

Grangemoor Care Homes

Grangemoor House Nursing Home

Inspection report

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Burntwood
Staffordshire
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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

This inspection visit was unannounced and took place on 20 October 2016. At our last inspection on 13 August 2015 we asked the provider to make improvements across all aspects of the service we inspected. At this inspection, we found improvements had been made to most areas. The service was registered to provide accommodation for up to 30 people. People who used the service had mental health conditions. At the time of our inspection 27 people were using the service.

The service did not have a registered manager, however the provider had recruited a new manager and we met with them during the inspection. Our records show they were progressing with their application.

The service had systems in place for auditing the quality of the care; however these were still being developed and had not yet reflected any trends to consider on going improvements in all areas of the service. People, relatives and professionals had not been consulted on their experience of the service to consider areas of development. Staff felt supported, however written formal meetings had not been recorded to ensure people's individual development for their role was considered.

People felt safe in the service and the staff knew how to respond to incidents to protect people from the risk of abuse. There was sufficient staff available to support people's needs throughout the day and night. New staff received the training and support they required to ensure they were able to feel confident in their role.

The staff had received a wide range of training which provided them with the appropriate knowledge and skills to provide safe and individualised care. Medicines were administered and stored safely to support people's requirements around pain relief and medical conditions.

People were supported to make decisions and when they lacked capacity to make certain decisions, this was done in their best interests. When required authorisation to deprive a person of their liberty was given by the local authority and any guidance from the authorisation was followed. This ensured people were safe but supported to have individual choices in some areas of their lives.

People were provided with choices to meet their nutritional needs. When additional support with meals was required we saw specialist diets had been catered for. People told us staff had developed a positive relationship with them. Individuals were treated with dignity and respect and had their choices acted on. There was a positive approach to activities and this was an area of development within the service. People knew how to complain and there was a process in place to respond efficiently to resolve any concerns.

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

People were safe and staff knew how to report any concerns. There were enough staff to support people and any risks had been identified and guidance provided. New staff members had the relevant checks completed before they commenced work at the service. Medicine was managed in a safe way and people were supported with their medicine as their health care needs changed.

Is the service effective?

Good 

The service was effective

Staff received training and an induction that helped them to support people. People were supported to make decisions about their care and when people could not make these decisions for themselves, this was done in their best interests. When people were being restricted this had been considered and authorisations were in place. People were encouraged to make choices about their food and people's nutritional needs were supported. Referrals were made to health professionals when needed

Is the service caring?

Good 

The service was caring

People had established positive relationships. They were supported to be independent and were able to make their own choices. Relationships with family were supported and maintained. When required advocates had been offered to support people with decisions. People's privacy was respected and staff supported them to maintain their dignity.

Is the service responsive?

Good 

The service was responsive

People were asked about their likes and dislikes. People's care plans reflected their preferences and staff understood their needs. People were provided with opportunities to socialise if they wanted to. People were encouraged to raise any concerns or complaints.

Is the service well-led?

The service was not always well led

The manager was not registered with us. The provider had not always completed audits to establish any trends to drive improvements. Feedback on the service had not been sought to consider how the service was meeting people's needs. The recent changes in the service supported a positive culture and the staff felt well supported by the manager.

Requires Improvement 

Grangemoor House Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection visit 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. Our inspection was unannounced and the team consisted of two inspectors.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also spoke with the local authority who provided us with current monitoring information. We used this information to formulate our inspection plan.

On this occasion, we had not asked the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt relevant with us.

We spoke with six people who used the service and a relative. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We also spoke with three care staff, two nursing staff, the kitchen assistant, laundry staff, the maintenance person and the manager. We talked with three health care professionals, who visited the service. We looked at the training records to see how staff were trained and supported to deliver care to meet each person's needs. We looked at the care records for five people to see if they matched the support they received. We looked at the systems the provider had in place to ensure the quality of the service was continuously

monitored and reviewed to drive improvement.

Is the service safe?

Our findings

At our last inspection in August 2015, whilst the provider was not in breach of any regulations there were aspects of care that could be improved on in relation to the level of staffing, identified risks and the safe administration of medicines. We reported on these in our last report. During this inspection we found that the provider had taken note of our comments and had made improvements.

People told us there was enough staff to support them. One person said, "I can press my buzzer and the staff will come quickly." We saw there was staff available when people required assistance. For example some people had appointments and staff were available to take them and support them during their appointment. Other staff took people out to the shops at their request. Staff we spoke with told us the staffing numbers had been increased and this had made all the difference. One staff member said, "When I started the staffing was being increased, it has had a positive effect on the staff and the people." Another staff member commented, "We didn't have enough staff, but we do now. We can take people out and offer the support they need." The manager told us they had increased the staffing and involved the staff in the changes to get them 'back on board'. They told us, "Some staff had left as the lack of staff made them feel unsafe and unsupported. Since the increases some staff have returned and others have increased the hours they are available to support people." The manager understood the importance of reflecting the staffing levels dependant on the needs of the people. We saw that a person who was new to the service had been supported with one to one staffing during their assessments period and the staffing had been increased to reflect this need.

We saw that checks had been carried out to ensure that the staff who worked at the home were suitable to work with people. These included references and the person's identity through the disclosure and barring service (DBS). The DBS is a national agency that keeps records of criminal convictions. One member of staff told us, "They sent off for my references and DBS. I could not start until all this was back and approved." This demonstrated that the provider had safe recruitment practices in place.

People told us they felt safe when they received care. One person said, "I have the reassurance that people are here if I need them, they all know me well." Another person added, "It's alright here, they keep it safe for me." A relative we spoke with said, "I'm quite happy that [name] is here, I am not worried."

Many of the staff had received a 12 week safeguarding training course. The manager told us they had recognised that staff had limited understanding of safeguarding and had introduced this comprehensive course to increase their knowledge. We saw that the training had been completed by staff across different areas within the home including domestic and kitchen staff. Staff we spoke with were able to identify what a safeguarding concern was and how to report it. One staff member told us, "There is a pink folder which has an easy flowchart in the event we need to report anything. It's clear and precise on who to contact." This demonstrated staff understood the importance of keeping people safe from harm.

People told us they felt supported when they required help. One person "I can walk with my frame if

someone is with me." They added, "I used to fall a lot, but now I won't walk unless someone is with me, and I have not fallen as much." We saw that a risk assessment had been completed which identified the person required this level of support.

Other risk assessments had been completed to cover individual's situations. These assessments identified the risk and provided guidance to staff to reduce or support the management of the risk. For example one person was at risk of lighting their cigarette before they reached the smoking area. The guidance stated staff should support or observe the person until they reached the smoking area to ensure they had not lit their cigarette. Staff we spoke with were aware of this risk and we saw the guidance was followed. This meant people were supported to reduce the risk identified to keep them safe.

We saw that emergency plans had been completed and reviewed in relation to the level of support people required to evacuate them from the home following an emergency, such as a fire. The maintenance person had developed a range of safety checks to comply with the required fire regulations. For example they had designed a form to check the nurse call points to ensure they worked in each location. They told us, "I spoke with the fire officer and have developed these checks to ensure things are routinely checked to make sure they are safe."

People told us they were supported to take their medicines and confirmed that they received these as prescribed. One person said, "I take a stack of tablets, the nurse gives me them. They never miss any." Staff understood about people's medicine and the importance of the time and dosage. For example one person required their medicine to be given before they got up due to their medical condition. Staff told us, "It helps alleviate some of the symptoms and enables them to be more independent." We saw that reviews of people's medicines had been completed and staff had supported one person with their appointment. Following changes to people's medicine staff monitored the situation. For example one person's medicine had been reduced and their mobility and confidence had improved.

We saw when people were given their medicine; the staff explained what they were doing and gave guidance to help the person understand. People who had to regulate their blood sugar for their diabetes were supported to do so and the details were recorded. We saw this information was passed on to staff as part of their handover. The medicines were stored safely and there was a system for checking the recording of medicines to ensure this was in line with people's prescribed needs.

Is the service effective?

Our findings

At our last inspection in August 2015, whilst the provider was not in breach of any regulations there were aspects of care that could be improved on in relation to the understanding of people's capacity, the choice of meals available and people's healthcare. We reported on these in our last report. During this inspection we found that the provider had taken note of our comments and had made improvements.

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met.

We saw that when needed capacity assessments had been completed. Where there were concerns that people may have lacked capacity for making certain decisions, the staff had identified this, and ensured the appropriate level of support was offered so that decisions were made in the person's best interest. The care records included details of relatives and friends that people wanted to be included with any decision and the staff had consulted with these people about any support. Staff we spoke with understood the act and had received training to support their understanding. One staff member said, "We assume everyone has capacity. If they don't we get an assessments and support them." They added, "Some people have fluctuating capacity, so you need to pick your moment. If we know a person is better in the afternoon we make sure their appointments are at this time."

We saw some people had restrictions placed on them as when they left the home they required supervision for their own safety. Applications to lawfully restrict their liberty had been made and the staff understood their role in relation to any restriction. The people who had a DoLS authorisation were supported to have as much choice and control as they were able to in all other areas of their daily life. This demonstrated the provider ensured they were compliant with the acts requirements.

People told us they enjoyed the food. One person said, "The food is excellent. I get a choice of things, as much as you like. I would say five out of five." We observed the mid-day meal. People had a range of food which related to the choices they had made. We saw they were asked the portions size they wished, offered sauces and additional condiments to complement their meal. The kitchen staff were aware of people's dietary needs and preferences and had developed a menu using this knowledge and feedback from the 'residents meeting.' The kitchen assistant told us they had recently been on some training relating to diabetes. They told us, "It was really useful, It's surprising the sugar content in some foods. We also picked up some tips which we are implementing."

We saw some referrals had been made to health care professionals in relation to a person's weight loss. This person required support with their diet and equipment to reduce any risk of skin damage when they rested at night. The person had a bespoke mattress which provided the support required and we saw how staff encouraged them to receive a nutritional diet, with smaller portions, cutting the crusts of the bread and continued encouragement.

People told us they were supported with their health needs. One person said, "They know what to do if my heart has problems. They have supported me in the past. They always come with me." Other people told us appointments had been made for the opticians, GP and specific health care needs. We saw when people had appointments staff supported them to attend. For example one person was attending the dentist. A staff member said, "You choose who you want to support you for your appointment." We saw this person was supported with the staff member of their choice. Health care professionals we spoke with all complimented the staff on the level of support they offered the people using the service. We saw when guidance had been provided staff showed an interest and supported the person to follow these. A health care professional said, "Staff introduced themselves to me and then offered to remain with the person until they felt comfortable." The health care professional added, "The staff asked for a copy of the exercise sheet and any further information so they could support the person." This demonstrated that people were supported with their health and wellbeing.

Staff told us they received training to support them carry out their roles. One staff member said, "We have lots of training and asked all the time if we are ok. " We saw that competency checks had been completed to ensure the staff understood the training they had received. The nurses we spoke with told us they had completed training on medicines. We saw that this training and other courses had been planned for the staff. The manager told us, "I have been able to look at the service with fresh eyes and recognised we needed to get up to speed with training."

We saw that new staff were supported to complete the new national care certificate which sets out common induction standards for social care staff. The care certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. One staff member told us, "I have been supported with my training and the care certificate, it's just been signed off, so I can work independently now. The manager told us, "Some staff need longer for their induction to support them, for a new role or different care establishment. So we have to be flexible in how we support staff." This demonstrated the provider ensures staff received the training they require for their role.

Is the service caring?

Our findings

At our last inspection in August 2015, whilst the provider was not in breach of any regulations there were aspects of care that could be improved on in relation to people's independence and respecting their privacy. We reported on these in our last report. During this inspection we found that the provider had taken note of our comments and had made improvements.

Individual's independence was encouraged. One person said, "I manage my own care, but if I get stuck I press the buzzer and they will come and help me." We saw people were supported with daily tasks within the home. For example one person enjoyed laying the table for the meals. This was encouraged and supported by the staff. A staff member said, "It's nice to go home feeling you made a difference. Every day is different."

People told us they were able to maintain their privacy. For example one person had asked for a key to their room and this was provided. We saw that staff showed respect to people. They spoke with people using their preferred name and asked people's consent before they supported them. For example we saw a person's trousers were slipping down, the staff approached the person and discreetly guided them to pull them back up. This showed that people were respected and supported to maintain their dignity.

People told us and we saw they had positive relationships with the staff. One person told us, "I can get anxious and hurt myself. The staffs support me and help me with that." A relative told us, "I am happy with the care [name] receives, the staff seem nice." We observed staff talking with people in a positive way, along with laughter and when required reassurance. Staff understood the importance of getting to know the person. One staff member said, "It's important to have a good relationship. Spending time with people and getting to know them. I feel I have time to do that."

Relatives were welcome to visit any time. One relative said, "I can come and go as I please. They will ring me if there are any concerns." People told us they visited their family home at the weekends. Staff supported people to maintain their relationships.

Staff understood the importance of people having an advocate. We saw people had been offered an advocate or support from other health care professionals to ensure they were supported with decisions. An advocate represents the interests of people who may find it difficult to be heard or speak out for themselves.

Is the service responsive?

Our findings

At our last inspection in August 2015, whilst the provider was not in breach of any regulations there were aspects of care that could be improved on in relation to the details provided in the care records and the availability of activities. We reported on these in our last report. During this inspection we found that the provider had taken note of our comments and had made improvements.

People's care was planned to meet their preferences. One person said, "I get on with all the staff and they know all about me and what I need." We saw that care plans included information about the person including their social history and important relationships. Staff told us they found the care plans to be informative. One staff member said, "Since the changes to the care plan, the paperwork is easier to find and there are lots of check lists to make sure you have covered all the areas when completing them." Another staff member said, "They are all clearly labelled, we access them all the time." We saw the care plans were reviewed regularly, this meant the information was up to date in relation to the care needs people had.

Staff received updated information about people including important changes in their care during shift handover. One staff member said, "We have a detailed handover and daily information is on the noticeboard so we cannot miss anything." The staff told us the board was completed by the night staff from details placed in the daily diary and handover notes.

People were supported to spend their time as they wished. One person said, "I like to spend time in my room listening to my music." One staff member said, "We have a good team. We spend time with people; we have more time now to take them out, meals, shopping, whatever they want to do." We saw that day trips which had been requested in the meetings had happened. A staff member said, "We went to Blackpool and the Liverpool docks. We take people out as much as possible." The manager told us they were recruiting an activities person, they said, "We are working hard to motivate people as many are institutionalised. This post will support this area and make links with local communities." We saw that links had been established with the local college and that one person was attending there weekly. Some people of the appropriate age accessed the over 50's club run by the providers other home located next door. This demonstrated that people were provided with the opportunity to participate with activities that reflected their interests and hobbies.

There was a complaints procedure in place. People told us they felt happy to raise their concerns and they told us about a suggestion box. To date no one had used this, as the home provided regular meeting for the people who used the service. One person said, "We have a meeting if things crop up." We saw where complaints had been received they were recorded and responded to.

Is the service well-led?

Our findings

At our last inspection in August 2015, whilst the provider was not in breach of any regulations there were aspects of care that could be improved on in relation to the culture of the service and audits to reflect the service and drive improvements. We reported on these in our last report. During this inspection we found that the provider had taken note of our comments and had made some improvements, however further improvements were required.

We found that systems were not always in place to monitor the quality of the service. Some audits had been completed; however other areas were not yet established so the provider was unable to reflect any patterns and trends to drive improvements within the service. We spoke with the manager, they said, "I am establishing a regular meeting with each section of the home and these are linked to audits." This meant the manager was moving to a system which would support the development of quality checks and improvements.

People, relatives and professionals had not been consulted on their experience of the service to consider areas of development. We saw the last questionnaire was in April and nothing had been done with the information. The staff told us they met with people regularly to discuss the service and we saw these meetings had taken place. The manager told us they planned to seek people's views through the questionnaire and then use them to drive changes and service developments.

The service did not have a registered manager. The provider had recruited a new manager and our records showed that they were progressing with their application to register with us. We saw that the previous rating from our last inspection was conspicuously displayed in the reception of the home as required.

Staff told us they felt well supported; however they did not always receive a recognised supervision. One staff members said, "We have support with anything we need. I feel I can go to any member of staff." They added, "I have not had supervision for a while, but the support is there if I need it." The manager told us, "I had lots of priorities when I arrived and I am getting on top of the supervisions now."

The manager told us they felt supported by the provider. They said, "The provider has enabled me to progress things forward. I had a new laptop and the internet connection has been extended so that staff can use the laptop in others areas of the building." There were no written notes or established meetings with the provider. We discussed this with the manager and they agreed they would progress a more formal record of their meetings in relation to driving the development of the service.

People and staff told us there had been some real improvements to the environment. One person said, "I like [name] you can talk to her. We all think she will be a good boss. She listens to you." Another person said, "We have a much better choice of things now since the new manager." All the staff we spoke with said the changes had made a real difference to the home. One staff member said, "I enjoy supporting people it's a nice team here." And another staff member said, "The manager is absolutely fabulous, they are focused and

want everything to be right." They added, "They go the extra mile for both staff and residents."

We saw there were some planned improvements to the building. For example the numbering of the call bell system was being re configured to support staff in the orientation of the building. The manager told us, "Currently it is difficult to work out which room it is when the bell is activated, these changes will make it clearer and enable staff to respond more swiftly."

A further development being introduced by the provider was the introduction of 'step down' beds. We were told that these would be flats located in the local area which would be supported by staff from the home. The manager told us, "It's not for everyone; however for people who wish to move on they are being empowered to consider other options to their life and wellbeing." This demonstrated that the provider was making improvements to support people's on going needs.