

## Barchester Healthcare Homes Limited

# Alice Grange

### Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

We carried out an unannounced comprehensive inspection of this service on 27 November 2014. We found shortfalls in the recording and safe administrations of medicines, inappropriate documentation used for recording well-being checks on people. There were inconsistencies in the recording of people's care plans to show how they were involved in decisions about their care and quality monitoring systems were not robust.

Following this inspection, the provider wrote to us to say what improvements they planned to make to address our concerns.

We undertook this focused inspection to check that they had followed their improvement plan. We found that some progress had been made to address our concerns. This report only covers our findings in relation to the sections Safe, Responsive and Well-led where we identified shortfalls. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Alice Grange on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Alice Grange is a purpose built care home providing nursing care for up to 85 younger adults and older

# Summary of findings

people. The service provides support to people with a range of needs which include; people living with dementia, have a physical disability, or require palliative care.

At the time of our unannounced focused inspection on 11 August 2015, there were 62 people living in the service.

There was no registered manager at Alice Grange. A registered manager is a person who has registered with the Care Quality Commission (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. Since our last inspection another new manager had been appointed by the provider to run the service and was in the process of registering with the CQC.

Continued progress had been made to the management of medicines. Appropriate arrangements were in place for

the recording and safe administration of medicines. However improvements were needed for the management of medicines that were prescribed 'as required' (PRN) and homely remedies to ensure systems are robust.

Appropriate documentation had been implemented to record well-being checks for people. However inconsistencies remained in the recording of how people were involved in decisions about their care. Care plan audits identified that people and relatives were involved in the review process but this was not consistently reflected in people's care plans.

The provider had taken steps to mitigate the risks to people and address the shortfalls found at the last inspection. This included implementing systems to monitor the quality and safety of the service. However these need measures to be embedded and sustained over time to ensure people are provided with a consistently safe quality service.

# 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.

Continued improvements had been made to processes for supporting people with their medicines. Appropriate arrangements were in place for the recording and safe administration of medicines. However improvements were needed for the management of medicines that were prescribed 'as required' and homely remedies to ensure systems are robust.

**Requires improvement**



### Is the service responsive?

The service was not consistently responsive.

The provider had taken action and appropriate documentation had been implemented to record well-being checks for people. However inconsistencies remained in the recording of how people were involved in decisions about their care. Care plan audits identified that people and relatives were involved in the review process but this was not consistently reflected in people's care plans.

**Requires improvement**



### Is the service well-led?

The service was not consistently well-led.

There was not a registered manager in post although arrangements were in place to register the new manager with CQC.

The provider had taken steps to mitigate the risks to people and address the shortfalls found at the last inspection. This included implementing systems to monitor the quality and safety of the service. However these measures need to be embedded and sustained over time to ensure people are provided with a consistently safe quality service.

**Requires improvement**



# Alice Grange

## Detailed findings

### Background to this inspection

We carried out an unannounced focused inspection of Alice Grange on 11 August 2015. This inspection was done to check that the provider's planned improvements after our comprehensive inspection 27 November 2014 had been made. The inspector inspected the service against three of the five questions we ask about services: is the service Safe, Responsive and Well-led? This was because previous shortfalls in these areas had been identified.

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, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by an inspector and a specialist advisor who had knowledge and experience in dementia care.

Prior to our inspection we spoke with two health and social care professionals about their views of the care provided. We looked at the provider's action plan and reviewed information we had received about the service such as

notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

During the inspection we spoke with ten people who used the service and three relatives. We spoke with the manager, clinical care lead, deputy manager, six care staff and two domestic staff.

People who used the service were able to communicate with us in different ways. For example through facial expressions, sounds and gestures. Where people could not communicate verbally we used observations, spoke with staff, reviewed care records and other information to help us assess how their care needs were being met.

We observed the care and support provided to people and the interaction between staff and people throughout our inspection. We spent time observing care in communal areas including staff interaction with people. We looked at five people's care records. This included their care plans and risk assessments. We reviewed 27 medicines records for people and the systems in place for management of medicines. We looked at the systems in place for monitoring the safety and quality of the service.

# Is the service safe?

## Our findings

Our previous inspection of 27 November 2014 found that people were not fully protected against the risks associated with the management of medicines because the provider did not have appropriate arrangements in place for the recording and safe administration of medicines. The provider submitted to us an action plan of the improvements they planned to make to address the shortfalls we had found.

During this inspection we found that improvements had been made in the management of medicines but there were some areas that needed developing further. People's medicines were stored safely. Temperatures in the clinic rooms and medicine refrigerators were monitored regularly and remained within the limits for ensuring the quality of medicines were maintained.

People's medicines administration records (MAR) charts were completed accurately and on time. However improvements were needed in how medicines that were prescribed 'as required' (PRN) medication were managed. The MAR charts did not state when or why a PRN medication should be given and what the maximum daily dose may be. Most records seen stated 'give as required'. Further details should be reflected to ensure maximum daily doses are not exceeded and that the right medication is used for the prescribed purpose.

Plans were in place to enable staff to have improved access to the information they required to manage people's medicines safely and effectively. This included leaflets relating to people's specific conditions and their medicines and the provider's medication policies and procedures.

There were no people living in the service receiving their medicines which were hidden, for example in food. There was awareness amongst staff of when this would be appropriate and the need to discuss the care plan with the relevant people concerned, such as the G.P, pharmacist, social worker and person's relatives/representatives to ensure that the best interests of the person was maintained.

Improvements were needed to establish clear protocols and practices for the storage of controlled medicines. There were two controlled drug cabinets on the first floor (Memory Lane unit) but only one record book. Therefore the medicines in the cupboard did not tally with the stock held. There was the potential risk that the current system would allow missing drugs to go unchecked. Once we were able to establish which drugs belonged where, all the stock and records tallied. The clinical lead assured us they would address this shortfall to make the systems robust.

There was no system within the service for the use of homely remedies. People who may require ad hoc pain relief or other medicines to promote comfort and well-being were not able to access this without a GP prescription which may be problematic out of hours. The clinical lead recently appointed advised us they would look into this.

Where people received their medicines in the form of a medicated skin patch, several recording forms to indicate the site of application of the patch were not clear. This could result in damage to a person's skin if the same site was used repeatedly. The clinical lead told us they were looking into alternative documentation which would indicate clearly all the places the patch could be sited.

Records of weekly and monthly medicines audits showed an improvement in record keeping. Supporting action plans showed the measures taken to address shortfalls identified and were made available to staff to inform them of best practice. Competency checks had been implemented to ensure both day and night nurses were able to manage medicines safely.

Whilst the provider had taken action to mitigate the risks and new and improved systems had been introduced. Further areas within the safe management of medicines were identified as needing to be developed. The provider's planned and implemented improvements need to be embedded and sustained over time to ensure people are provided with a consistently safe service.

# Is the service responsive?

## Our findings

Our previous inspection of 27 November 2014 found improvements were needed to ensure that care records reflected how people were involved in decisions about their care and appropriate documentation was used to record well-being checks. The provider submitted to us an action plan of the improvements they planned to make to address the shortfalls we had found.

During this inspection we found that improvements had been made but there were some areas that needed developing further.

Appropriate documentation was in place to record well-being checks which were in line with people's care plans. The monitoring forms seen recorded accurate information and provided staff with clear instructions of the frequency of their visits and how to meet people's individual needs. For example, when a person needed to be repositioned in accordance with their pressure care plan.

Further improvements were needed to ensure consistency in the recording of people's care plans. Records provided staff with information about how to meet people's needs but not all the care plans reflected how people were included in decisions about their care. Whilst the care plan audits identified that people and relatives were involved in the review process this was not reflected in all of the care plans seen. Three of the care plans had limited or no information to show people were involved in the care planning process and that their choices were being respected.

Language used in records did not consistently value people. Several daily entries in people's continuation notes were task focussed and stated what the member of staff had done for the person, such as providing personal care and or administering medicines. Not all aspects of care and people's daily life experiences were described in the daily records. There was a focus on physical care tasks and less about the person's daily activities, mood and wellbeing. Improvements in the record keeping were needed to enable staff to identify any changes in people's wellbeing and or triggers for distress and record the appropriate actions taken to meet their needs.

People told us that they received personalised care which was responsive to their needs. One person said about the staff, "They do everything exactly how it should be done and how I like it. Very rarely unless they are new do I have to remind them. I think they are marvellous. I have such peace of mind knowing they are around if I need them. If I press my button [alarm pendant] they come....day or night."

People and relatives we spoke with felt that choices were respected. They told us that staff were approachable and they felt able to raise concerns and complaints.

Whilst the provider had taken action to mitigate the risks and new and improved systems had been introduced. Further areas within the recording of people's care records have been identified as needing to be developed. The provider's improvements need to be embedded and sustained over time to ensure people are provided with a consistently safe quality service.

# Is the service well-led?

## Our findings

Our previous inspection of 27 November 2014 found whilst systems were in place to monitor the quality and safety of the service provided they were not yet fully implemented. Since our last inspection there had been further leadership changes at management and regional level. The provider had recently restructured the senior support and management arrangements after independently recognising the need to improve the quality and safety of the service. A new manager had been recruited and was in the process of registering with CQC. They were being supported by a clinical care lead, deputy manager and a regional manager. At the time of our inspection we found that progress had been made to take the service forward but these improvements will need to be sustained and embedded over time to show that people are provided with a safe quality service.

The manager had successfully recruited to the ongoing care assistant vacancies and the number of nurse vacancies had greatly reduced. This meant less reliance on agency staff which supported people receiving consistent care from staff they knew.

The provider had implemented several quality assurance processes to continually improve the service for people. As part of the quality monitoring process the management team carried out checks to assess standards in the service.

This examined areas such as the, environment, food, management of medicines and care plans. Where shortfalls were identified there were actions in place to make further improvements. For example medication refresher training was being implemented to support the learning needs identified.

It was clear from our observations and discussions that people, their relatives and staff were comfortable and at ease with the new manager and senior team. The manager had an open door policy and throughout the day we saw they were available to respond to people who used the service, their relatives and the staff when required. Several people told us how the manager routinely made time to see them and check they were happy with the service. One person said, “The manager stopped by to check everything was ok and stayed as I had some questions which we went through. This was very reassuring.” Another person said, “The new manager has had a positive influence here and is approachable and listens to you. They are thoughtful and kind. The other day they popped out to get me an anniversary card so my [relative] could receive it on time as I was unable to get out. That was kind.” Staff were complimentary about the changes brought about by the management team. One member of staff said, “Things have greatly improved it is a much better place to work; supportive and positive. Things have settled down and the place is moving in the right direction.”