

Kaleidoscope Plus Group

Nicholl Grange

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 ●

Summary of findings

Overall summary

About the service:

- ☐ Nicholl Grange is a small care home providing personal care and accommodation for up to 14 people who have a mental health diagnosis. At this inspection 14 people lived within the service.

What life is like for people using this service:

- ☐ People continued to receive safe care. People were safe and staff knew how to keep them safe. The provider had enough staff to ensure people were supported safely and recruitment processes were in place to ensure appropriate checks were conducted before staff were employed. People took their own medicines and the provider had systems in place to monitor this was being done safely. Staff had access to personal protective equipment and Infection control guidance was in place. Accidents and incidents were noted so trends could be monitored to reduce the amount of accidents.
- ☐ People continued to receive effective care. Staff were supported and had the skills and knowledge required to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People lived independently and made their own choices with support from staff as to what they had to eat and drink. People were supported when needed to attend health appointments.
- ☐ People continued to receive support when needed that was caring and compassionate. People were encouraged by staff to make decisions as to how they were supported. Staff were kind and caring and people's privacy dignity and independence were promoted in the way staff supported them.
- ☐ People continued to receive support that was responsive to their needs. People's support needs were assessed and a support plan showed how people wanted to be supported. People received support that was personalised and reviews took place. People lived independently and was able to do the things they wanted. The provider had a complaint process in place and people used it to share concerns they had.
- ☐ The service did not continue to be well managed. The registered manager did not ensure that quality assurance audits and spot checks were effective in identifying areas for improvement. The call bell system was not always accessible to people in an emergency. The provider did not consistently carry out quality assurance audits. Provider told us they used questionnaires to gather people's views on the service, but was unable to provide evidence. The environment was welcoming, clean and tidy.

More information is in the Detailed Findings below.

Rating at last inspection:

- ☐ Rated Good (Report published 17/12/2015).

Why we inspected:

- ☐ This was a planned inspection based on the rating at the last inspection. The service remained Good overall.

Follow up:

We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received 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?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

Nicholl Grange

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Nicholl Grange is a care home. People in care homes receive accommodation and nursing or personal care. 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

Prior to the inspection we reviewed information we held about the service since their last inspection. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority who commissioned services

from this provider. They raised no concerns about the service.

During the inspection we spoke with four people, three members of staff, the deputy and registered manager.

We looked at the care and review records for one person who used the service. The management records for how people were administered medicines as well as a range of records relating to the running of the service. This included incident and accident monitoring as well as complaints.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- ☐ A person said, "I do feel safe here with the staff". There were systems in place to keep people safe. Staff knew how to keep people safe and demonstrated a clear understanding of the actions they would need to take where people were at risk of harm. A staff member said, "We have had safeguarding training and would report any abuse to my manager".
- ☐ We were able to confirm the training staff had and found that people were very independent and needed little if any support from staff. We saw that people spent most of their time out of the home but knew what abuse was and were able to explain the actions they would take if they felt at risk of harm.
- ☐ Accident and incident records were kept and staff were able to explain the actions they took where an accident had taken place.

Assessing risk, safety monitoring and management

- ☐ We found that risk assessment documentation was in place to illustrate where there were risks and how they should be managed. Staff told us these documents were in place.
- ☐ Where people needed to be supported due to a particular identified risk we saw that this was being done. For example, where people needed support to go out and or spend monies. A person said, "I need support to manage my monies and staff support me".

Staffing levels

- ☐ We found that people lived independently and did not need much support from staff. A person said, "I only need staff to observe me cook and support me when taking money from the bank". Another person said, "Staff support me with my finances and remind me when I have appointments". We saw that there were enough staff about if people needed support.
- ☐ The registered manager told us they had not recruited staff for many years but explained the process they went through which involved completing recruitment checks. We found the checks they completed were appropriate to keep people safe.
- ☐ Staff we spoke with could confirm they were required to complete checks as part of the recruitment process.

Using medicines safely

- ☐ A person said, "I self-medicate and staff only monitor". We found that people administered their own medicines and staff supported them by monitoring the process to ensure this was done safely. We saw that the systems used for monitoring involved staff keeping a record to ensure people took their medicines as required and medicines were ordered when needed. This was a concern identified at the last inspection, which the provider had actioned.

- ☐ Staff confirmed they received training before they could support people with their medicines and their competence were being checked. We could confirm this.
- ☐ Where people took medicines 'as and when' required we saw guidance in place to ensure staff had a consistent understanding as to when people should take these medicines.

Preventing and controlling infection

- ☐ We found that staff had access to Personal Protective Equipment (PPE) and were required to complete infection control training.
- ☐ The provider had a system in place to ensure the environment was kept clean and tidy. We saw appropriate systems in place in the kitchen to reduce the risk of bacteria spreading as part of the infection control process.

Learning lessons when things go wrong

- ☐ Appropriate checks, monitoring and trends analysis were taking place to ensure areas for improvement could be identified were needed to ensure people's safety.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- ☐ Assessments of people's support needs had taken place. People's preferences, likes and dislikes were included. A person said, "I can look at my assessment whenever I want, they are in the office downstairs".
- ☐ Staff told us they had completed training in equality, which we were able to confirm. Staff could demonstrate a good understanding of the Equality Act and the protected characteristic. The assessment process considered the Equality Act as part of the process.

Staff skills, knowledge and experience

- ☐ A person said, "Staff do have the skills to support me". Another person said, "When I need staff they support me". We found that staff received regular supervision and could discuss issues they had in staff meetings.
- ☐ We found that an induction process was also in place, which staff confirmed.
- ☐ A staff member said, "I do feel supported". Other staff confirmed the registered manager was supportive toward them when needed and gave examples of situations where the registered manager was supportive. We saw evidence that staff had access to regular training covering a range of areas, for example, food hygiene, diabetes, fluids and nutrition and challenging behaviour.

Supporting people to eat and drink enough with choice in a balanced diet

- ☐ We found people bought, prepared and cooked the meals they wanted. Staff could explain how they supported and encouraged people to eat healthy meals.

Staff providing consistent, effective, timely care within and across organisations

- ☐ People did not need much support from staff as they lived independently, however where people needed support staff knew the support they needed and how to support them.
- ☐ We found that people spent a lot of time within the community, socialising, visiting relatives and preparing to move into more independent living accommodation. Staff worked closely with other organisations to deliver what people wanted.

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

- ☐ People spent a lot of time in their rooms and told us they decided how their rooms were decorated and looked. We saw people's rooms were personalised.
- ☐ The provider developed independent living flats to suit people's needs as part of supporting them to live more independently.

Supporting people to live healthier lives, access healthcare services and support

- A person said, "I can see my doctor or a nurse when I need to". Staff explained how people were supported to access healthcare when needed. For example, people told us that staff would remind them on a regular basis about health appointments they had.

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

- People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
- The provider had no one who lacked capacity within the service who met the requirements of the MCA. Staff confirmed they had received training in the MCA and both the registered manager and staff could explain the act.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their Care.

Ensuring people are well treated and supported

- ☐ People we spoke with told us the staff were nice and friendly. A person said, "The staff are always kind to me". The interaction between people and staff demonstrated a relaxed and comfortable environment.
- ☐ We observed people leaving the home as they wanted and communicating with staff as they needed to. This showed people's independence and how staff supported them to live how they wanted.

Supporting people to express their views and be involved in making decisions about their care

- ☐ People were observed making decisions as to how staff supported them.
- ☐ People expressed themselves as individuals and staff were available if needed to support them.
- ☐ A person said, "I decide what I do and where I go and staff are available if I need them". People could take part in whatever activity they wanted and return to the home when they wanted and staff listened to what they had to say. People we spoke with told us that staff listened to them.

Respecting and promoting people's privacy, dignity and independence

- ☐ A person said, "Staff respect my privacy, independence and dignity" Staff explained that they would always respect people's privacy, dignity and independence and gave an example of always knocking people's bedroom doors before entering and of people being able to go out of the home whenever they wanted.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

How people's needs are met

Personalised care

- ☐ Support plans were in place and showed how people wanted to be supported. A person said, "Staff support me if I need to go because I can get nervous". We could confirm this.
- ☐ Reviews took place and people were involved in their reviews, which they confirmed.
- ☐ Staff showed an understanding of people and could explain people's differences and how they were supported.
- ☐ The provider had use of an advocacy service to support people where needed. We saw evidence that people could access the service. A person said, "I am aware of the advocacy service, but I no longer use them". We saw a recent advocacy visit which was positive about the service.

Improving care quality in response to complaints or concerns

- ☐ The provider had a complaints process in place. A person said, "I have made a complaint and it was dealt with".
- ☐ We saw the registered manager kept a copy of all complaints and their resolution, but this was not a log. The registered manager told us they would implement a log immediately. Staff demonstrated an understanding of the complaints process and explained the action they would take were a complaint was made.

End of life care and support

- ☐ There was no one receiving end of life care. The registered manager told us where people needed this kind of support they would be referred to a more suitable service.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Leadership and management

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- ☐ The provider had a call bell system in place, however this system was not available during the night as sleep in staff were not able to hear the system while sleeping as the system could only be heard from in the main office. Where people lived in their own flats next to the home, the call bell system was not suitable to enable them to seek help in an emergency. This meant the provider's current call bell system could not be relied on or was suitable in an emergency.
- ☐ While people had never needed to use the call bell system during the night there was a risk that if they needed support in an emergency they would not be able to get this. The registered manager told us they would take immediate action to resolve this issue.
- ☐ The registered manager carried out quality assurance audits and spot checks and staff we spoke with confirmed they saw the registered manager regularly conducting checks. However, we found these were not effective as they had not identified the problem with the call bell system.
- ☐ We were unable to see any evidence that the provider carried out any quality assurance audits since 2017 to show they were regularly monitoring the service quality.
- ☐ The registered manager understood the legal requirements within the law to notify us of all incidents of concern, death and safeguarding alerts.
- ☐ The provider had a whistle blowing policy and staff explained when they would use it. A whistle blowing policy is intended to encourage employees to raise concerns where people are put at risk of harm.
- ☐ It is a legal requirement that the overall rating from our last inspection is displayed within the service and on the provider's website. However, on arrival to the home the rating was not being displayed on their website or in the home. The rating was however displayed before the end of the inspection.

Engaging and involving people using the service, the public and staff

- ☐ People told us they had not completed questionnaires/surveys on the service and the registered manager was unable to provide evidence on the day of the inspection to show how people's views were gathered. The registered manager provided us with information after the inspection to show how people were being engaged with. However, it was unclear as to whether people could share their views anonymously. People were also able to meet with the registered manager regularly to share their views.
- Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong
- ☐ The provider promoted an environment that empowered people to live independently. People told us

they could live their lives how they wanted and we found the service was person centred. People volunteered within the community, had their own allotments where they grew fruit and vegetables and took part in activities that suited them.

- The provider had systems in place to develop learning when things went wrong.
- People and staff told us the registered manager was approachable and friendly.

Continuous learning and improving care

- Staff accessed regular training in a range of areas to ensure they had the right skills and knowledge to support people. A staff member said, "We do get training regularly".

Working in partnership with others

- We found that the provider worked in partnership with community organisations to benefit people as well as health colleagues, hospital consultants and local authorities. The provider also raised funds to financially support charities.