

Key Healthcare (St Helens) Limited

Grace Court Care Centre

Inspection report

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Date of inspection visit:
22 November 2017
27 November 2017

Date of publication:
18 January 2018

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?

Good ●

Summary of findings

Overall summary

This inspection took place on 22 and 27 November 2017. Both visits were unannounced.

Grace Court Care Centre 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. Grace Court Care Centre accommodates up to 30 people in one building with all bedrooms and facilities located on the ground floor. The service specialises in providing care and nursing support to people living with dementia. At the time of this inspection 28 people were using the service.

During the last inspection of the service in December 2016 we identified breaches in relation to Regulations 10, 11, 12 and 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions, is the service safe, effective, caring, responsive and well-led to at least good. During this inspection we found that appropriate improvements had been made.

Improvements had been made to infection control procedures in place. Appropriate trolleys were in use to move soiled laundry around the building safely and equipment in people's bedroom was stored in a hygienic way. Regular audits of infection control practices and procedures had been implemented effectively. This had resulted in a positive outcome during a recent local authority infection control audit which had taken place.

Improvements had been made as to how care and treatment was planned and recorded, to ensure that it was provided in a safe way. Care plans and assessments relating to people's needs had been reviewed and updated and further monitoring records had been developed. Having detailed care planning documents and maintaining detailed records helps ensure that people receive the care and support they require.

Improvements had been made as to how best interest decisions, made on behalf of people under the Mental Capacity Act 2005 were recorded. More detailed documents were in place which demonstrated that people's rights under the Act were protected.

Improvements had been made as to how the quality of the service people received was monitored. The registered manager had introduced a number of auditing systems to regularly check that people's care planning information was up to date and that people's medicines were managed safely. In addition, accidents and incidents experienced by people were regularly reviewed to minimise the risk of the incident reoccurring.

Improvements had been made to the availability of physical and psychological activities available to people. Two activities co-coordinators were in post to provide and support people with activities.

A registered manager had been recruited since the previous inspection. 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.

Not all of the people using the service were able to verbally tell us their thoughts about the service. We spent time sitting and chatting with people in the lounge areas and during mealtimes. We saw that people were comfortable with staffs approach to them and it was evident that staff knew people well.

People and their relatives felt that the service was safe. Staff were aware of the policies and procedures in place for safeguarding people. Staff had received training in relation to safeguarding people.

People's medicines were managed safely and appropriate storage facilities were in place.

The registered provider had procedures in place that ensured the safe recruitment of staff. This helped ensure that people were supported by staff who were suitable to work with vulnerable people.

A complaints procedure and recording system was in place. People and their relatives knew who to speak to if they wanted to raise a concern about the service.

The CQC were notified as required about incidents and events which had occurred within the service.

People were cared for by staff who had received appropriate training. Staff completed a variety of training relevant to their role and responsibilities. This helped ensure that people receive safe effective care and support.

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.

Improvements had been made to the safety of equipment and infection control practices.

People's medicines were managed safely.

Recruitment procedures helped to ensure that only suitable staff were employed.

The environment was clean and hygienic.

Is the service effective?

Good 

The service was effective.

Improvements had been made as to how best interest decisions were recorded on behalf of people.

People's needs were assessed prior to moving into the service.

People received support from staff who had received training for their role.

People had access to health care services on a regular basis.

Is the service caring?

Good 

The service was caring.

Improvements had been made as to how people's privacy was respected.

Staff demonstrated a caring approach to people.

People were supported by staff who knew them well.

People's personal and confidential information was stored safely.

Is the service responsive?

Good 

The service was responsive.

Improvements had been to people's care planning records.

Improvements had been made to the availability of activities for people to participate in.

A complaints policy and procedure was in place.

Is the service well-led?

Good ●

The service was well-led.

Improvements had been in relation to people's care planning records.

Improvements had been as to how the quality of the service was monitored.

A registered manager was in post.

CQC were notified as required about incidents that had occurred at the service.

Grace Court Care Centre

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.

This inspection took place over two days. The visits on the 22 and 27 November 2017 were unannounced. The inspection was carried out by one adult social care inspector.

Records looked at during the inspection included assessments of risk and care planning documents, medicines, policies and procedures. We looked at the recruitment records of six recently recruited staff, and rotas. In addition we spent time looking around people's living environment and spent mealtimes with people using the service.

We spoke with and spent time with 16 people using the service, four visiting relatives, eight staff members including the care manager and the registered manager.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make

Prior to the inspection we assessed all of the information held about the service. This information included concerns and complaints received from people, their relatives and information sent to us by the registered provider. We spoke with the local authority who commissioned services and the local authority safeguarding team to gather any information they had about the service. They had no current concerns about the service. In addition, we contacted Health Watch St Helens. Health Watch is the consumer champion for health and social care throughout England. Health Watch had no information to share about the service at the time of this inspection.

Is the service safe?

Our findings

People told us and indicated that they felt safe living at the service.

Visiting relatives told us "Always clean and tidy", "I don't worry when I am at home" and "Always very clean and no odour". One relative who we had spoken with at the previous inspection told us "Staff are around more, more staff are available".

At our last inspection in December 2016 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We judged this outcome area as 'requires improvement' and asked the provider to make improvements in relation to people's safety whilst using equipment and infection control. During this inspection we found that improvements had been made.

Equipment was found to be stored appropriately in people's bedrooms to prevent the spread of infection and laundry trolleys were in use for the safe transportation throughout the building of soiled laundry. Personal Protective Equipment (PPE) was available throughout the building and was seen to be used. For example, a staff member with a cold was seen to wear a face mask to prevent the spread of infection. Monthly infection control audits were in place and where improvements were identified these were addressed. A recent infection control inspection by the local authority had achieved 91% which indicated good management of infection control. One member of staff had the lead role for infection control and another member of staff was also the infection control champion. Both roles included ensuring that regular checks were carried out around the service, for example, in relation to hand hygiene and of people's pillows and mattresses. This meant people were protected from the risk of the spread of infection by robust procedures being in place.

During the inspection in December 2016 people's safety was not always promoted when using equipment. For example, we had observed people being transported using wheelchairs without the use of appropriate foot rests to protect their feet and support their posture. In addition, we found that equipment in use for people's comfort was not always replaced in a timely manner. During this inspection we found that improvements had been made. Wheelchairs being used to support people's mobility were fitted with their appropriate footrests and pressure relieving mattresses in use were regularly monitored to ensure that they remained fit for purpose.

People were supported to receive their medicines safely. Appropriate storage facilities were available. Policies, procedures and guidance were available to staff to support the safe administration of medicines. Staff involved in the administration of people's medicines had completed training and been assessed as being competent to do so.

Medication Administration records (MARS) were in use for recording when a person had been offered or staff had administered their medicines. Separate recording charts were in place to record when people had prescribed creams applied. A system was in place for the ordering and disposal of medicines. A record of all medicines which were received at the service was maintained and any unused medicines were disposed of

appropriately.

Sufficient staff were on duty to meet people's needs. We saw that people never had to wait for any length of time to get the support they required. In the event of staff absence, agency staff were used to ensure that sufficient staff were always available to meet people's needs.

The registered provider recruitment and selection procedures were safe and aimed to ensure the safe recruitment of staff. Information contained on staff files demonstrated that appropriate checks had been carried out prior to them starting their employment. For example, staff files contained evidence of written references, a completed application form, and evidence that a check with the Disclosure and Barring Service (DBS) had been carried out. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults to help employers make safer recruitment decisions. These checks were carried out to help ensure that only staff of a suitable character were employed by the registered provider.

Accidents and incidents experienced by people and staff were recorded and reviewed monthly by the registered manager and registered provider. Following an accident or incident a review and analysis of the event took place. For example, an incident occurred in which one person using the service left the building unaccompanied and was found safe and well and returned to the service. Following the incident a review and de-briefing session had taken place where staff discussed the incident, outcome, lessons learned and any actions needed to prevent the situation re-occurring.

Identified risks to individual's highlighted during the care planning assessment or following an accident or incident were assessed and care plans were put in place to minimise these risks. For example, we saw that risk assessments had been carried out in relation to falls and moving and handling needs.

Personal emergency evacuation procedures (PEEPS) were in place for people who used the service. These documents contained important information as to what support a person needed, in the event of them having to be evacuated from the service in the event of an emergency. This information was stored in a 'grab bag' that also contained a contingency plan and fire risk assessment, information that would be needed by staff in the event of having to leave the service quickly.

A handy person was employed to arrange and carry out routine checks around the environment. Records showed that checks and tests of equipment and systems such as fire alarms, emergency lighting, water quality and temperatures were undertaken regularly.

Policies and procedures were available to staff in relation to safeguarding people from abuse. Staff spoken with had a good knowledge and understanding of safeguarding procedures and they knew where they could find the policy, and other guidance should they need to refer to them when reporting any concerns. Training records demonstrated that the majority of staff had received training in safeguarding people. Staff were aware of the services whistleblowing procedures.

Is the service effective?

Our findings

People told us and indicated that they were happy with the foods made available to them and that they always received enough to eat.

Visiting relatives told us "There are always crisps and water in [name] room", "The food looks ok" and "[Name] healthcare needs are always met."

At our last inspection in December 2016 we judged this outcome area as 'requires improvement'. This was because people's dietary needs were not always met and actual support needs were not recorded in people's care planning documents. We found that no plans were in place as to how or when people had their meals whilst they were in bed. During this inspection we found that improvements had been made. People's care plans had been reviewed and contained information as to what support they required whilst having a meal and whilst eating in bed.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 were being met. We found that they were. During the inspection the registered manager demonstrated a good understanding of the Mental Capacity Act 2005.

During the previous inspection we found that best interest decisions for people were not always recorded appropriately. During this inspection we found that improvements had been made in this area. Best interest decisions were recorded and had been reviewed for people in receipt of covert medication. During the inspection the registered manager further developed the recording of best interest decisions made for people. For example, when a person was using a chair that they were unable to get out of independently or ask for assistance to move. It is essential that best interest decisions are made and recorded appropriately to ensure that people's rights are considered under the Mental Capacity Act at all times.

Prior to a person moving into the service an assessment of their needs took place and was carried out by a senior member of staff. The purpose of the assessment was to ensure that the service had the facilities and provision to meet the person's individual needs. If a person's needs changed, or following an admittance to hospital, a further assessment took place to ensure that Grace Court could continue to provide the appropriate care and support the person required.

A set menu was in use, at the time of this inspection. The menus were being reviewed by the registered manager to ensure they contained meals that were chosen by the people using the service. The current menus included prepared fresh fruit, afternoon cakes and biscuits. Records demonstrated people's specific dietary needs and choices. For example, a low sugar diet, a diet of soft consistency and finger foods. Staff were aware of those people who had specific dietary needs and knew people's preferences as to what and how they liked to eat. This helped ensure that people had access to foods of their choice.

People had access to regular support from local health care professionals. These included dietician, GP, speech and language therapist, optician and podiatry services. When advice was needed about a person's health, staff had 24 hour access to a 'nurse hub' provided by the local Clinical Commissioning Group. Staff told us that this service was useful when they needed to seek clinical advice or a second opinion regarding a person's health. Visiting relatives told us that they felt people's medical needs were met.

Systems were in place to ensure that when required, people's weights were monitored on a regular basis. Records showed that advice was sought for people from external professionals when concerns had been identified due to significant weight gain or weight loss. When a person had been identified as being at risk from malnutrition or that their skin was at risk of pressure ulcers, risk assessments were carried out and care plans were developed to prevent any further deterioration and improve the person's health.

Staff told us that they had received training for their role. Records demonstrated that the majority of staff had received training which included dementia awareness, emergency first aid, fire awareness, food safety, health and safety, medicines, manual handling, the Mental Capacity Act and mental health. In addition, a number of staff and the registered manager had attended a further training course in the Mental Capacity Act 2005 in November 2017. Newly recruited staff had completed the care certificate as part of their induction into their role. The care certificate is a nationally recognised set of standards that care staff are expected to meet within their practice.

Staff said they felt well supported by the registered manager and were invited to attend staff meetings and had supervision. Supervision gives staff the opportunity to sit and discuss their role with their line manager either individually or as a group.

The building was light and airy with lots of natural light and wide corridors to aid people's visibility and movement. Furnishing in communal lounges were bright to help orientate people living with dementia. All bedrooms were located on the ground floor and an enclosed outside area was available for people to sit. During this inspection the registered manager had attended a conference in developing services for people living with dementia and was in the process of planning improvements to the service to provide a further stimulating environment for people to live.

Is the service caring?

Our findings

People told us and indicated that positive relationships had been formed with the staff that supported them. People also told and indicated that staff were caring and looked after them well.

Visiting relatives told us "Staff are good and caring" and "Staff work hard to keep people happy".

At our last inspection in December 2016 we judged this outcome area as 'requires improvement'. This was because people's privacy and dignity were not always respected. Concerns were raised that people were being supported in bed with their doors open and could be seen by members of the public passing the building. During this inspection we found that improvements had been made as privacy blinds had been installed to cover windows to ensure people's privacy when required.

We had previously observed staff walking into a person's bedroom without knocking on the door first. In addition, we saw that staff and visitors were using the main dining rooms as a walk through from the car park at the rear of the building whilst people were eating their meals. During this inspection we found that improvements had been made. Staff were seen to regularly knock on people's bedroom doors and wait for a response or an appropriate time prior to entering. Staff and visitors no longer used the dining room as a walk through.

Throughout this inspection we observed some good practice and examples of person centred care and support offered by the staff team. Staff knew people's needs, their likes and dislikes. It was evident on occasions that strong relationships had been built between people and the staff that supported them.

We saw and heard laughter between people and staff. People clearly enjoyed having contact with the staff team and appeared comfortable in their presence. Where needed, staff offered comfort and support to people. For example, one person became confused and anxious. A member of staff sat with them and put a reassuring arm around their shoulder. The person responded by resting their head on the member of staff's shoulder. These actions offered comfort to the person. Staff were seen on many occasions offering comfort and orientation to people with the use of touch, the holding of hands and linking or arms when people intimated that this was what they wanted.

Staff were able to demonstrate actions they had taken to offer positive stimulation to people. They gave the example of one person who enjoyed music and often became anxious. A pair of headphones were obtained so that the person could listen to music whenever they wished which they found comforting. Staff had obtained a typewriter for another person whose past employment had included clerical work. The person showed a relaxed interest and spent time using the typewriter.

One person had an interpreter available 24 hours day. This provision was in place to ensure that the person was able to communicate at all times. This arrangement was in place until the staff team had received training in the language used by the person. Although this training was in the process of being arranged, staff were seen to interact with the person whilst practising the alternative language. This demonstrated an

open and receptive culture within the staff team to meet people's individual needs. Subtitles were in use on the television to aid people's comprehension of the programme they were watching.

People were supported by staff to eat their meals in a comfortable dignified manner. Sitting close to the person they were supporting at eye level, giving people time to enjoy their meal. Since the last inspection changes had been made to improve people's mealtime experiences. For example, two sittings were in place in the main dining room to ensure that people were able to eat their meals in a quiet calm environment and receive the support they required. People were offered choices of the meals available by staff showing both plates of foods and asking their choice at the same time. Pictorial menus were also in place to assist people with their choice of menu.

Visiting relatives told us that staff were always welcoming. They told us that they could visit the service at any time with the exception of during mealtimes. The service had adopted a protected mealtime policy to ensure that people could have their meals in a calm environment which assisted people to concentrate on eating their meals. Relatives told us that they understood the reason for having protected mealtimes in place.

People's personal information was stored in locked cabinets to protect their privacy. Electronic records were password protected and only accessible by staff needing to have access to the information.

Is the service responsive?

Our findings

People told us and indicated that they were happy with the service they received.

Visiting relatives told us that they knew who to speak to if they had a concern. Comments included "We would speak to the manager if I had a concern". Relatives told us that they were involved in their relatives care.

At our last inspection in December 2016 we judged this outcome area as 'requires improvement'. This was because people's care planning documents failed to demonstrate people's assessed needs and what care they required to keep them safe. For example, areas of support identified on people's assessment of need which was carried out prior to moving into the service were not always planned for. Records did not always detail what support a person needed whilst eating when in bed. In addition, people's care planning documents failed to demonstrate what actions staff needed to take in the event of a person requiring medical support and when relatives needed to be contacted. During this inspection we found that improvements had been made. People's care planning documents had been updated and were regularly reviewed to ensure that they contained up to date information about how a person needed to be supported.

People's care planning documents included the opportunity to record people's physical, psychological needs, eating and drinking requirements, spiritual and social needs. To fully ascertain people's needs a 'snapshot' assessment was completed for the first two weeks of a person moving into the service. This assessment recorded people's needs and provided further information for people's on-going care planning.

At the time of this inspection the registered manager was researching professional guidance as to how to improve the care planning system to support people living with dementia.

A system of 'Resident of the day' had been introduced. This allowed for each person's care planning documents to be reviewed and updated on a monthly basis. In addition to reviewing people's care the 'Resident of the day' process included the chef discussing individual's likes and dislikes and preferred menus. This demonstrated that people's care was reviewed on a regular basis.

During the inspection in December 2016 no activities to promote and maintain people's physical and psychological wellbeing were taking place. During this inspection we found that improvements had been made. Two activity co-ordinators had been employed to specifically engage people in meaningful activities both individually and within a group. We saw during this inspection people engaging with staff in numerous stimulating activities. For example, card making and playing cards.

A command system was in use throughout the building that enabled different types of music to be played for people. For example, one person was speaking with a member of staff about country and western music and staff prompted the command system to play country and western songs, much to the person's enjoyment. Another person requested music from the 1950's to be played whilst they ate their lunch, this

promoted several people to start singing along in the dining room.

A staff member who volunteered as a gardener visited the service in good weather. Staff explained that one person who used the service had become involved in gardening with the support of the gardener. Through the summer they had also been involved in painting the garden trellis.

Clear procedures were in place in relation to providing end of life care. These procedures included specific care plans being developed and ensuring that medicines that may be required by individuals' as they approached their end of life were readily available within the service. The registered manager had accessed, from a local hospice, music to assist people to relax and promote a calm peaceful environment.

A complaints procedure was clearly displayed in the foyer of the service. The procedure informed people of how to raise a concern or complaint about the service they received. People and their family members told us that they would speak to staff and the registered manager if they had a concern. The registered provider had a system in place to record all complaints and concerns raised. We saw that when a complaint had been made the registered manager had responded in line with the registered providers procedures.

Is the service well-led?

Our findings

Since the last inspection a new manager has been recruited and had registered with the Care Quality Commission. There was a clear line of accountability within the service and people using the service, their relatives and staff were aware of who the registered manager was.

At our last inspection in December 2016 we judged this outcome area as 'requires improvement'. This was because the quality of some records were poor. Records were unsigned and undated and were difficult to interpret as acronyms were being used without any codes to identify the information. Records of what care and support people had been offered and delivered were on occasions brief, not always completed and failed to demonstrate what care and support people had received.

During this inspection we found that improvements had been made. Records relating to people's care and support were being maintained. A series of audits had been introduced that were carried out on a regular basis to ensure that people were receiving the care and support they required. These audits included regular checks of people's care planning documents to ensure that they contained up to date information, infection control audits to ensure that the risk of contamination or infection was minimised for people and medicines audits to ensure that people's medicines were managed safely.

During the inspection in December 2016 we found that systems in place for the monitoring of the service on a day to day basis were not always effective. This was because the registered provider had failed to identify areas of improvements required within the service. In addition, areas of improvement raised during relatives meetings had not been acknowledged.

During this inspection we found that improvements had been made. The registered manager carried out daily 'walk arounds' to observe the service that people received and that people's living environment was safe. The introduction of the 'resident of the day' helped ensure that people's care planning was kept up to date. In addition to the daily and weekly checks, the registered manager submitted a monthly report to the registered provider for their analysis.

Staff spoke positively about the support they received from the registered manager. They described them as approachable and always available to offer advice and support. One member of staff told us that she had raised a concern with the registered manager; their concern was dealt with professionally and discreetly. This gave the member of staff confidence in raising further concerns if they arose in the future. Visiting relatives spoke positively about the service. Their comments included "The manager is receptive to people and their relatives", "Things have improved since last year, its 75% better" and "I'm happy [name] is here".

Regular staff meeting took place. Subjects discussed at these meetings included people's living environment, staffing rotas, changes within the service and the sharing of any questions and comments from family members. The minutes of meetings were shared with the registered provider to ensure that they remained up to date with areas of improvement discussed within the service.

'Resident and family' meetings took place. Minutes of these meeting included discussions around activities available to people, staffing, communication and the introduction of memory books for people devised by the activities co-ordinator. One relatives meeting discussed people's dietary needs and following relatives comments changes were made to the menu. These changes included having a smaller lunch and larger tea as people who had had a cooked breakfast did not always want a large meal at lunchtime. Visiting relatives told us that they were always made aware of the meetings. A suggestion of a seating area for people and their relatives to have quiet time had been addressed by the registered provider. Chairs had been placed where the relative had suggested which provided an alternative area for people to sit. One visiting relative told us "I always attended the meetings as I had a lot to say. I don't feel the need to attend all of them now as things have improved".

A survey had been completed asking people, their relatives and staff their opinions on the service people received. The survey was based on the five questions, is the service safe, effective, caring, responsive and well-led. Several relatives had commented on the number of staff that were available around the service at times. At the time of this inspection the registered manager was in the process of reviewing the findings of the survey.

The registered provider had a comprehensive set of policies and procedures that were available to all staff within the service. The documents are developed to assist staff in using the correct legislation and best practice when delivering care and support to people. These policies and procedures were regularly reviewed and updated by the registered provider.

The service had notified the Care Quality Commission (CQC) of significant events which had occurred in line with their legal obligations.

The rating following the last inspection was prominently displayed near to the entrance of the service making it accessible for all to see. The registered provider had notified the Care Quality Commission (CQC) of significant events which had occurred in line with their legal obligations.