

Staffordshire Care Limited

Thelwall Grange Care Home

Inspection report

Weaste Lane
Thelwall
Warrington
WA4 3JJ

Tel: 01925756373

Date of inspection visit:
06 May 2021

Date of publication:
11 June 2021

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Thelwall Grange is a 'care home' providing accommodation, and personal care for up to 47 younger and older adults; some of whom lived with dementia and physical disabilities. At the time of the inspection 45 people were living at the home.

People's experience of using this service and what we found

People received their medicines as prescribed, by trained and competent members of staff. However, not all medicine management policies and procedures were followed. We identified a number of administrative errors that were not being identified in the providers medicine audits.

We were somewhat assured that infection prevention and control (IPC) measures were appropriately followed. However, we provided some signposting in relation hygiene practices to prevent / reduce the transmission of COVID-19. The home itself appeared clean and well-maintained and regulatory health and safety compliance checks and certificates were in place.

The provider had a variety of governance and quality assurance measures in place; however, we did note that some areas of governance needed strengthening. We have made a recommendation regarding this.

People's level of risk was appropriately assessed, recorded within their care records and were regularly reviewed. Staff told us they received updates in relation to people's health and well-being in a safe and timely manner.

Care records contained relevant risk assessments and information staff needed as a measure of providing safe and effective care. One relative told us "Risks are managed really well. Staff are very attentive."

Staff told us they felt valued and supported and people living at the home received high quality care. One staff member told us, "I believe it's a fantastic company, staff and management are really caring, it's homely and family orientated." One person told us, "I enjoy being here, staff are kind and caring."

Staffing levels were routinely monitored, and people received care and support by a consistent staff team who were familiar with their support needs. The provider prided themselves on having a full complement of staff, without having to utilise the support of any bank / agency staff. One relative told us, "There is always enough staff to sit around and talk with residents." Recruitment processes were safely in place; people received safe care and support by staff who had been appropriately recruited.

Rating at last inspection and update

The last rating for this service was 'good'(published 14 January 2020).

Why we inspected

We carried out an unannounced inspection to follow up on risks we were concerned about. The information The Care Quality Commission (CQC) received indicated that there were concerns around safe care and treatment and governance procedures. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Our report is only based on the findings in those areas at this inspection. The ratings from the previous comprehensive inspection for the effective, caring and responsive key questions were not looked at during this visit. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used to calculate the overall rating at this inspection.

We looked at infection prevention and control measures under the 'safe' key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively

The overall rating for the service has remained 'good'. This is based on the findings at this inspection. However, we did find evidence that the provider needs to make improvements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Thelwall Grange Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Thelwall Grange Care Home

Detailed findings

Background to this inspection

The 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection prevention and control measures in place. This was conducted so we could understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector, an Expert by Experience and a specialist nurse advisor. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Thelwall Grange is a 'care home'. People in care homes receive accommodation, nursing and / or personal care as a 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 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.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We also sought feedback from the local authority who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information providers are required to

send us with key information about their service, what they do well, and improvements they plan to make. We used all of the information we received to plan our inspection and formulate a 'planning tool'.

During the inspection

We spoke with three people who lived at the home, 11 relatives about their experiences of care provided, six members of staff as well as the deputy manager and external healthcare professionals. We also spoke with the nominated individual who is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. Records included four people's care records, multiple medication administration records, four staff personnel files in relation to recruitment. We also reviewed a variety of records relating to the management and governance of the service, including policies and procedures.

After the inspection

We continued to review evidence that was sent remotely as well as seeking clarification from the provider to validate evidence found. We looked at audit and governance data, as well as infection prevention and control policies and procedures.



Is the service safe?

Our findings

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

At the last inspection this key question was rated 'good'. At this inspection this key question has deteriorated to 'requires improvement'. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed

Using medicines safely

- Safe medication management procedures were generally in place, although some areas required improvement.
- Accurate record keeping was not always evidenced. For instance, topical medication administration records (TMARs) were not always thoroughly completed and we found missing dates and signatures on PRN (as and when needed) protocols.
- Medicine audits were being completed but were not always highlighting the areas of improvement we identified.
- People received their medicines by staff who had been trained and regularly had their competency levels checked.
- Medicines were correctly ordered, stored and disposed of.
- Safe 'controlled drugs' procedures were in place; these were regularly audited ensuring guidelines were being appropriately followed.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through hygiene practices of the premises; signposting was provided in relation to 'touch-point' cleaning schedules and communal bathroom cleaning tasks.
- Personal spaces were clean, hygienic and well maintained. One relative told us, "[Persons] room is very clean, tidy and homely."
- We were assured that staff were provided with the appropriate PPE, COVID-19 training and essential COVID-19 guidance and information was being circulated and complied with.
- Safe visiting arrangements were in place; negative tests needed to be provided, PPE needed to be worn and temperature checks needed to be taken before visits took place.

Assessing risk, safety monitoring and management

- Safety monitoring, assessment and management of risk procedures were in place.
- People's support needs and areas of risk were suitably assessed and regularly reviewed and monitored. One relative told us, "Pressure mats were installed, and half hour checks put in. The home ordered a low bed for [relative] and moved their room around to make it safer."
- Care records contained tailored information and relatives told us staff were familiar with their loved one's support needs. We saw tailored risk assessments as a way of managing specific health conditions such as diabetes and infections.

- Thelwall Grange had developed positive working relationship with external healthcare professionals; people received a holistic level of care. One professional told us, " They [staff] refer to us if they're acutely unwell, staff know residents well; guidance / instructions are followed by staff."
- Environmental health and safety and risk management procedures were in place; regulatory compliance certificates and checks were all in place.

Staffing and recruitment

- Staffing levels were regularly reviewed, and recruitment procedures were safely in place.
- During the inspection, we observed safe staffing levels and received positive feedback about levels of staff at the home. One staff member told us, "There's high staffing levels each day". One relative told us, "'Always seems well run and organised. Always staff available on the phone."
- Safe recruitment processes were in place. Suitable references were obtained, employment histories were provided and Disclosure and Barring Service (DBS) checks were completed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong.

- Systems and processes to protect people from the risk of abuse were in place and lessons were learnt when things went wrong.
- Accident / incident reporting procedures were in place; monthly reviews and trend analysis were being conducted as a measure of identifying areas of risk.
- Staff were familiar with safeguarding and whistleblowing procedures. One staff member told us, "Management would deal with this straight away."
- Relatives told us that they believed safe care was provided. Relatives told us, "[Relative] seems very well looked after" and "[Relative] is more settled and happier than where she lived before." One external healthcare professional told us, "Residents are well cared for; management are really responsive, really friendly."

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.

At the last inspection this key question was rated 'good'. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Aspects of quality performance, management of risk, and ways of improving the provision of care need to be strengthened.
- Although, there was a variety of quality assurance measures and checks in place, we identified a number of medication administration and IPC improvements that were needed.

We recommend that the provider reviews and strengthens their quality assurance measures; ensuring improvements are made in relation to overall provision of care people receive.

- The staff and management team understood the importance of providing a tailored level of care and managing individual risk. Regular risk reviews were identifying changes in people's health and well-being and effective action was always taken.
- The management team were aware of their legal and regulatory responsibilities; they liaised with local authorities, CQC and external professionals accordingly.
- We saw evidence of home improvement plans, internal investigations / outcomes and compliance audits, which were all contributing to the standard of care people received.
- The provider was responsive to the feedback they received; they were able to demonstrate some of the improvements they made immediately after the inspection. For instance, medication procedures and IPC improvements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- A person-centred approach to care was provided and good outcomes were being achieved.
- People lived in a safe environment and were not exposed to risk. Staff provided the support people needed and risks were safely managed.
- We received positive feedback about the level of person-centred care people received. Staff told us, "[It's] high quality, person-centred care" and "Person-centred care is always given, we get to know all about them [people]." One relative said, "I am very impressed with the staff, they do seem to care for the residents. The culture is friendly; staff are committed and considerate."

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

- The provider involved people, staff and the public in the provision of care provided.
- Quality assurance surveys were circulated and analysed in an attempt to collect feedback / suggestions about the quality and safety of care being provided. The provider was in the process of purchasing a minibus after receiving suggestions about external outings and activities people wanted to engage in.
- Staff told us they felt included, involved and supported on a day to day basis. Staff said, "[The management] are lovely to work for and always supportive" and "I absolutely love it here, can't fault management or staff, everybody is brilliant."
- Relatives expressed that they felt involved and included in the care their loved ones received. Relatives said, "Home is very person orientated. They see the person as an individual. They are like a family" and "Management are really good. [They're] efficient and can answer any questions. Their mantra is 'make everyone feel welcome and at home.'"

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The provider understood duty of candour responsibilities and ensured legal and regulatory duties were complied with.
- Processes were in place to ensure all accidents / incidents and significant events were recorded, reported and (where necessary) investigated.
- The home ensured they maintained effective methods of communication with relatives. Relatives told us, "The home ring us straight away when anything happens" and "Level of information is excellent. I am informed of jabs, medication reviews and get a phone call immediately."

Working in partnership with others

- The home worked in partnership with other external agencies and healthcare professionals.
- People received a holistic level of care and had their overall health and well-being routinely assessed and monitored.
- One healthcare professional told us, "Residents are really well cared for; they have really good relationships with staff." One relative told us, "Staff are very perceptive. The district nurse, GP, chiropodist and dentist are involved according to [persons] needs."