

Key Healthcare (St Helens) Limited

Grace Court Care Centre

Inspection report

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18 October 2021
21 October 2021
28 October 2021

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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 responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Grace Court Care Centre is a residential care home providing personal and nursing care to 28 people at the time of the inspection. The service can support up to 30 people within one building. All bedrooms and facilities are located on the ground floor of the service.

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

Systems in place to monitor the quality of the service were not always effective and failed to identify or address the concerns found during this inspection.

People's medicines were not always managed in the safest way possible or stored appropriately. Improvements were needed to the stock control of medicines.

Some of the procedures in place in relation to infection prevention and control also needed to improve.

We have made recommendations about the reviewing the system in place for staff training and oversight of care records.

People's care needs and identified risks were recorded and reviewed on a regular basis. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice however, further improvements were needed to ensure the service responded appropriately to people's changing needs.

People received support from external healthcare providers to meet their specific needs.

Safe recruitment practices were in place to help ensure that only suitable people were employed at the service. Sufficient staff were available to meet people's needs.

Procedures were in place to plan the care and support people needed as they approach end of life. Staff knew what support people needed with communication which helped people to demonstrate their needs and wishes.

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 (11 December 2020). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

Our monitoring systems indicated potential risk at the service. As a result, we undertook a focused inspection to review the key questions of safe, effective, responsive and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key question. We therefore did not inspect it. Ratings from previous comprehensive inspections were used in calculating the overall rating at this inspection. The overall rating for the service has not changed.

We have found evidence that the provider needs to make improvement. Please see the safe, effective, responsive 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 Court Care Centre 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 to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to medicines management, infection prevention and control and governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

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 with the 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?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective
Details are in our effective findings below

Requires Improvement ●

Is the service responsive?

The service was not always responsive.
Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

Grace Court Care Centre

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 two inspectors who visited the service on 18 and 21 October 2021.

Service and service type

Grace Court 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

This inspection was unannounced.

What we did before the inspection

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. We took this into account when we inspected the service and made the judgments in this report.

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and three family members. We spoke with six members of staff including the registered manager, nurses and care staff.

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.

We reviewed a range of records. This included a number of people's care and medication records. We looked at three staff files in relation to recruitment and training and records relating to the management of the service.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found during the visit to the service and information sent to during the inspection process.



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 requires improvement. At this inspection this key question has remained the same. 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

- People's medicines were not always managed safely.
- People's prescribed medicines and food supplements; in use and identified as no longer required, were not always stored safely and securely.
- Stock rotation of medicines was not always in place. For example, medicines which were still prescribed and in date were returned to the pharmacy to be destroyed and then re-ordered.
- Medicines were, on occasions, removed from their dispensing container into another dispensing container, instead of being administered directly. This is known as secondary dispensing and meant medicines were not dispensed in a safe manner.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate people medicines were effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (2) (g) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded during and after the inspection. They confirmed the practice of secondary dispensing and inappropriate of medicines storage had been addressed.

- Policies, procedures and good practice guidance were in place for the safe management of people's medicines.
- Medication administration records (MAR) were in use to record people's medicines. These records were completed appropriately.

Preventing and controlling infection

At our last inspection we recommended the provider ensured that updated guidance in relation to preventing and controlling infection was implemented at all times. The provider had not made improvements.

- We were not assured the provider was preventing visitors from catching and spreading infections.
- We were not assured the provider was using PPE effectively and safely.
- We were not assured the provider was accessing testing for people using the service and staff.
- We were not assured the provider was promoting safety through the layout and hygiene practices of the

premises.

- We were not assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems were either not in place or robust enough for the prevention; detection and control of infection. This placed people at risk of harm. This was a breach of regulation 12 (2) (h) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were somewhat assured the provider was meeting shielding and social distancing rules.
- We were assured that provider was admitting people safely to the service.
- We were somewhat assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were somewhat assured that the provider's infection prevention and control policy was up to date.

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

Staffing and recruitment

At the last inspection, systems were either not in place or robust enough to ensure staff were safely recruited or deployed at all times to meet people's needs. This was a breach of regulation 18 (Staffing)) and also a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that improvements had been made and the provider was no longer in breach of this regulation.

- Sufficient numbers of staff were available to meet people's needs.
- Records demonstrated appropriate recruitment procedures had been followed.

Systems and processes to safeguard people from the risk of abuse

- Effective safeguarding procedures were in place. Staff had access to information about how to protect people from harm.
- Safeguarding concerns relating to people were reported to external agencies when required.

Assessing risk, safety monitoring and management

- Systems were in place to identify assess and monitor risk.
- People's care planning documents detailed potential risks for people.
- Identified risks for people were monitored. This monitoring included risk from malnutrition, weight loss and skin integrity.
- Regular checks and monitoring around the environment and equipment took place to maintain a safe environment for people to live.

Learning lessons when things go wrong

- Procedures were in place to support staff in responding and recording accidents and incidents which occurred. This was an improvement following the previous inspection.
- Lessons were learnt and improvements made following accidents and incidents. For example, following a reported incident, changes were made to the height of a person's bed to minimise a risk which had been identified.

- Information relating to accidents and incidents was reported to the provider on a weekly basis. This enabled the provider to monitor, and make improvements when things went wrong.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection the provider had failed to ensure systems were in place to demonstrate people's rights under the MCA were fully considered and planned for. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11, however, further improvements were still required.

- Records failed to confirm that consideration had always been given with DoLS applications to consider specific conditions relating to individuals. For example, not all applications had been updated to reflect when people's needs had changed, such as the introduction of bed rails to reduce the risk of a person falling out of bed.

We recommend the provider considers current guidance on applications for DoLS to ensure that the MCA is fully considered.

- An assessment process was in place to ascertain people's ability to make specific decisions. Documentation to records decisions made 'in a person's best interests' had improved.

Staff support: induction, training, skills and experience

- A programme of electronic induction and ongoing mandatory training was in place for staff.
- Records demonstrated not all staff had completed updates to their refresher training. For example, less than half of the staff team had updated their training in relation to Dementia Awareness; Fire Awareness; Health and Safety; Moving and Handling; Safeguarding Adults and the Mental Capacity Act.

We recommend the provider reviews the systems in place to ensure that all staff have completed their planned refresher training.

- Training was planned for staff to attend pressure area care training, an initiative with the local authority and Clinical Commissioning Group to assist staff in recognising skin pressure areas.
- Staff had access to face to face supervision with their line manager.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Systems were in place to assess and review people's needs and wishes in line with legislation and best practice prior to them moving into the service.
- People's individual needs were assessed prior to moving into the service to ensure they could be met. During the COVID-19 pandemic, changes were made as to how people's needs were assessed prior to moving into services. These changes included the increase in use of health and social care trusted assessors.
- A system was in place for the review of people's care plans to ensure they contained up to date information on people's needs and wishes.

Supporting people to eat and drink enough to maintain a balanced diet

- People were protected from the risk of poor nutrition and dehydration. People had access to sufficient food to meet their dietary needs.
- The registered manager and cook showed the current menus were being revised and were to include second options at mealtimes. It was planned that a senior staff member would monitor the implementation of the revised menus.
- People's comments included, "The food is very good"; "Food is ok. A bit more variety would help. If I don't want menu I can get a sandwich, chip butty."
- People were offered a choice from the menu each day. Discussion took place around the use of visual prompts, for example, using the photographs of meals available to assist people to make food choices.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Systems were in place for people to have access to healthcare support required.
- Where people required support from health care professionals this was arranged. For example, staff requested advice and support from the area later life memory team when required.
- GP services visited on a regular basis to assess and monitor the health of people. During our visit, a GP was seen visiting a person to review their medicines as their needs had changed and discussing these changes with family members.

Adapting service, design, decoration to meet people's needs

- The buildings facilities and bedrooms were situated on the ground floor and there was easy access into the service.
- Signage was in place to assist people with orientation around the building. Photographs and names were in the process of being fixed to people's bedroom doors to support orientation.

- At the time of the inspection internal decoration of people's bedrooms and communal facilities was taking place.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection systems were either not in place or robust enough to demonstrate people's care and support had been planned, recorded or delivered safely. This was a breach of regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 (2) (c).

- People's care needs were planned. This was an improvement from the previous inspection.
- People's records relating to their care, however, including positional change and fluid intake charts were not always complete.
- People care plans were reviewed. A system of 'resident of the day' was in place. This enabled staff to review all aspects of people's care and support to ensure that care plans met the needs of people. However, no records of these reviews were currently maintained.

We recommend the provider considers current systems in place for the oversight and review of care documents.

- People had access to activities. An activities worker had been employed and was in the process of reviewing the activities available for people. This was an improvement from the previous inspection.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported by staff who understood their communication needs. We saw staff taking time to communicate with people in a positive manner. This gave time for people to express themselves.
- People's care planning documents gave the opportunity to record their communication needs and wishes.
- The provider had facilities to provide written documentation in different formats to meet people's needs.

Improving care quality in response to complaints or concerns

- A complaints procedure and was in place and accessible.

- Family members were aware of who they would speak with if they had a concern about the service.
- A system was in place for the registered manager to record and monitor the outcomes of complaints received about the service.
- The provider received a weekly report that recorded any complaints made about the service which enabled them to monitor any concerns raised.

End of life care and support

- Care planning documents gave people and family members the opportunity to record their specific wishes about how they wanted to be cared for at the end of their life.
- A family member told us about their experience of their relative receiving end of life care. Their comments included "Staff very respectful in every way" and "The communication is second to none." They told us that they had the opportunity to discuss their relatives end of life care with staff and the GP. They told us, "They look after me too."
- The care planning system in use enabled specific care planning to take place for people who were on an end of life care pathway. This included anticipatory medicines being available for use when needed.
- GP services were involved in the planning of a person's end of life care.

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 the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

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

- Systems in place to monitor and ensure quality and safety were not always effective and put people at risk of not receiving the care and support they needed.
- Monitoring systems had failed to identify and improve guidance and procedures in place to ensure that infection control measures were regularly updated and adhered to.
- Medicines monitoring systems had failed to identify, manage and improve the safe management of people's medicines.
- Systems in place had failed to ensure refresher training, identified by the provider, was carried out by staff regularly.
- Reviewing systems in place had failed to identify and improve the details recorded in care planning and electronic monitoring of documents.

Systems were either not in place or robust enough to demonstrate that governance within the service was effective. This placed people at risk of not receiving their planned care. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Systems were in place for monitoring people's weight; accidents and incidents and safeguarding issues raised. These monitoring records were reviewed and updated on a regular basis. This was an improvement from the previous inspection.
- Connectivity issues experienced by service had improved and the electronic care planning system was fully operational. This was an improvement from the previous inspection.
- The provider had installed a new electronic system to record use of call bells and activity around areas of the service.

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 registered manager and the provider had an understanding of their responsibilities in responding to people who use the service under the duty of candour following incidents and when things had gone wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager informed the Care Quality Commission of incidents and events which occurred at the service.
- To make improvements within the service, the registered manager had identified specific staff to address areas of improvement.

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

- Surveys to gather people's views on the service had been delayed due to the COVID-19 pandemic. However, family members spoke positively about the service. Comments included, "They are very good with people"; "The manager is very good, keeps us informed"; "Very discreet about others" and, "Delighted as how he is looked after."

Continuous learning and improving care; Working in partnership with others

- The registered manager continued to participate in a borough wide development programme and initiatives with the Local Authority and Clinical Commissioning Group. In addition, the registered manager was undertaking training specific for their role.
- Learning took place from accidents and incidents to minimise the risk of re-occurrence.

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	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems were either not in place or robust enough to demonstrate that governance within the service was effective. This placed people at risk of not receiving their planned care.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>Systems were either not in place or robust enough to demonstrate people medicines were effectively managed. This placed people at risk of harm.</p> <p>Systems were either not in place or robust enough for the prevention; detection and control of infection. This placed people at risk of harm.</p>

The enforcement action we took:

Warning notice