

Park Homes (UK) Limited

# Winsford Grange Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Winsford Grange is a care home providing personal and nursing care for older people, people living with dementia and physical disabilities. The service can support up to a maximum of 60 people across 4 separate wings. At the time of the inspection there were 33 people living at the service supported across 3 wings as 1 had been temporarily closed.

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

Oversight and quality assurance systems of completion of the recently introduced staff induction programme were not sufficiently robust. Several newly recruited staff had not been added to the training matrix or been allocated or/completed relevant training.

People felt safe living at Winsford Grange. Staffing levels were determined using a dependency tool and during the inspection there appeared to be sufficient staff to meet people's needs. People told us they felt there were enough staff although staff felt there had been a negative impact from a recent change. People were supported by a consistent group of agency staff when needed. People's medicines were managed and administered safely and measures were in place to protect people from the spread of infection.

People were supported by trained staff, however, due to an omission some staff had not completed relevant training when they commenced employment. People's needs were assessed before they received a service to ensure the provider could meet them. Areas of the home needed redecoration. The registered manager provided a list of areas requiring remedial action and confirmed supplies for completion had been ordered. Staff supported people to access healthcare and support.

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.

People told us staff treated them with kindness and respect. Systems were in place to ensure people were treated without discrimination.

Each person had a personalised care plan detailing their support needs, likes and dislikes. Although people were happy with the care they received we received comments that people had not been made aware of or had not seen their care plan. We have made a recommendation that the provider reviews the process for people's involvement in their care planning to clearly demonstrate their, and/or, relevant person's, involvement and agreement is clearly evidenced. People felt able to raise concerns and felt confident they would be listened to.

People spoke positively about the care and culture within the home. Staff were complimentary about the registered manager, however, felt that staff morale was "at rock bottom" and some felt that "higher

management" were not always supportive and were less approachable. Systems were in place to assess the quality of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update and update

The last rating for this service was requires improvement (published 1 July 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of the regulation relating to safe recruitment however, remained in breach of part of the regulation in relation to good governance.

At our last inspection made recommendations that the provider reviewed the dependency tool to ensure it accurately reflected the required staffing levels; improved induction training for staff and supported new, previously inexperienced, staff to gain the Care Certificate. At this inspection we found that the provider had acted on the recommendations. However, were unable to assess the ongoing effectiveness until systems were fully embedded.

#### Why we inspected

This inspection was carried out to follow up on actions we told the provider to take at the last inspection and, in part, due to concerns received about staffing and the heating system.

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.

#### Enforcement and Recommendations

We have identified a breach of regulation in relation to good governance at this inspection.

We have made recommendations that the registered provider reviews systems for completion and oversight of the new induction programme and the process for people's involvement in their care planning.

Please see the action we have told the provider to take at the end of this report.

#### 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Good 

The service was caring.

Details are in our caring section below.

### Is the service responsive?

Good 

The service was responsive.

Details are in our responsive section below.

### Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

# Winsford Grange Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by an inspector, specialist advisor 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. The specialist advisor was a nurse.

#### Service and service type

Winsford Grange is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Winsford Grange is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection including notifications about important events which the provider is required to tell us about by law. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service about their experience of the care provided and 4 relatives. 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 spoke with the nominated individual, executive director of operations, registered manager, clinical lead/deputy manager and 10 members of staff including nurses, care staff, the chef, kitchen assistant and administration assistant. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 7 people's care records, multiple medication records and 5 staff recruitment files. We reviewed a variety of records relating to the management of the service including policies and procedures. We continued to seek information and clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At the last inspection the provider was unable to demonstrate that safe recruitment procedures had been followed resulting in a continued breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach.

- Safe recruitment procedures were followed including appropriate checks to ensure recruitment decisions were safe. Recruitment was ongoing with several new staff scheduled to start in the near future.

At the last inspection we made a recommendation that the provider reviews the dependency rating scale used for accuracy and indication of realistic staffing levels.

- The dependency tool previously used had recently been replaced and a new version introduced.
- Dependency levels had been reviewed, which resulted in a range of accepted staffing levels ranging from minimum to highest. The home was staffed towards the top of the range despite an adjustment to the number of care staff required. The dependency tool will be regularly reviewed including as and when new admissions take place. We cannot fully assess the ongoing impact of the new dependency tool until it is fully embedded.
- People told us there were enough staff to ensure they received care when they wanted, and staff came quickly when they needed them. People told us, "Oh yes, there are enough. Pretty regular staff"; "Feels like there are enough" and "They come very quickly."
- During the inspection there appeared to be sufficient staff to meet people's needs. All units appeared calm, staff were observed as attentive to people's needs, people were not rushed and were well presented and comfortable. People told us, "We know all the staff. They are good" and, "We are all kept comfortable."
- Staff feelings about the recent change to staffing levels were mainly negative. Staff told us whilst all care needs were being met, they felt some people may have to wait longer and they were finding their day harder, including whilst awaiting cover for staff absence. Staff comments included, "I don't feel staffing levels are safe", "Sometimes it's good" and "It's harder at weekends with nobody in the office."
- The registered manager advised us that both she and the clinical lead were available to support staff if needed, for example whilst awaiting agency cover to arrive.
- Whilst recruitment was ongoing, the service was supported by consistent agency staff. One staff member told us, "We have a lot of good agency. Because they have been coming for so long, they know the residents inside out."

## Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At the last inspection we found that systems and records were not always robust enough to demonstrate risks relating to the health, safety and welfare of people using the service were mitigated. This was a breach of regulation 17 (Good Governance of the Health and Social Care At 2008 (Regulated Activities) 2014.

Enough improvement had been made regarding mitigation of risks relating to the health, safety and welfare of people using the service and the provider was no longer in breach of this part of regulation 17.

- Risk assessments were completed and regularly reviewed with measures implemented to mitigate risks to people and staff.
- Staff had access to guidance and the information needed to deliver care and support safely via an electronic device.
- Accidents and incidents were recorded and reviewed to identify emerging themes or trends and learning opportunities.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Winsford Grange and were "Happy and confident" to share concerns should they have any. People told us, "Yes indeed safe because everything is locked up in here and there isn't anyone to frighten me" and "I could talk to anyone and they would help me."
- Systems were in place to protect people from abuse. Staff had access to relevant policies and understood the steps to take should they be concerned someone was being abused.

### Using medicines safely

- Medicines were managed and administered safely by trained staff and whose competency to do so had been checked.
- Policies and procedures were in place to provide staff with the guidance needed, including medicines administered 'when required.'
- Newly delivered medicines were managed effectively and safely.
- Care plans and documentation were generally in place where people received their medication covertly (hidden) and/or crushed. However, one person's medication was being crushed and administered in food without the relevant documentation to confirm it was safe and in the person's Best Interests to do so. We brought this to the attention of the registered manager, who took immediate action to ensure the required permissions were gained and appropriate documentation in place.

### Preventing and controlling infection

- Policies and procedures were in place providing staff with relevant guidance.
- Staff were aware of the correct personal protective equipment they should wear to prevent and control the spread of infection and there were plentiful supplies.
- Systems and procedures were in place to manage outbreaks effectively.

### Visiting in care homes

- There were no restrictions in place regarding visiting arrangements and during the inspection we observed visiting taking place in line with current guidance.



# 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 our last inspection we rated this key question requirements improvement. At this inspection the rating for this key question has remained the same. This meant there was a risk people's care, treatment and support may not always achieve good outcomes or maybe inconsistent.

Staff support: induction, training, skills and experience

- There was an induction programme in place for new staff. One staff member told us their induction had been good, it helped them although they learned things as they went along.
- A new induction booklet had been introduced in Autumn 2022 which was more detailed than the programme in place previously and included a competency framework.
- Although we were initially unable to review any induction records, the registered manager subsequently provided examples of recently completed booklets. Some elements of which had not been fully completed and oversight was not sufficiently robust. We were unable to fully assess the effectiveness of the new induction programme until all aspects are fully embedded.
- The majority of staff had completed the training required to support them in their role. However, due to an omission, several members of staff had not been allocated or completed the required training. This had not been identified during the induction process. However, when we brought this to the attention of the registered manager, they took action to address this.
- People felt staff had the training they needed to support them. People told us, "Yes they do. They have never slipped up yet" and said staff were "Well trained."
- Not all staff had received regular supervision. A matrix was in place showing that completion of supervision and appraisals had improved recently.

We recommend that the registered provider reviews systems for completion and oversight of the new induction programme to ensure they are sufficiently robust.

At the last inspection we made a recommendation that the provider offers and supports new and previously inexperienced staff in care to gain the Care Certificate.

- The registered manager confirmed that all of the planned recruitment of new staff, due to commence shortly will be supported to undertake the Care Certificate. We will review the effectiveness of this initiative at our next inspection.

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

- An initial assessment of people's needs, likes and choices was carried out before they received a service to ensure that the provider could meet them. This included assessment of the person's level of dependency and dependency levels within the home to ensure that staffing levels would remain appropriate.
- People's needs were reflected in their care plans in line with current standards and there was ongoing

review to ensure any changes were reflected.

- People spoke positively about the care they received. People told us, "The care is very good, it is first class really" and "I am quite happy with it."

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

- People's dietary needs were reflected in their care plans. Referrals were made to relevant professionals as and when appropriate.
- Staff were observed supporting people to eat with kindness and respect. People were not rushed.
- There was a choice of food available. People told us, "The food is very good, with a good choice" and "Plenty to eat and a good choice. I have put weight on."
- People told us they could have drinks or snacks at any time.
- The chef told us that they were awaiting arrival of moulds to improve the presentation of pureed meals.

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

- One unit was out of use awaiting remedial work following structural damage caused by tree roots and a leak.
- Areas of the home, particularly corridors and bedrooms, were in need of redecoration. For example, paintwork was badly chipped impacting upon the ability to clean effectively, holes had been left where items had been removed from walls and repairs to a leak in one of the lounge ceilings had been only partially completed.
- We discussed this with the registered manager and executive director of operations. The registered manager confirmed a review had taken place and a list compiled of works to be undertaken. Supplies had been ordered to commence refurbishment which included all bedrooms and corridors.
- Previous issues relating to the boiler had been resolved.

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

- The service worked effectively with external agencies to support people to maintain their health and wellbeing. Professional guidance was reflected in people's care plans.
- People told us staff contacted professionals such as the GP promptly as and when needed.

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 MCA 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).

We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA.
- Staff sought people's consent during care delivery. One person told us, "Yes, they ask."
- Applications for DoLS had been made where required.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who treated them with kindness, respect and who knew them well.
- During the inspection we observed kind and caring interactions taking place between people and staff. Staff were attentive to people's needs, giving people time to do things at their own pace.
- People told us, "The staff are very helpful", "They [staff] are very good and very caring and kind. You would think they had known you for years" and "They are always very respectful with the way they treat her."
- Policies and procedures were in place to ensure people were treated fairly and without discrimination. Characteristics protected by the Equality Act 2010 such as religious and cultural needs were considered and reflected in people's care plans.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People were supported by staff to maintain their independence as much as they were able to.
- People told us, "They monitor me to see how I can manage. They make sure I get to my room safely" and "They encourage me to use my walker and they put things in easy access for me."
- Staff protected people's privacy, ensuring their dignity was maintained. People told us, "They do keep me private. It is the way they speak to me. They treat me very well" and "The carers are very careful of her dignity with going to the toilet."
- People were able to make choices in their everyday lives and routine. For example, people told us they could have a bath and go to bed when they chose to. People told us, "They ask if I want to stay up later or not" and "When I want one [have a bath or shower], I choose different days."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

At the last inspection we made a recommendation that care plan audits were implemented to ensure that they comprehensively address people's needs.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- A comprehensive care plan audit template had been introduced since the last inspection. Those reviewed confirmed where actions had been identified they had been completed.
- Each person had a personalised care plan detailing their support needs, likes and dislikes etc.
- Records had recently been transferred to an electronic system which the registered manager had previous experience of using. This enabled them to provide additional support and guidance to staff about all aspects of the system.
- Care plans were updated with any changes to people's needs and families told us they were kept well informed.
- The registered manager informed us that discussions about people's care and support choices took place during initial assessment and as part of ongoing reviews.
- We received some comments that people were not aware of or had not seen their care plan. However, people were happy with the care they/their relative received, staff were aware of their likes and dislikes and discussed their needs and wishes with them.
- People told us, "Yes, we have a chat. Speak to the staff and they listen", "Yes, they do [know my likes and dislikes]. It will come up in general conversation" and one family member described the whole experience for their family member and themselves as "Absolutely brilliant."

We recommend the provider reviews the process for people's involvement in their care planning to clearly demonstrate their, and/or relevant person's, involvement and agreement is clearly evidenced.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and incorporated into their personalised care plans.

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

- People were supported to maintain relationships with family and friends. There was a sociable atmosphere between people allowing friendships to develop.
- There was a sensory room where people could be supported with relaxation and sensory therapy. The room was in the process of redecoration during the inspection.
- There was a programme of activities which people could choose to take part in. One person told us they did not join in the keep fit but liked to watch, whilst another enjoyed the painting.

Improving care quality in response to complaints or concerns

- Policies and procedures were in place to handle and respond to complaints.
- People felt able to raise concerns, were aware of how to do so should the need arise and were confident they would be helped and listened to.
- People told us, "We got a pamphlet when [relative] moved here, it tells us what to do, but I would go to the manager if anything came up" and "I would talk to the manager. She helped us out once when we had a complaint."

End of life care and support

- Staff received training to support people at end of life.
- People's wishes were reflected in care plans and Do Not Resuscitate decisions were in place where appropriate.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. This meant there was a risk people's care, treatment and support may not always achieve good outcomes or maybe inconsistent.

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

At our last inspection the provider was not able to demonstrate systems and records were robust enough to demonstrate risks to people's health were effectively monitored. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was not in breach of this element of regulation 17. However, we identified a continued breach of regulation 17 in relation to quality assurance systems.

- The provider had introduced a comprehensive new induction programme which included a competency framework. However, ongoing oversight and quality assurance of completion was not sufficiently robust to identify that some elements had not been completed as required, relevant training had not been allocated and/or completed and induction records were not available.
- We found several members of staff had not been added to the training matrix, allocated or completed required training. Although the registered manager took action when we brought this to their attention the provider's quality assurance systems had not identified/addressed this omission.
- When this was addressed and a newly amended training matrix provided, the compliance figures could not be relied upon as they did not accurately reflect the outstanding training.

These issues were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People spoke positively about the care they received and the culture within the home. People told us, "Couldn't better it" and "I don't want to move, they know me and I know them" and "It is a good atmosphere and I haven't found anything wrong."
- Staff provided complimentary feedback about the registered manager. However, some staff felt higher management were not always supportive and were less approachable. Staff told us, "[Name] is a good

manager. She does listen, but above that it is quite hard", "[Name] is quite supportive as a manager" and "She [registered manager] is very good, she does listen."

- Staff felt there was a good staff team, one staff told us, "Staff who work here are all nice, I like them, they're good."
- We were told staff morale was very low. Staff comments included, "It's very challenging, staff morale is rock bottom", "Staff morale is low. It's a shame because [Name] is a good manager" and "[Name] is quite supportive as a manager but if her manager says she has to do it [make changes] she has to do it. It feels like it is all unravelling and it's a shame"

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 and registered manager understood their responsibilities under duty of candour.

Working in partnership with others

- The management team worked in partnership with other agencies including the local authority and health professionals as and when required.

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	The provider had not always ensured quality assurance systems were sufficiently robust.