New Care Projects (WB) Limited

The Grand

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

We inspected the service on 14 January 2016. The Grand is registered to provide accommodation, personal and nursing care for up to 82 people, some of whom are living with dementia. The service had opened in April 2015 and was not full; on the day of our inspection 44 people were using the service.

The service had a registered manager at the time of our inspection who had left the service in October 2015 and was in the process of deregistering. A new manager had been appointed and we had received an application from them to become registered. 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.

We found that risk assessments were in place for aspects of people's care. Further information for staff on how to manage risks to people's health were relocated into people's care records following our inspection.

Summary of findings

People were protected from the risk of abuse and staff had a good understanding of their roles and responsibilities if they suspected abuse was happening. The manager had shared information with the local authority when needed.

People received their medicines as prescribed and these were managed safely.

People were encouraged to make independent decisions and legislation to protect people who lacked capacity was being adhered to. Staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and had not deprived people of their liberty without applying for the required authorisation.

People were protected from the risks of inadequate nutrition and specialist diets were provided if needed. Referrals were made to health care professionals for additional support or guidance if people's health changed.

People were treated with dignity and respect and had their choices acted on. We saw staff were kind and caring when supporting people.

Improvements were required in relation to provider management systems to ensure they were effective in monitoring the service and responding to any issues. The manager and senior members of staff were carrying out audits at the service which had not identified that some information was absent from people's care plans.

People were given opportunities to feedback their views on the running of the service and there was evidence that action had been taken in response to people's views.

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 safe.

People received their medicines as prescribed and these were managed safely.

We found that risk assessments were in place for aspects of people's care. Further information for staff on how to manage risks to people's health were put in place following our inspection.

We found there were enough staff in the service to meet people's needs and the risk of abuse to people was minimised as the provider had robust systems in place.

Good

Is the service effective?
The service was effective.

People were supported by staff who had received training and were supported by the management team to ensure they could perform their roles and responsibilities effectively.

People were supported to make independent decisions and procedures were in place to protect people who lacked capacity to make decisions.

People were well supported to maintain their hydration and nutrition and risks to health were monitored and medical attention sought when necessary.

Good

Is the service caring?
The service was caring.

People were treated in a kind and caring manner and their choices and preferences were respected.

People's privacy and dignity was supported and staff were aware of the importance of promoting people's independence.

Good

Is the service responsive?
The service was responsive.

People, or their representatives, were involved in the planning of their care and care plans were regularly reviewed.

People felt comfortable to approach the management team and staff with any issues and complaints were dealt with appropriately.

Good

Is the service well-led?
The service was not always well led.

Systems were in place to monitor the quality of the service, however, these had not proved effective in identifying issues in relation to documentation.

Requires improvement

Summary of findings

People felt that the manager was approachable and efforts were made to gather and act on people's opinions of the service. Staff felt they received a good level of support and could contribute to the running of the service.

The Grand

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

We inspected the service on 14 January 2015. This was an unannounced inspection. The inspection team consisted of two inspectors, a specialist advisor, who was a nurse, 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.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). 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 received this information as requested.

We also checked the information that we held about the service such as information we had received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the inspection we spoke with 10 people who used the service, seven relatives, three members of care staff, one nurse, the chef, an activities co-ordinator and three members of the management team. The manager was not available at the service on the day of our inspection. We observed care and support in communal areas. We looked at the care records of seven people who used the service, staff training and recruitment records, as well as a range of records relating to the running of the service including audits carried out by the manager and provider.

We used the 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.

Good

Is the service safe?

Our findings

People felt that risks to their safety were managed without unnecessary restrictions being placed on them. One person's relative expressed they were confident that the service maintained their relations safety, "It's how [staff] carry on; [there are] no accidents waiting to happen."

We found that care plans required more information to support staff in providing care responsive to risks. For example one person had a care plan regarding diabetes but there was no information about the signs and symptoms staff should be aware of in order to recognise deterioration in the person's condition. As staff had not received training specific to the management of diabetes they were dependent on the care plan to contain appropriate guidance. Following our inspection we received confirmation that the service had introduced a risk assessment for people with diabetes which provided staff with the information they needed. This meant that staff would be able to effectively monitor people's healthcare conditions.

Individual risk assessments had been completed to assess people's risk in areas such as maintaining skin integrity, identifying nutritional risk and risk of falls. We found that risk assessments had been reviewed monthly and identified actions to reduce risks to people had been implemented. We found that staff were following guidance contained in care plans. For example, people were being repositioned when required and people's weight monitored in line with care plans.

Some people at the service had bed rails fitted to their bed and that checks were carried out on a regular basis to ensure people's safety. We were told by staff that risk assessments to determine whether the use of bed rails were safe and appropriate for people had been completed but were removed following a review of care plans. We were provided with information following the inspection which evidenced that risk assessments had been completed to determine whether the use of bed rails was safe and were informed these had been relocated within people's care records. This reduced the risk of harm to people.

People's independence and freedom was encouraged through the use of mobility aids. We observed that equipment was available and was being used safely to assist people in promoting their freedom and independence within the service. People had care plans to describe the support they needed to ensure their safety and wellbeing in the event of an emergency situation which would require evacuation. Equipment and safety checks were in place to reduce the risk of harm to people in the event of a fire.

People told us they felt safe at the service. We observed people appeared comfortable and relaxed with staff and approached them with any concerns, which were responded to and reassurance given. One person told us, "Oh yes [feel safe], it's secure", whilst another person told us, "Yes I feel safe". People told us that they felt that the building was secure which kept them safe.

People could be assured that staff knew how to respond to any incidents of abuse. A safeguarding policy was available which new staff were required to read as part of their induction to the service. Staff told us they had received training in protecting people from the risk of abuse. The staff we spoke with were knowledgeable about the types and signs of abuse of possible abuse and the action they should take if they suspected abuse was happening. This included the need to refer to external agencies, such as the local authority, if needed. We reviewed our records and found that the manager had shared information with the local authority and us, as appropriate, following incidents within the service.

People mostly told us there were enough staff to respond to their needs. All but one person told us there was no delay in responding to their requests for support and that call bells were answered promptly. On the day of our inspection we observed there were enough staff to meet the needs of people in a timely way.

Staff told us they felt there were enough staff on duty to provide the care that people required. We were told that staff absences due to sickness were addressed by re-allocating staff on duty or permanent staff working additional hours. We examined staff rotas and saw planned staffing levels were usually achieved. We found that care workers were supported by hospitality staff, cleaning staff and dedicated activities co-ordinators to ensure that people's hydration and nutritional needs were supported, the cleanliness of the building was maintained and people

Good

Is the service safe?

were provided with stimulation and activities. Some of the staff were multi skilled and the management told us they were able to allocate staff according to the needs of the service.

We found that the provider had taken steps to protect people from staff who may not be fit and safe to support them. We looked at the recruitment records of three members of staff. These files had the appropriate records in place. Criminal record checks had been carried out before staff had commenced working at the service. These checks enabled the provider to make safer recruitment decisions which reduced the risk of people receiving support from inappropriate staff.

People told us they received their medicines when they required them and we saw that people's capacity to administer their own medicines had been considered. The majority of people at the service required support with the administration of their medicines and people told us that they received the required support from staff. We observed the medicines administration round on two floors of the service and found that staff followed appropriate procedures to administer medicines in a safe manner. We saw that staff checked the medicine against the medicines administration record (MAR) and stayed with the person until they had taken their medicines. We found that MAR sheets were consistently completed and there were no gaps in administration.

On the day of our inspection we found that there were not always protocols available to staff for medicines which were prescribed to be given only as required (known as PRN). We were told during the inspection that, in some areas of the service, these had been removed and were stored separately from medicines records. We received confirmation following the inspection that PRN protocols had been relocated within medicines records so that information was available when needed to support people to receive medicines safely.

Staff had received training in the safe handling and administration of medicines and had their competency assessed. Regular medicines audits were also being undertaken. Medicines were stored safely in locked cupboards and trolleys within locked rooms. We noted the refrigerator used to store medicines on one floor of the service was not locked and staff told us they had reported the need to be able to lock the refrigerator to the manager. Daily temperature checks of the storage areas were documented and were within acceptable limits.

Good

Is the service effective?

Our findings

People were supported by staff who were provided with training and support appropriate to their role. One person told us the staff were, "very capable and very pleasant, whilst another person told us, "Most are very, very pleasant and helpful." One person's relative told us, "It's a beautiful place, carers are fantastic, can't fault it."

Staff told us that they had received an induction to the service which included training relevant to the role they would be undertaking provided by a mixture of external agencies and internal training. The staff we spoke with told us they had the opportunity to 'shadow' experienced staff when they commenced their employment to enable them to become familiar with the needs of people using the service. Records showed that the majority of care staff had been enrolled on the 'Care Certificate' to ensure that they could carry out their roles effectively. The Care Certificate is a national qualification for staff working in health and social care to equip them with the knowledge and skills to provide safe, compassionate care and support. We received a copy of training records following our inspection which evidenced that staff had received training in a number of areas relevant to their role with systems in place to identify when training updates were required. Staff told us that they were supported in their role via formal supervision and regular informal meetings with managers.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. We saw that people's capacity to consent to care was considered. Some people using the service had capacity to make decisions about the care they received and we found that people had signed their care plans where appropriate. We found that capacity assessments had been completed for people who lacked capacity to make certain decisions. The assessments showed that decisions had been made appropriately and in line with legislation, following consultation with people's relatives.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the service had made a number of applications for people who had been identified as being at risk of being deprived of their liberty and was therefore acting in accordance with legislation to protect people's rights.

We looked at the care records for two people who had Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) forms in place which had been completed by the person's doctor. These had been completed properly and were in accordance with people's wishes.

People told us that they enjoyed the food at the service and confirmed that they were offered choices. One person told us that the food was, "Very good. If you don't like something they'll get you an omelette or a baked potato." Another person said that the chef was "exceptionally good." One person's relative described the food as, "Excellent."

The provider told us in their PIR that, 'The home benefits from a hotel style hospitality service that prioritises nutritional and hydration value.' We observed the lunchtime meal in two areas of the service. We saw that tables were very well presented with printed menus offering a choice of starter, a main meal and dessert and people were offered wine and beer with their meals. We saw that a 'light bites' menu was offered as an alternative for people.

Where people needed support to eat we saw that this was provided by staff in a discreet and dignified manner. The meal looked appetising and nutritious. Where people needed a special diet, such as a soft diet, this was provided and efforts were made to present food in an appealing way. We saw the food was made from fresh ingredients and the chef told us they were supported by the provider to provide a high quality service. We saw that people had access to drinks and snacks throughout the day and their feedback on the food was sought regularly by staff.

People's care records contained nutritional risk assessments and care plans which identified people's support needs and preferences. We observed that people received the support they required in line with their care

Good

Is the service effective?

plans. We found that people were weighed in line with the guidance in their care plans, nutritional supplements were given when required and food and fluid charts were in place if appropriate.

People told us that that they were supported with their healthcare and to see healthcare professionals if required. People confirmed that they were supported to see the doctor if required and had regular visits from other healthcare professionals such as the chiropodist. One person told us of a time when staff had identified a healthcare problem and arranged an appointment on their behalf. The person told us, “They spotted [the problem]. They picked it up.” Another person’s relative told us that when their relation became unwell, staff contacted the doctor who visited within two hours and prescribed medication.

People’s care records confirmed that they had access to their doctor and were supported with hospital appointments. We saw from one person’s records that a change in a person’s physical health had been recognised and responded to swiftly; the person’s doctor was called and then transported to hospital to receive the necessary medical attention. Records evidenced that referrals were made to other healthcare professionals such as dieticians, physiotherapists and opticians when required.

People's bedrooms, each of which contained an en suite toilet and wet room, were identified with the use of metallic names plates to aid people's orientation around the service and were indicative of a respectful acknowledgement of people's personal space.

Good

Is the service caring?

Our findings

People told us, without exception that they were treated with kindness and compassion by staff and it was evident that positive relationships had been developed. One person told us, “It is so very nice here. It suits me and my personality to a T. Whichever staff you speak to they make time for you. They are kind and caring. I enjoy having a chat with them.” The person told us when they had commented to staff about how hard they worked the staff responded that it is their job and they liked doing it. Other comments about the staff included, “Very helpful”, “Very kind” and “Nothing is too much trouble.”

Our observations confirmed what people had told us. We saw numerous positive interactions between people and staff throughout the day of our inspection. Staff responded to requests from people but also initiated contact and activities. One member of staff offered to play draughts with a person and another staff member spending time talking and singing with people. We saw that caring interactions had a positive impact on people. For example, we witnessed that one person was showed patience and kindness by a staff member which resulted in them eating their meal when they had initially refused. We witnessed that another person was redirected by a staff member to another part of the service and was reassured and calmer as result of the interaction.

People we talked with said that they were given choices about everyday activities of daily living. One person told us, “I just need to say I’m going out. I just ask for the key pad code.” Other people told us that they were able to leave the service to access the local community as they wished. People confirmed that they were able to get up when they wanted to and we saw that people could request to have their meal at a different time if it suited their needs. One person told us that they were able to lock their bedroom door as they wished. People confirmed that they opened their own mail if needed and the manager told us they provided assistance to other people who required support with correspondence.

Details about people's life histories were documented and staff displayed a good knowledge of people’s lives and interests. People were supported with their religious needs. One person’s relative told us that a member of staff with the same beliefs as their relation would pray with them. The person’s relative was appreciative of the level of support provided.

Information about advocacy was available in the service. We were told by the managers at the service that links had been formed with an organisation which provides support to older people and their relatives. They said that they had been able to redirect people to the organisation with queries they may have about the support which is available to their families. The service was also in the process of setting up a family support group for relatives of people with dementia which would be facilitated by staff to provide support and friendship.

People we spoke with told us that staff respected their privacy and dignity. One person told us, “I would never be embarrassed to mention something as (staff) are so understanding”. Another person was complimentary about the respect shown by staff towards them and their relation’s privacy. We observed interactions between staff and people who used the service were respectful. We spoke with staff about how they would respect people’s privacy and dignity and staff showed they knew the appropriate values in relation to this.

Good

Is the service responsive?

Our findings

People felt their individual preferences were known by staff. One person told us, "They understand my needs. You only have to tell them once and things happen. I have problems with drinking and they suggested I tried a straw. Now they never forget to put a straw in my drinks." Another person's relative gave an example of staff knowing the needs and preferences of their relation. We were told that staff members had swapped duties to provide individualised support to the person and that this had been effective in encouraging the person to eat.

Our discussions with staff showed they had a good knowledge of the people they cared for. Staff told us that they kept up to date with people's needs through reading care plans and attending handover at the start of a shift.

People could be assured that their individual preferences as to how they wished to receive support would be recorded and acted upon. We found that care records contained a pre-admission assessment to provide information about the person's care and support needs and a range of care plans pertinent to the person. Care plans were written from the perspective of the person and identified people's individual preferences. For example, people had been asked for their preference as to whether they wished to be supported by male or female care workers. Another person's care records highlighted which meals the person gets up for and which meal they chose to have in bed. There was also consideration of the name the person prefers to be called. We found that these choices and preferences were respected by staff.

People's care plans had been signed by the person, if able, to indicate that they had participated in care planning. When the person was unable to sign their care plans, there was evidence that people's relatives had been consulted. One person's relative told us that they had seen copies of their relations care plans and felt able to discuss with staff if any amendments were required. We did not see evidence of regular reviews with the person or their relatives having taken place, however, the service had been open less than a year at the time of our inspection. One of the relatives we spoke with told us that staff kept them informed of any changes to their relation's health needs.

People provided mixed feedback on the activities on offer within the service. One person described the activities on offer as, "limited." Another person expressed that it was hard to plan activities for lots of individuals with different interests but felt it was "done well" and things seemed "busy."

Our observations confirmed that a weekly programme of activities was provided at the service which was well staffed and resourced. The assessment tools and activities provided suggested that the service had considered national guidance and recent research to provide activities which would benefit the people they cared for. We spoke to one of the activity co-ordinators who confirmed that people's past interests and hobbies were taken into account in addition to the level of support people required to engage in activities.

We saw a range of activities being provided on the day of our inspection including bingo, an IT session, an exercise session and sensory stimulation activity. We observed that one activity was well attended by people, visiting relatives and staff. One person's relative confirmed that activities were a regular occurrence at the service and that relatives were invited to join in. People had access to daily newspapers, a multisensory room and a range of games, books and reminiscence items.

We saw that people's access to their relatives was not restricted and there were a variety of places people could meet with their relatives from the privacy of their bedrooms to the communal 'coffee shop' in the entrance of the service. Efforts were also made to maintain contact with people's relatives who lived overseas and thereby avoid isolation. On the day of our inspection we witnessed a member of staff taking a considerable amount of time to facilitate a person making contact with their relative who lived overseas.

People felt able to say if anything was not right for them. One person told us of two suggestions they had made which were promptly acted upon by the manager. People felt that they were able to raise concerns or make suggestions at regular meetings or via a suggestions box.

People could be assured that complaints would be recorded and acted upon where possible. We reviewed two complaints that had been received by the service since it opened and saw that action had been taken where required to reduce the risk of the event reoccurring.

Requires improvement

Is the service well-led?

Our findings

People felt that the service was well led. One person told us, "It's wonderful, it's well organised and they make everybody happy."

Internal systems were in place to monitor the quality of the service provided, however, these were not always effective at identifying issues. We saw that action plans had been developed where issues had been identified during audits but had not always been signed off to confirm that the required action had been completed. Additionally, audits in relation to medicine management and care plans had not identified that documentation in relation to managing risks to people had been removed. Due to the service having recently opened, the provider maintained a presence at the service; however, the provider was not undertaking audits to ensure that the manager was monitoring the service effectively. Although systems required improvement, the impact on people living in the service was low and the provider shared information with us following inspection as to how issues identified were responded to.

We were told that the service was currently in the process of reviewing care plans and there was awareness from managers that improvements were required in relation to these. We saw that improvements had been made to updated care plans and documentation had been relocated into people's care records as a result of our feedback during the inspection.

People and their relations felt that the manager was visible around the service and were aware of their availability. For example, people knew that the manager was on holiday at the time of our inspection. We received positive comments from people about the manager including, "Nice Gentleman. Does listen", and "He's fine and approachable; everything I've asked for he's done." One person suggested that the manager was supportive of staff by telling us, "Delightful man who came in one night [due to staff shortage]."

The service had a registered manager at the time of our inspection who had left the service in October 2015 and was in the process of deregistering. We had been kept informed of changes in management at the service; a new manager had been recruited and was in the process of applying to become registered. Staff told us that they felt supported by the manager and other senior members of staff. For example, one staff member told us that they saw the manager regularly on the floor and that the manager was "very hands on" and that the clinical lead and unit manager were also very approachable and supportive. The staff member informed us that the manager had asked for their input into the running of the service and they felt they were listened to. As the service had been open for less than a year, the provider maintained a visible presence within the service and we found this to be the case on the day of our inspection.

People were supported by staff who were motivated by the manager and other senior staff members to develop the quality of the service. One staff member told us that the service had a nice atmosphere and commented that it, "Feels good to come to work." Throughout our inspection we observed staff working well together to produce a calm and inclusive environment between people, staff and visitors with friendly and supportive conversations being initiated. One person using the service confirmed our observations by telling us, "It's wonderful. It's well organised and [staff] make everybody happy."

We found staff were aware of the organisation's whistleblowing and reporting procedures. An external telephone number was provided for staff to raise issues if they felt it was necessary. A senior member of staff told us that staff were provided with information about how to report incidents, concerns and accidents internally during their induction. Records we accessed confirmed this to be the case. We saw that processes were in place to respond to incidents or accidents which included staff feedback, lessons learnt and identifying any trends. We found that the number of incidents recorded had decreased over the last two months and the member of staff felt that the improved training programme, especially in respect of moving and handling had contributed to a reduction in incidents and provided a safer environment for people. This showed that the provider was proactive in developing and recognising where improvements could be made.

People benefited from interventions by staff who were effectively supported by the management team. Staff told us that they met with their manager for formal supervision but also received a lot of informal support. Spot checks were carried out on staff performance and we saw records of these which included observations of whether staff were encouraging of people's choices and independence and were competent in completing necessary documentation.

Requires improvement

Is the service well-led?

The staff we spoke with felt comfortable raising issues with their manager either during supervision or informally. In addition, regular staff meetings were undertaken and a staff survey had been completed which offered staff the opportunity to raise issues or make suggestions. We were told that a trend had been identified via the staff survey that staff felt they would benefit from a safeguarding lead being identified within the service and that this had been actioned by the manager.

People were supported to attend resident meetings and to comment on the running of the service via a survey. We looked at the results from a satisfaction survey which had been completed by people living at the service. Some people had made suggestions or requests via the form, although no action had been recorded, we confirmed with staff and through observations that action had been taken in response a sample of the suggestions made.

All of the staff members we spoke with shared an understanding of the aims of the service to provide a high quality service to people. We found that senior members of staff were supported to develop their roles by attending training events, conferences and partaking in research into good practice. For example, the service had been involved in international research into pressure ulcer prevention in care homes. We found that such involvement led to positive outcomes for people living at the service and that records suggested that pressure ulcer prevention and management was well managed at the service.