they would resolve it.

Requires Improvement

Is the service well-led?

Our findings

Risks for people were identified but strategies to reduce the risk were not individually based but affected all people, for example the routine checks on people's whereabouts. There were some restricted, routine and institutionalised practices that again affected all people. Key decisions were made without involving people and/or their representatives. This meant that people may not always be receiving care and support in an individualised or person centred way.

People told us the registered manager and the senior team were helpful and supportive. One person who used the service said: "The gaffer is alright". Staff told us: "You can go to the manager and [staff name] at any time. I've found them to be very supportive". Another staff member told us: "The management have helped me with my training. They have been really good with me". The registered manager confirmed they offered an 'open door policy' to staff and people who used the service. We saw people frequently went to the office to see the registered manager; it was evident that good relationships had been developed and sustained.

People also told us they were involved in meetings to discuss the menus and where they wanted to go. Recent events included a barge trip and a trip to Blackpool had been suggested and was in the process of being planned. The manager told us that meetings were held approximately every two months. This was confirmed when a person told us: "We have meetings every two months. I have reported that I need a new toilet seat but I'm still waiting for it".

Staff meetings took place at regular intervals; discussion at the last meeting included the introduction of the new Care Certificate and laundry equipment. Regular staff supervision and appraisals took place and staff were encouraged to discuss work related issues and their training and development needs.

Satisfaction surveys were distributed to people at intervals, these were produced both in pictorial and word form. At the latest survey most people expressed a satisfaction with life at the home, the food and the staff. One person made an additional comment: "I have my own key to my bedroom which I like to have". Another person said they could confide in the staff if they needed to do so.

A white board in the manager's office was completed with details and dates of all the checks and audits that were required to ensure the effectiveness, safety and quality of the service. The manager confirmed that all checks were up to date.