Oceancross Limited

Grace Lodge Nursing Home

Inspection report

Grace Road
Walton
Liverpool
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Tel: 01515237202

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08 September 2020

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Grace Lodge Nursing Home is a residential care and nursing home in the Walton Vale area of Liverpool, providing personal and nursing care to 35 people aged 65 and over at the time of the inspection. The service can support up to 65 people with different health and care needs, including those living with dementia. Grace Lodge Nursing Home is laid out across two floors in one purpose-built setting. The ground floor had recently reopened to admission, following temporary closure during the COVID-19 pandemic.

People's experience of using this service and what we found
When we inspected Grace Lodge Nursing Home to assess the safety and quality of people's care, we took into consideration the significant pressures the COVID-19 pandemic had put on this service in particular. However, we found that some aspects of safe care, particularly medication and safety monitoring were not always robust. The underpinning of governance and recording systems to prevent or address issues had not always been effective. We therefore assessed that the provider was in breach of regulations regarding safe care and treatment and good governance.

We had previously received concerns regarding aspects of care not always being safe. Some relatives told us that monitoring of their loved one's safety had not always been sufficient. We have included these concerns in our assessment that some aspects of safety and risk management at times needed to be more consistent. However, there were also examples of learning from events and issues to bring about improvements.

There was much gratitude from relatives for the dedication and commitment staff had shown to people living at Grace Lodge Nursing Home, particularly during the pandemic. People's comments were positive, and most relatives felt their loved ones were safe and well care for at the service. One person told us, "The staff are excellent, I would not change them at all.". Relatives told us, " I can sleep at night knowing that [they are] safe" and "My family member was on end of life care and a few years later they are still here – they must be doing something right."

People and staff told us the service was led by a well-respected, approachable and open registered manager. Staff were honest about the pressures on them due to changes in staffing and the service setup. They also praised the teamwork at the service, feeling the recent difficult times had brought them closer together. We observed kind, caring and person-centred interactions between people and staff. Although there were varying levels of details and information in people's care plans, there were good examples of person-centred knowledge. Staff spent time with people to learn about their life.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)
The last rating for this service was requires improvement (published 14 May 2019).

Why we inspected
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.

This service's last rating was requires improvement and we had previously received concerns in relation to infection control, the management of medicines and people's nursing care needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 in calculating the overall rating at this inspection.

The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. 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.

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

Enforcement:
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to the safe care and treatment of people, particularly medicines management, as well as the effectiveness of auditing systems and record-keeping at this inspection.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work alongside the provider and local authority to monitor progress. We will 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?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Grace Lodge Nursing 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 control and prevention measures in place. This was conducted so we can 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 an inspector, a medicines inspector and an Expert by Experience.

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
Grace Lodge Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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
We gave the service a short notice of the inspection. This was because we needed the service to safely support our visit and arrange for us to have telephone conversations with residents' relatives and friends, while they were not able to visit the service.

What we did before the inspection -

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection-
We spoke with people who used the service and carried out a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with seven relatives on the telephone, to ask about their experience of the care provided. We spoke with ten members of staff, including the registered manager. This included calling staff on the telephone after we had visited the service.

We reviewed a range of records. This included people's care and medication records. We looked at files in relation to recruitment and the management of the service, including quality and safety checks.

After the inspection
After we visited the service, we reviewed further care, safety and quality records we had asked the registered manager to send to us to look at remotely. We continued to seek clarification from the provider to validate evidence found.

Requires Improvement

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 as good. At this inspection this key question has now 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; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Medicines including controlled drugs were not always managed safely. Controlled drugs require specific handling and management as they are particularly vulnerable to misuse. Medicines Administration Records (MAR) and other records related to the management and storage of people's medicines, including controlled drugs, were not always completed fully. Missing signatures did not demonstrate whether people had received their medicines.
- Fluid thickener to thicken a person's fluid to aid swallowing was not recorded so we could not be sure this was being managed safely. Letters and instructions from healthcare professionals about medicines were not always actioned. This increased the risk of harm to people, as they did not always receive their medicines as prescribed.
- Body maps were not used by staff to record where a medicine patch had been applied. Using a different part of skin reduces the risk of skin irritation and side effects. The records to show application of creams and external medicines did not always match what was prescribed on the medicine label.
- 'When required medicine' care plans were not available to guide staff on when they should be administered to a person. When medicines were crushed to make it easier for people to swallow them guidance had not been obtained from a pharmacist.

The management of people's medicines was not always safe and effective, which placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Monitoring of people's safety was at times inconsistent and needed to be more robust and some relatives also told us this. Records to support, monitor and evidence safe, appropriate care at times needed to be completed more consistently. We considered this when assessing whether the service was well-led.
- Assessments of risks relating to people's individual health and safety and the service environment were completed regularly.
- Learning from accidents and incidents was variable and needed to be shared more robustly, to help prevent reoccurrence. A basic analysis of accidents had been completed. Accidents at times needed to be followed up more quickly and causes needed to be added to people's care plans to provide consistent information to all staff. However, staff told us that current risks for people were handed over at daily staff briefings.

Systems and processes to safeguard people from the risk of abuse

● Most of the relatives, as well as people we spoke with or observed told us that people were safe living at Grace Lodge Nursing Home. People's comments included, "I have never seen or heard any of the staff be unkind with any [of the people living here]" and "I have no concerns whatsoever." Relatives' comments included, "I can sleep at night knowing that [they are] safe. My relative does not move around much and needs hoisting, [they feel] safe when this is done" and "My relative was on end of life and is here [a few years] later, they must be doing something right."
● Staff were honest about the difficult times at Grace Lodge Nursing Home caused by the pandemic but felt they had worked together as a team to keep people and each other safe. Staff told us they had confidence in the registered manager to listen to and act on concerns.
● The registered manager referred concerns about people's care and safety to the local safeguarding authority and investigated them.

Staffing and recruitment
● People and relatives told us there were enough staff and people did not have to wait long when they needed help. One person told us, "There is always a registered nurse on shift, and they are always available when you need them, day or night. The staff do not make you wait long, and they do not just leave you. They are very good."
● Staff told us there were generally enough staff to keep people safe, but there had been pressures caused by the pandemic, and due to reorganisation of the service.
● New staff had been recruited using appropriate checks.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Requires Improvement

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 as requires improvement. At this inspection this key question has remained the same. This meant that some aspects of service management did not always support the delivery of safe, high-quality care.

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

At the last inspection we made a recommendation for the provider to review their processes in relation to auditing. Improvements had been made to the frequency of quality checks. However, systems to monitor the safety and quality of people's care, including associated record-keeping, were not always robust and effective.

- Auditing and quality checks had not identified or prevented the issues we found regarding the management of people's medicines.
- Record-keeping and effective monitoring to support safe care for people had not always been consistent. This included the need to respond more effectively to information received from health professionals.

The provider's systems to assess and monitor the safety and quality of people's care had not always been effective or effectively implemented. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Auditing and management approaches, including observations and team meetings, had identified and addressed other issues. This had led to improvements, but at times these needed to be more effective. For example, wound care audits had identified the need for more consistent monitoring but this had not been implemented; however summary overviews showed improvements in people's wounds and pressure sores.

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

- People spoke well of the staff and the service's supportive culture. People's comments included, "They are very kind and caring here. The care is excellent really. The manager is always available to speak to" and "The staff are excellent; I would not change them at all." Staff praised the registered manager, teamwork, particularly during the pandemic, and atmosphere of the service, as well as support by the provider."
- Kind and caring interactions showed person-centred working; staff completed people's life stories with them, to help understand people, their needs and backgrounds better. We discussed with the registered manager some opportunities to make care plans for people with behaviours that challenge more proactive and empathic.
- Level of detail varied in care plans, but they provided basic guidance for staff and at times we saw particularly person-centred detail.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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 had recognised the need for more open and regular communication with people, relatives and staff, particularly considering circumstances of the pandemic and its pressures. They acknowledged this in new regular newsletters. For a person whose first language was not English, notices had been put up in a different language. There were many thank you notes to staff from relatives who appreciated their dedication to people at Grace Lodge during the pandemic.

● Relatives' feedback about the service was overall positive. Relatives' comments included, "The staff would go the extra mile for [my relative] and are kind and helpful" and "The staff know the difference between encouraging and knowing when [my relative] definitely does not want to do something, that is good" and "The manager and staff are approachable, you can raise concerns with them, they are happy if you do".

● Regular team meetings took place to keep staff informed of developments and to discuss any issues. Staff were honest about the pressures the pandemic had placed on the service and staffing arrangements, but also told us, "I have no worries, we have come out stronger. We get along, there is not someone I would not want to look after my parents" and "[Registered manager] will take our concerns on board and will always get back."

Working in partnership with others

● The registered manager worked in partnership with external professionals. This included having regular meetings with local authority commissioners, clinical commissioners and community matrons. At these meetings progress of the service and any arising issues were discussed together.

● The service had been supported by external infection prevention and control leads particularly to manage the impact of COVID-19 on the service. The registered manager also informed us the service was becoming part of a local authority care home initiative.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The management of medicines was not always proper and safe.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's assessment systems and monitoring processes did not always mitigate the risk relating to the health, safety and welfare of people using the service. Accurate, complete and contemporaneous records were not always kept in respect of each person using the service, including a record of their care and treatment.