Orchard Care Homes.Com Limited

Grimsby Grange

Inspection report

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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 caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

We carried out an unannounced inspection of the service on 15 and 16 December 2014. Grimsby Grange provides accommodation and personal care for up to 47 older people who may have a dementia related condition. There is an enhanced dementia unit which can accommodate up to 11 persons with complex dementia needs. The last inspection took place on 9 July 2013 during which we found there were no breaches in the regulations.

The service did not have a registered manager in place at the time of our inspection. The previous registered manager had recently taken the decision change their role and had taken over the management of the enhanced dementia unit; their registration with the commission had been cancelled. The registered manager at the adjoining service which shares the same site had been overseeing the general management of Grimsby Grange since November 2014. A new acting manager had been appointed and their first working day was the day of the inspection visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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.

Medicines were not managed safely, as we found examples where people had not received their medication as prescribed. We also found effective action following medication errors had not always been taken to prevent reoccurrence. These issues meant the registered provider was not meeting the required regulation and you can see what action we told the registered provider to take at the back of the full version of the report.

When complaints were received, these were taken seriously, investigated and a response made to the person who complained. However, concerns about the laundry service had not been addressed effectively.

Staffing shortfalls and turnover had affected aspects of the management of the service. There had been recent improvements with the interim management arrangements in place. Further improvements to the deployment of staff and oversight of their work practices would ensure people who used the service were monitored effectively.

There was a programme in place to monitor the quality of the service provided to people. We found some areas of this could be improved to make sure any shortfalls in care or services were picked up quickly and addressed.

Staff were recruited safely with all checks carried out before they started work. Staff completed a range of training courses to give them the skills and competence when caring for and supporting people. Staff told us they had regular supervision meetings and the interim manager was supportive and approachable.

There were policies and procedures to guide staff in how to keep people safe and staff had completed safeguarding training. The environment was safe and equipment used was serviced and checked regularly by staff.

Staff treated people with warmth and kindness and showed respect for their privacy, dignity and opinions. Staff listened to their views and made any changes to their care and support that they wished for.

People were provided with a nutritious and varied diet that took account of their likes, dislikes and preferences. There were activities for people to participate in which were organised by specific members of staff.

People's human rights were protected by staff who had received training in the Mental Capacity Act 2005. We saw where a person may not have the ability to make a certain decision, an assessment was completed to see if they understood the choice they were asked to make. Where people were not able to make a decision we saw these had been made in their best interest by family members and professionals involved in their care.

People's health, safety and well-being were protected by staff who understood how to identify, assess and manage any risks or concerns related to people's care. People had access to appropriate healthcare professionals and support services and their care and treatment was reviewed regularly.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicines were not managed safely and appropriately. People did not always receive their medication as sufficient supplies were not always arranged. Systems had not been reviewed effectively, following medication errors to prevent reoccurrence and to ensure people received their medicines as prescribed.

Improvements were needed to ensure staff on duty in the main facility were deployed and supported effectively to monitor people's safety and wellbeing. Staff were recruited safely.

People were protected from the risk of abuse or harm because the provider had systems in place to recognise and respond to allegations or incidents.

Is the service effective?

Requires Improvement

The service was not always effective.

The records relating to pressure ulcer damage and wound care were not always completed consistently.

Staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) which meant they could take appropriate actions to ensure people's rights were protected.

People received a varied, well-balanced diet. Specialist dietary needs were assessed and catered for.

Staff received appropriate training, support and supervision.

Is the service caring?

Good

The service was caring.

People and their representatives were encouraged to make their views known about their care, treatment and support, and these were respected.

We saw people's privacy and dignity were supported.

Staff had developed positive caring relationships with people who used the service.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Although relatives felt able to complain and raise concerns, they considered their on going concerns about the laundry service had not been addressed.

Summary of findings

People received care and support which was personalised to their specific needs and wishes.

People were supported to participate in a range of social activities within the service and the local community which promoted their social inclusion.

Is the service well-led?

Requires Improvement 

The service was not always well led.

There had been some staffing difficulties and changes over the last year which had affected how the service was led and on some occasions team work and staff morale had been affected.

The registered provider's quality assurance processes were comprehensive and generally maintained, however if effective monitoring of the medicine systems and the laundry service had been in place the issues we identified during our inspection would have been identified and rectified sooner.

Staff and relatives confirmed the interim management arrangements at the service had been positive and there had been improvements to the organisation of the service and day to day management.

Grimsby Grange

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 registered provider was 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 on 15 and 16 December 2014 and was unannounced. The inspection was led by an adult social care inspector who was accompanied by an expert-by-experience with experience of the care needs of older people and a specialist professional advisor with experience of working with people with complex dementia needs. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report.

We also looked at the information we held about the service. This included notifications, which are events that happened in the service that the registered provider is required to tell us about, and information that had been sent to us by other agencies.

At the time of our inspection visit there were 36 people living at the Grimsby Grange. We used a number of different methods to help us understand the experiences of the people who used the service. We used the Short Observational Framework for Inspection (SOFI) in the lounge and dining areas. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

People were not always able to fully express their views about the services provided; however, we spoke with six people. We also spoke with eight sets of relatives, five care workers, one senior care worker, two activity co-ordinators, the interim manager, housekeeper, cook, the manager of the enhanced dementia unit, the operations manager and the new manager. We also spoke with five visiting health care professionals.

We looked at six people's care records. We also looked at other important documentation relating to people who used the service such all medication administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at three staff files, supervision and appraisal arrangements and staff duty rotas. We also looked at records and arrangements for managing complaints and monitoring and assessing the quality of the service provided within the home.

Requires Improvement

Is the service safe?

Our findings

We observed people were very comfortable and relaxed with the staff who supported them. One person said, "I feel safe. I feel safe in my room." Visiting relatives told us they had no concerns about the safety of their relations. Their comments included, "Yes, she is safe here both from external and internal dangers" and "Some residents here can get very upset and anxious; the staff are great at calming people down and keeping them safe."

We found medicines were not always managed safely. The PIR identified there had been 17 medicine errors in the last 12 months. Records showed the medicine errors had been investigated and action taken to prevent reoccurrence, such as further staff training and competency assessments of administration. Two recent errors were being investigated by the senior management team for the organisation; concerns had been identified that two people had received incorrect doses of anti-coagulant medicine, when the doses had been changed by the prescriber. The interim manager confirmed they had recently made changes to the recording systems to ensure this was more robust and safer, however, during the inspection we found one person's medication administration record (MAR) indicated they had been administered the wrong dose of this medicine. This meant a further error had taken place which staff had not identified. The operations manager confirmed they would look into this.

Some medicines were prescribed 'when required' such as medicines to calm people's agitation, however, not all the individual protocols were available. These were written guidance to inform staff about when these medicines should and should not be given. This would better ensure people were given their medicines safely and consistently.

We found some medicines had not been given to people as they were out of stock or had not been ordered, these included medicines for dementia, treatment of infections, anxiety, weight loss and angina. Records showed when medicines were not delivered from the pharmacy that this was not always followed up consistently. Improvements were needed so that appropriate arrangements were in place to obtain medicines and ensure people's treatment was continuous, as intended by prescribers. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Medicines were safely stored throughout the visit. We observed part of the lunch time medicines round in both units and saw they were administered to people in an organised and safe way.

We received mixed views about staffing levels from relatives, although no concerns were raised about staffing levels in the enhanced dementia unit. Relatives told us, "Yes, there's usually plenty about" and "Staffing levels seem about right for the type of residents they have." However, we also spoke to a visitor on the first floor who told us, "It is a difficult one. It depends on what is happening, but I think they could do with one more on a shift, because if the girls are dealing with someone it sometimes leaves no one in the lounge." This view was echoed by other visitors we spoke with.

Although we found the staff team had a positive, collaborative approach to their work and housekeeping and activity co-ordinators also provided care support when needed, staff at times seemed overstretched on the main facility. We noted that there were times on the first floor when the majority of people were in the lounge and there was no member of staff present to monitor their safety and wellbeing. We also observed at lunch time the activity co-ordinator was directed to work on the second floor, which left one care worker having to support two people to eat their meal at the same time. We observed routines were better organised in the main facility on the second day of the inspection. When we asked staff who worked on the first floor if they had sufficient staff on duty they told us it was dependent on the senior care worker on duty as one had a very 'hands on' approach and provided much more support when needed. Staff who worked on the second floor and the dementia unit considered staffing levels were generally sufficient.

Staff rotas checked showed the staffing levels were being maintained. We spoke with the interim manager about the staffing arrangements and they confirmed they currently had vacancies for care workers, night care managers, an administrator and housekeeping staff. They said recruitment had been positive but they experienced some recent delays with staff recruitment checks; they covered shifts with home and bank staff. The interim manager also said staff sickness had been problematic in the last six months but this was now being addressed with closer monitoring and return to work interviews. The operations manager recognised improvements were needed in the

Requires Improvement

Is the service safe?

monitoring of staff deployment during the shift and effective skill mix on rotas. They confirmed they would address this and review staffing numbers to ensure adequacy.

Staff recruitment records showed new employees were only employed after full checks had been carried out. These included application forms to checks gaps in employment, references and disclosure and barring checks to see if people were excluded from working with vulnerable adults.

We saw people who used the service had individual risk assessments completed for areas such as falls, moving and handling, the use of bed rails, nutrition, choking, swallowing difficulties and skin integrity. Specific care plans had been developed where people displayed behaviour that was challenging to others; these provided guidance to staff so that they managed people's behaviours in a consistent and positive way which protected their dignity and rights. Behavioural charts were completed and reviewed regularly at meetings with the community mental health team.

Staff confirmed that they had attended training to recognise what could cause people's behaviour to change and techniques to manage these behaviours. Risk assessments were in place where restrictive practices were used to keep people safe. Records showed that appropriate decisions were made about how and when restraint was used and these were regularly reviewed. Staff confirmed that restraint or physical interventions were used very rarely and had not been used on the unit for two months. They told us they mostly used techniques that diverted people's attention, without having any physical contact. This meant staff used the least restrictive practice to protect people's safety.

We found equipment used in the home was serviced at regular intervals to make sure it was safe to use. There were coded locks for the main entrance and doors to all units. External doors were linked to an alarm system. This alerted staff when people used the external doors and they were able to check if they required assistance.

The registered provider's safeguarding adults and whistle blowing policies and procedures informed staff of their responsibilities to ensure that people were protected from harm. Staff told us they had received updated safeguarding training. They had a good understanding of the procedures to follow if a person who used the service raised issues of concern or if they witnessed or had an allegation of abuse reported to them. Where safeguarding concerns had been raised, we found the interim manager had taken appropriate action to liaise with the local authority to ensure the safety and welfare of the people involved.

Requires Improvement

Is the service effective?

Our findings

Relatives told us their family members were well looked after and staff arranged medical treatment when necessary. Comments included, "Staff will get the doctor straight away if they have any concerns, and they always let us know what's happening", "Dad was losing weight and they contacted the dietician; he is starting to put on weight now. They monitor things closely, it's reassuring" and "(Name) has her hair done once a week and I do know the chiropodist and optician visit the home." They went on to say, "She is in a good place here."

Relatives said there was a good choice of meals and people who used the service received appropriate assistance at mealtimes. They said, "(Name) loves the meals here, they have always had a good appetite" and "Sometimes I'm here at mealtimes. They often show people the meals so they can make choices; the meals look lovely." When we asked relatives about how the staff met people's individual preferences, one person told us, "They put sugar in my Mum's tea, because I tasted it, and she never took sugar in her life, but she drank it." We passed this comment to the interim manager to follow up.

People who used the service had various monitoring charts in place to record when specific care was given such as pressure relief and food and fluid intake/output. Records were also maintained of daily care and any interventions or communications with health professionals. We looked at care records for one person who had developed a pressure ulcer and other sore areas. The records did not always identify when dressings had been changed by the community nursing staff and whether any improvement was noted; although we found the nursing records evidenced the skin damage had healed. Similarly, another person's records had not detailed any progress from the community nursing team with regards to their pressure ulcer care. During the inspection the operations manager arranged for the person's wounds to be reassessed by the community nursing team; there had been no significant changes. The operations manager confirmed that maintenance of the wound care records would be addressed with staff.

We saw evidence that staff sought advice and support from a range of external professionals such as dieticians, community psychiatric nurses and speech and language therapists to support people with their health care. Records also showed that when people became unwell staff arranged for them to see their doctor. Regular multi-disciplinary meetings were held for people who used the enhanced dementia unit. Records showed regular weekly and monthly meetings were held with the psychiatrist and community mental health team to review people's needs and make changes to care interventions and treatment. This meant people's health needs were monitored and their changing needs responded to.

During the inspection we spoke with six visiting health care professionals and received positive comments about the quality of care at the service. They told us staff made prompt referrals and made the necessary changes to care interventions. One GP was visiting the service to carry out a number of assessments; they confirmed they had been impressed with how well staff had organised the meetings, had the relevant records available and arranged for the relatives to be present.

We saw people's food likes, dislikes and preferences were recorded in their care plans and a copy of the record was held in the kitchen. Discussions with the cook confirmed they knew people's individual dietary needs and had a good understanding and knowledge of special dietary provision, including fortified diets. Throughout the day we observed staff offering and supporting people to take regular drinks and snacks.

At meal times we saw staff supported people to eat balanced diets and offered alternatives and gentle encouragement when people initially refused a meal. We saw this approach was successful in encouraging two people to eat during the lunch time meal. The meals served were well presented and looked nutritious. Aids had been provided to support people's independence at meal times such as plate guards and adapted cutlery. Coloured plates were also provided to people who had difficulty in distinguishing their food on white crockery.

Staff demonstrated a good understanding of people's needs and preferences and how to support them. They told us they were trained to meet individual needs and felt confident to do so. They spoke about training in subjects such as dementia awareness and end of life care. One member of staff said, "We have had a lot more training recently, I'm up to date now." Another said, "Yes, the training is pretty good here. The new courses are good."

Requires Improvement

Is the service effective?

The interim manager described the new e-learning training programme the service was piloting and records showed improvements had been made to the number of essential and refresher training courses staff had accessed in recent weeks. The operations manager confirmed the training programme had been revised to ensure the outstanding training was completed within appropriate timescales. They also described the registered provider's new induction programme which included the allocation of a formal mentor. Staff told us they received a good induction to the service when they were first employed which helped them to understand people's needs. They said they were supported by experienced staff until they felt confident in their job role.

Most staff had achieved or were working towards nationally recognised care qualifications. Records showed staff received regular supervision and appraisal sessions.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. There were no people subject to a DoLS at the time of this inspection although the interim manager confirmed applications had now been submitted to the local authority for the majority of people who used the service and they were awaiting assessments. Training records showed relevant staff had completed training in the Mental Capacity Act 2005 (MCA) and DoLS.

The requirements of the MCA were understood by staff. Information in people's care plans showed that mental capacity assessments and best interests meetings had taken place with the involvement of family and other health professionals, when decisions needed to be taken on behalf of someone who was deemed to lack capacity. Records also showed advocates had been involved in supporting people where necessary.

Care plans recorded how staff should help people with their decision making and choices. Throughout the day we saw staff asked people for their consent to carry out care tasks with them and respected their decisions about this. On one occasion, a person was not ready to be assisted with care and the staff member said, "I'll come back in a bit." We observed the member of staff went back to the person later in the morning and the person accepted the care support. One care worker said, "Everything we do is guided by what people want, and we help them to make their decisions. It's their home."

Rooms were personalised; many people had brought their own furniture, photographs and ornaments with them. There was pictorial signage to assist people to recognise rooms such as toilets and bathrooms. The doors to people's rooms were decorated in an exterior front door style and had their photograph attached. Toilet and bathroom doors and their fittings were coloured to aid recognition. Outside we found wind chimes and bird feeders and ornaments provided more visual and sensory stimulation, however there was no sensory room on the enhanced dementia unit. On the first day of the inspection we found some carpets were not clean. However, this had been addressed by the second day of our inspection. We found the service had been decorated for Christmas with trees and decorations on each unit.

Good

Is the service caring?

Our findings

Relatives we spoke with told us they felt involved with their family member's care and staff promoted people's privacy and dignity and independence. One person told us, "I come every day and I feel I can ask them anything. I don't bother with meetings and I only get involved if I have a concern. They seem to know what they are doing and I let them get on with it." Another person said, "Staff are always respectful, they knock on the door and ask if they can do something for my mother. They seem to respect her privacy and dignity." They added, "They always encourage her to try and do little things for herself and most times she manages with their help."

Relatives told us staff were kind and caring. They made comments such as, "The girls are lovely. They will always try and help if they can", "Pretty good group of staff, they always try and find time to sit and have a chat with people", "They've always been kind to (Name), they hold her hand or give her a hug, it's what they do" and "Very patient and kind, very much so."

Relatives also told us they felt able to visit whenever they wished to and were welcomed by staff when they arrived. One person said, "We visit on a regular basis at different times, in fact one of the family comes every day. Staff are great and always offer us a drink. If (Name) is having a bad day and won't settle, they don't just leave us to it, they will stay with us and support us if we need it."

We saw staff displayed a warm and friendly manner with people and their visitors. Staff in all roles made time to speak with people when they were moving though different areas of the home. We saw staff on duty communicated with the people who used the service effectively and used different ways of enhancing communication by touch, ensuring they were at eye level with people who were seated, and altering the tone of their voice appropriately for those who were hard of hearing.

There was a relaxed atmosphere in the service and people were free to spend time in communal areas or in their personal rooms. Staff told us they aimed to create a homely environment for people. One care worker said, "People come first here, it's their home." We saw staff checking on people throughout the day, making sure they were comfortable and asking if they needed anything. One person said their feet were cold and a member of staff went to get them some socks, but they couldn't find any that would fit. We passed this on to the interim manager to address.

There were occasions where we observed staff provide support which was done with kindness and tenderness. For example, we saw a member of staff supported a person who became upset during the musical entertainment. This was done well and the person was comforted appropriately so they could join in with the remaining songs and carols. We also identified concerns with one person who required more support with their personal care and positioning. This was brought to the attention of the operations manager who immediately directed the staff to provide the care required. We also found there was no stimulation for the person in their room, there was no TV and the radio was broken. We revisited the person later and found they looked more comfortable and a new radio had been provided and music was gently playing in the background.

Entries in the care plans showed that people's needs were being kept under review, and reflected that they and those that mattered to them, had a say in how their care was provided.

Staff spoke about the people who used the service in a respectful manner and were aware of issues of confidentiality. We observed people were treated with respect and dignity was maintained. Staff ensured toilet and bathroom doors were closed when in use. Staff were also able to explain how they supported people with personal care in their own rooms with door and curtains closed to maintain privacy. We saw people were discretely assisted to their rooms for personal care when required; staff acknowledged when people required assistance and responded appropriately.

There was a range of information in reception about advocacy, what people could expect from the service, the organisation, newsletter, menus, activities, complaints and advice leaflets, although some of the information was out of date.

The interim manager confirmed a new end of life assessment record, 'What If' was being introduced when people or their relatives indicated they wanted to discuss this aspect of their care. Some people's care records contained detailed information about the care they would prefer to receive at the end of their lives and who they

Good

Is the service caring?

would like to be involved in their care; these showed people's families and representatives had been involved where possible. This was to ensure people were cared for in line with their wishes and beliefs at the end of their life. We found the home used specific end of life care plan records to support people with their palliative care needs.

Requires Improvement

Is the service responsive?

Our findings

People who used the service were able to describe some of the activities they enjoyed, they told us they liked to listen to music and enjoyed singing. One person said, "The singer is good, he sings my songs."

Relatives told us they were consulted about their relation's care. One person said, "I filled in a likes and dislikes form to give them some idea of what she would want, I find it alright here." Another person told us, "They have regular meetings with the social worker and doctor to discuss any behaviour problems. They always let us know if there are any changes or anything."

Relatives we spoke with told us that activities were provided. They said, "The co-ordinator

does arrange things, and they are going for a visit to Pennells (a local garden centre) next week", "They have singers that come fairly regularly and staff do bingo and other games" and "They do quite a few activities; go through photos and newspapers, cut things out ,drawing and writing numbers. Also, they will have a game of dominoes or do some baking. I've even seen flower arranging."

Relatives told us they felt comfortable approaching staff and the management team with issues or concerns; however some people felt that action was not always taken to make any improvements needed. Two relatives described ongoing concerns about the laundry in that their relation's clothes were not always put back, some items were missing and the standard of ironing was poor. One visitor said her relative had 'lost' six pairs of trousers altogether. Although they had clearly labelled replacement clothing this too had gone missing. They told us how they were planning to buy their relation some new pyjamas for Christmas but they were concerned these may disappear. Another person said, "I often find my Mum in clothes which are not hers." They went on to say, "And, blow me, I even found a resident sitting next to my mum in her socks and you could quite clearly see her name on them." Both people described how they had not made any formal complaints but had spoken with the care workers and senior staff about these issues. They felt the problems with the laundry needed to be made more of a priority as they had not seen any improvements. We discussed the concerns about the laundry service with the interim manager and the operations manager who both confirmed they would take appropriate action to address the issues.

The service had a complaints policy and procedure. This was on display in the service and included an email address for people who wanted to contact the registered provider directly or anonymously. The information could be provided in alternative formats if required. Those staff spoken with told us any formal complaints were dealt with by the management team but they dealt with niggles and minor concerns on a daily basis; staff were aware of issues about the laundry service and confirmed they had passed these on to the senior staff. We looked at the complaints records, these showed us formal complaints were taken seriously, investigated and resolved where possible.

We looked at six people's care records in detail. Assessments carried out before people moved in to Grimsby Grange showed relatives and other relevant people were involved in the planning of people's care. We found life history information was contained in the care files and gave staff an understanding of the values and preferences of people they supported, which allowed them to provide a person centred approach to each person's care. Care plans were clear and directed staff to care for people in ways that supported their individual needs and preferences. For example we read in one person's care plan, '(Name) likes his music to be turned off around midnight.' Entries in the care plans showed that people's needs were being kept under review, and reflected that they and those that mattered to them, had a say in how their care was provided.

We saw people's care plans contained a 'This is me' record. The record was designed to ensure that should a person be admitted into a hospital environment, the hospital staff would have important information to effectively care for the person.

People were encouraged and supported to make choices about their everyday activities such as what to wear, what to do and what to eat. Three activity co-ordinators were employed at the service. One of these staff members supported people in the dementia unit and the others provided support with group and individual activities on the first and second floor units.

Requires Improvement

Is the service responsive?

We saw a programme of activities was displayed in the main facility, this was pictorial. The interim manager confirmed the programme in the dementia unit had been temporarily replaced with decorating the unit for Christmas. The programme included activities such as bingo, ball games, reminiscence sessions, films, pamper sessions and visiting entertainers. The activity co-ordinator described some of the Christmas entertainment they had arranged which included outings to the local shopping centre, garden centre, lunch club and to the pantomime. They also confirmed how they had arranged for the puppet show which was popular entertainment for people. During the inspection a singer entertained people on the first and second floors with songs and Christmas carols. The activity co-ordinator supported people to join in and sing along where they could. We saw people engaged in the activity and were clapping, singing and some enjoyed getting up and having a dance.

In the dementia unit we observed some people were supported to colour and cut out pictures, play dominoes and look at picture books. There was a lot of one to one support provided with people sat with staff talking, looking at the newspaper, listening to music, holding hands, having a hand massage and their nails painted. Some people preferred to walk around the unit and go into the garden, we found staff were watchful and provided people with their coat and accompanied them if they wanted to stay outside.

The activity co-ordinator we spoke with confirmed they had completed training in providing meaningful activities. They were very enthusiastic about their role. During the visit we observed one person assisted staff with washing the pots after the lunch meal. They clearly enjoyed this activity and said, “I like to do what I can.”

Requires Improvement

Is the service well-led?

Our findings

There was no registered manager in place. The previous registered manager de-registered with the Commission in November 2014. A new manager had been appointed who told us they would be applying to register with the Care Quality Commission.

The interim manager was also the registered manager for the 'sister' service next door; they were overseeing the management of Grimsby Grange until the new manager, recently appointed, had completed their induction training. The day of the inspection was the new manager's first day in post. The previous registered manager had taken the decision to change their role and had taken over the management of the enhanced dementia unit.

Relatives we spoke with told us they had seen some improvements in the organisation and management of the service in recent weeks. One person said, "Within the last six weeks things have really improved. (Staff name) took over in the dementia unit a few months ago and there has been a real difference. Before, staff were running round like headless chickens and personal hygiene support for people was poor; it's better now."

Staff comments echoed those of the relatives spoken with. Staff said how difficult and challenging it had been covering extra shifts and how staff morale had been affected by staff turnover. Care workers told us improvements had been made to the management of the service since the interim manager had started working at Grimsby Grange. They described their management style as 'firm but fair' and confirmed staff morale had improved. Staff told us how communication between the staff teams had improved, the paperwork was more organised, staff sickness was improving and the rota management was better. Staff also said that they had regular opportunities to meet with the interim manager, who spent time on each of the units supporting staff and dealing with their concerns. They were now having regular meetings. Comments from staff included, "(Name) is making a difference, she's really approachable and sorts things out" and "Lots of improvements in the last few weeks, morale is on the up, still some way to go though."

We acknowledged that the interim manager had in the short time they had been at the service, made improvements. However, during our inspection visit of the main facility, we did not see staff being given direction and we observed staff leaving people in communal areas without any supervision. We also found medicine systems were not safe. The interim manager told us they had been working to make improvements in the service but recognised there was still a lot of work to be done, they intended working with the new manager to develop an improvement plan which would prioritise some of the key challenges. These included: ensuring the service had a full complement of staff; ensuring the medicine systems were safe; tackling the concerns about the laundry and effective deployment of staff and the standards of care delivered.

There were systems in place to regularly assess and monitor the quality of the service provided within the service. We saw regular audits were carried out for areas such as: care records, the environment, finances, complaints, incidents, falls, weights, pressure ulcers, infections, training and staff supervision. Checks on the audits showed action plans were generally put in place where shortfalls or concerns were identified. We found some care plan audits did not have action plans in place where there were shortfalls. We also found that one person's pressure ulcer had not been included in the pressure ulcer audit. Although records showed this had now healed, this meant the monitoring and oversight of this care support may be missed. The operations manager confirmed that gaps in the monitoring programme would be addressed.

The interim manager completed a monthly return on a clinical governance system. This included areas such as infection control, weight monitoring, the number of pressure ulcers, incidents and accidents, safeguarding referrals, notifications to CQC, complaints and occupancy figures.

Records showed a compliance manager made visits to the service on behalf of the registered provider; the operations manager confirmed these visits had not taken place as frequently as scheduled. We looked at the recent report from the visit in November 2014; this showed the compliance manager had completed a detailed audit of the service which was mapped to the CQC's five key questions. We found shortfalls had been identified in many areas of service provision and a 12 point action plan with timescales had been developed. During the inspection we found the interim manager had completed some and was working to complete all the action points.

Requires Improvement

Is the service well-led?

Records showed people who used the service and their relatives took part in meetings so they could express their views about the services provided at Grimsby Grange; areas for discussion included menus, activities and concerns. Regular quality surveys were carried out to gain views of family members as well as people who used the service. We looked at surveys completed about the cleanliness of the service, laundry and social opportunities. The number of respondents had generally been low. No issues had been identified in terms of cleanliness or activities. One respondent had commented about the laundry, "Overall the service is satisfactory, although items do appear to go missing."

The service maintains a comments and compliments file. We read a letter dated December 2014 from a recently bereaved relative. The letter contained praise for all the staff and the care their relation had receive whilst living at the service.

We looked at the systems in place for recording and monitoring incidents and accidents that occurred in the service. Records showed that each incident was recorded in detail, describing the event and what action had been taken to ensure the person was safe. Body mapping was used to indicate where injuries had occurred. Body maps are diagrams designed for the recording of any injuries that may appear on the person. Each of the forms had been reviewed by the interim manager so that emerging risks were anticipated, identified and managed correctly. Additionally, an analysis of these incidents had been completed to identify trends and patterns which were discussed at people's reviews, and changes made to their care, to minimise further incidents occurring. For example, we saw people who had experienced falls in their room had been provided with pressure mats.

Staff understood the responsibilities of their varied work roles. Some staff took lead roles in specific areas such as infection control, end of life care, sensory loss and dignity. New training courses for these staff champions were being arranged so they could share information with colleagues and provide additional support. The registered provider was working in partnership with charities such as 'Age UK' and 'Action on Hearing Loss' to develop good quality care for older people.

The service had undergone assessment by North East Lincolnshire Clinical Commissioning Group in 2013 where 14 quality standards were reviewed within the authority's Quality Framework Award. Overall, the service had met the criteria for a 'Silver' rating, which indicated the service used best practice but could improve in a few areas. The registered provider had also secured the Investors in People Award for the organisation in 2014.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines How the regulation was not being met: People who used the service were not protected against the risks associated with the management of medicines. People did not always receive their medicines as prescribed. Regulation 13.