

Cuerden Developments Ltd

Cuerden Developments Limited - Alexandra Grange

Inspection report

Alexandra Grange
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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 

Summary of findings

Overall summary

This comprehensive inspection took place on 29 March 2016 and was unannounced. We returned to the home on 21 April 2016 in order to check progress against an action plan that the service sent to us shortly after the date of the inspection. At the time of the inspection, there were 53 people living at the home. Alexandra Grange is registered to provide personal care and support for 54 people.

The care home is a purpose built two storey building with bedrooms on both floors. There is a car park at the front of the home. It is located in Pemberton, near Wigan and is close to shops and public transport links.

At the last inspection on 10 January 2014 we found the service to be compliant with all regulations we assessed at that time. At this inspection we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of the safe management of medicines, having due regard to people's well-being when meeting nutritional and hydration needs, and effectively assessing, monitoring and improving the quality of services provided.

There was a registered manager in post. 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.

People we spoke with who lived at Alexandra Grange and their relatives, told us they felt safe.

We looked at five staff personnel files and there was evidence of robust recruitment procedures in place. Staff were subject to a formal induction process and probationary period.

Staff we spoke with told us they thought access to training and opportunities for on-going development were good.

We looked at staff training, staff supervision and appraisal information. Annual appraisals had either taken place or were scheduled for after the date of the inspection and supervision sessions for care staff were conducted by the manager.

We saw people had risk assessments in their care plans in relation to areas including falls, mobility and moving and handling. Accidents and incidents were recorded correctly.

There was an up to date safeguarding policy in place, which referenced legislation and local protocols. The home had a whistleblowing policy in place, recently reviewed in January 2016.

Staff who administered medicines had all completed appropriate training in the safe handling of medicines.

There was a medicines administration policy in use, recently reviewed in January 2016 but this did not refer to the latest guidance from the National Institute for Health and Care Excellence (NICE) regarding the administration of 'covert' medicines and guidance on safeguarding in relation to medicines.

The home had a homely remedy procedure within their medication policy. The registered manager informed us that the home did not use homely remedies and where people required medicines for example for pain relief this would be prescribed by the GP.

Fridge temperatures in which medicines were stored were recorded daily, but the fridge which contained medicines was unlocked, which meant that people could potentially access these medicines. 'Over-stock' medicines were stored in the clinical room in an unlocked cabinet. This meant that they were potentially accessible by anyone entering the room.

We found that surfaces in the medicines room were unclean with a fine residue of powder which could be seen when wiped and an unclean floor, which was a potential infection control issue.

Not all of the medication administration records (MAR's) that we reviewed on the day of the inspection had people's allergy status recorded on. However allergy status was documented on the front cover sheet of each person's MAR chart. NICE guidance states that allergies should be recorded on MAR charts.

The home was adequately maintained and we saw evidence recorded for the servicing and maintenance of equipment used within the home to ensure it was safe to use. We undertook a tour of the building to ensure that it was safe for the people who lived there and found that it was secure.

We observed several people being transferred with the use of a hoist and sling. The same sling was used for different people which meant there was a potential for the transfer of an infection from one person to another.

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 the service was complying with the conditions applied to the authorisations. Staff told us they had received training in the MCA and DoLS and most were able to explain the principles of this legislation to us.

Staff were aware of how to seek consent from people before providing care or support and told us they would always ask before providing care.

We looked at the meal time experience for people who used the service on the ground floor unit at Alexandra Grange. One person who used the service was being assisted to eat their main course but they were not given sufficient time to chew their food in-between mouthfuls which resulted in this person experiencing an episode of coughing. After lunch, we looked at this person's care plan and found it clearly indicated that this person must be allowed extra time when eating and drinking.

We also enquired about five other people whose meal had been taken to them in their own rooms. Staff told us that each of these five people required help and support with eating and drinking but their meals had been placed in their rooms by a member of staff, who then left the rooms until such time that the main lunch time service had ended, and a member of staff was then available to go and support these people.

Staff told us that the meal time service was frequently rushed because no additional help was available from the kitchen and because care staff were expected to serve food as well as support people who needed help

to eat and drink.

We saw there were some adaptations to the environment, which included pictorial signs on some doors, such as bathrooms, which would assist people living with a dementia to orientate around the home. There were assisted bathrooms with equipment to aid people with mobility problems. New flooring in some of the en-suite bathrooms in people's rooms had been ordered and was due to be installed shortly after the date of the inspection.

People we spoke with and their relatives told us they felt staff were kind and caring. We observed that interactions between staff and people living at Alexandra Grange were positive and staff were kind and considerate to people.

Staff we spoke with had a good understanding of how to ensure dignity and respect when providing care and support and people we spoke with confirmed that they felt staff respected their privacy and dignity. Residents and relatives meetings were held regularly and people were able to freely contribute to issues about the home.

End of life care training at Alexandra Grange was delivered via a distance learning package for staff and through 'learning tutor' visits to the home to support staff undertaking the training. The manager told us that all staff had undertaken EOL training, with the exception of staff who were currently undertaking an NVQ qualification, but staff training records that were provided to us indicated that only 35% of care staff had completed training in end of life care and palliative care. At the time of the inspection no person living at Alexandra Grange was receiving EOL care.

There was a 'key worker' system in operation under which each care staff member had specific responsibility for approximately seven people during the day. Alexandra Grange benefited from an activities co-ordinator who worked flexibly at the service over five days. A number of themed days had been undertaken throughout the year to fund raise for a variety of charities and the service also had a year round programme of excursions to various attractions

We looked at the care and support plans of six people who used the service. In each plan we found the quality of documentation and recording was not of a consistently good standard with gaps in information present throughout.

People's care plans lacked good quality person-centred information. Some of the care plans we looked at were not always dated correctly, some care plans were not signed in every section, some were not dated in every section and others required updating.

The staff we spoke with were all positive about the care home manager. We saw that the registered manager was very visible within the home and actively involved in the provision of care and support to people living at Alexandra Grange.

There was a business continuity management plan in place that identified actions to be taken in the event of an unforeseen event such as the loss of utilities supplies, loss of catering, staff disruption, flood and fire.

We looked at the systems in place to monitor the quality of service provided at the home. There were a range of monthly audits and checks in place.

We saw evidence of recent staff meetings in January and March 2016 and staff supervisions were undertaken

regularly.

The views of people who accessed the home for short periods of respite care were also sought and comments from these were largely positive.

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 ●

Not all aspects of the service were safe.

Staff told us they did not always have sufficient time to carry out care tasks effectively.

The management of medicines was not consistently safe.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

The meal-time experience for some people was not positive and presented risks to them.

We found that the service was complying with the conditions applied to DOLS authorisations.

Staff were subject to a formal induction process and probationary period.

Is the service caring?

Good ●

The service was caring.

People who used the service and their relatives told us staff were kind and caring.

We heard lots of positive interaction between staff and people and there was a positive atmosphere within the home.

Residents and relatives meetings were held regularly.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Information in people's care plans was not easy to read, with gaps in information present throughout.

Some care plans were not signed in every section, some were not dated in every section and others required updating

There were regular visits by different supporting professionals such as chiropodists and opticians.

Is the service well-led?

The service was not consistently well-led.

The staff we spoke with were all positive about the care home manager.

We saw that the registered manager was very visible within the home and actively involved in the provision of care and support to people living at Alexandra Grange.

There were a range of monthly audits and checks in place, but because of the concerns we found regarding medicines administration and care planning documentation, these audits had not always been successful in identifying deficits in care practice.

Requires Improvement 

Cuerden Developments Limited - Alexandra 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 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 on 29 March 2016 and was unannounced.

Prior to the inspection we reviewed information we held about the home in the form of notifications received from the service such as accidents and incidents. We also contacted Wigan Local Authority Quality Assurance Team, who regularly monitored the service and the local Healthwatch. Healthwatch England is the national consumer champion in health and care.

We spoke with five people who used the service, a visiting professional, nine staff members, three visiting relatives and the registered manager. We also looked at records held by the service, including six care files and five staff personnel files.

Is the service safe?

Our findings

People we spoke with who lived at Alexandra Grange and their relatives told us they felt safe. One person told us: "I feel very safe living here and the staff take good care of me." Another person said: "I've never felt unsafe. If I did, I would speak to a member of staff or my family." A visiting relative commented: "I've got confidence in the staff to keep [my relative] safe, without a doubt." Another relative said: "I definitely feel [my relative] is safe here."

We looked at staffing levels and found the service used a dependency tool to determine staffing levels against the needs of people who used the service. This meant that staffing levels during the day on the ground and first floor units comprised of one senior care assistant and three carers. At night, on the ground floor unit, this reduced to two members of staff, and staffing levels on the first floor remained the same. These staff were supported by housekeeping/domestic staff, an activities coordinator and kitchen staff.

One staff member told us they had not had time to take their lunch break as they had been too busy providing care and support to people. Another staff member commented: "Morning times are really busy and we often get behind because there is so much to do. This is really unfair on residents because people can be left waiting a little longer." A third staff member told us: "It's really difficult to keep an eye on people sometimes, because when we're busy providing care, it's behind closed doors and this is a big building. We do our best but we can't be in two places at once. We definitely need more staff just so that they can supervise people better." We spoke to the registered manager about this, and they said that they were unaware of this situation and that two members of staff had recently left the service, with new staff members currently being recruited.

Shortly after the date of the inspection we found that the manager had taken action to address the potential shortfall in staffing levels and saw that staffing levels had been permanently increased so that there were now five care staff members on the ground floor of the building to support up to 26 people with a diagnosis of dementia and four care staff members deployed on the upper floor to support up to 28 people with care and support needs. We looked at the staff rotas for April 2016 onwards to evidence this.

There was a 'day and night staff duty' list on display which identified areas of the building in which staff were deployed, in addition to an 'activity list' for each designated area of the home which identified a range of daily tasks and activities required to support people who used the service, such as making beds, assisting with breakfast and providing drinks throughout the day.

We looked at five staff personnel files and there was evidence of robust recruitment procedures in place. The files included application forms, proof of identity and references. There were Disclosure and Barring Service (DBS) checks undertaken for staff in the files we looked at. A DBS check helps a service to ensure the applicant's suitability to work with vulnerable people.

We saw people had risk assessments in their care plans in relation to areas including falls, mobility and moving and handling. Accidents and incidents were recorded correctly. We checked historical accident

records and found that they had been appropriately completed and included a body map identifying the area of injury (where applicable) and the action to be taken to reduce the potential for further injury in the future.

There was an up to date safeguarding policy in place, which referenced legislation and local protocols. Care staff demonstrated an awareness of safeguarding and were able to describe how they would make a safeguarding referral. Staff were aware of potential signs of abuse or neglect and of how to report any safeguarding concerns appropriately. Staff told us they had contact numbers for the local authority safeguarding team, the care quality commission (CQC) and the police, should they need them.

The home had a whistleblowing policy in place, recently reviewed in January 2016. We looked at the whistleblowing policy and this told staff what action to take if they had any concerns and this included contact details for the local authority and CQC. Staff we spoke with had a good understanding of the actions to take if they had any concerns.

We looked at how the service managed the administration of medicines and looked at medication administration records (MARs) for people who used the service. We observed staff administering medicines and saw that people were given their medicines as required.

Staff who administered medicines had all completed appropriate training in the safe handling of medicines. We saw evidence of yearly competency assessments for staff who administered medicines. In addition the manager also 'shadowed' medicines rounds three or four times per year to ensure staff followed safe practice.

There was a medicines administration policy in use, recently reviewed in January 2016 but this did not refer to the latest guidance from the National Institute for Health and Care Excellence (NICE) regarding the administration of 'covert' medicines and guidance on safeguarding in relation to medicines. Staff we spoke with confirmed they had read this policy.

There was guidance on controlled drugs and a controlled drugs cabinet was in place which complied with the Misuse of Drugs Act 1972 Regulations. There was a system in place for reporting medicines errors/incidents. Staff we spoke with were aware of how to report medicines incidents and the registered manager was aware of the local thresholds for reporting medicines incidents to the local authority safeguarding team.

Medicines were ordered in a timely manner for the monthly cycle using a combination of 'patient repeat' slips and a carbon copy provided by the pharmacy. The registered manager told us that medicines were ordered by two senior care staff members and checked-in to the home by two senior carers. No records of medicines that had been ordered were kept in the care home which was in keeping NICE guidance.

The home had appropriate disposal procedures in place. A record of all disposed medicines was kept and medicines for disposal were stored securely in a tamper proof container. Disposal of medicines was undertaken by two senior members of care staff and records included the date and staff signature.

The home had a homely remedy procedure within their medication policy. The registered manager informed us that the home did not use homely remedies and where people required medicines for example for pain relief this would be prescribed by the GP.

There was a lockable clinical room in which medicines were stored and appropriate medicines trolleys that

were secured to the wall. Fridge temperatures in which medicines were stored were recorded daily, but the fridge which contained medicines was unlocked, which meant that people could potentially access these medicines. We found that surfaces in this room were unclean with a fine residue of powder which could be seen when wiped and an unclean floor. We spoke with the manager about this who said they were unaware of the cleanliness issue and would increase the frequency of room checks to ensure it was clean. The clinical room temperature was not recorded and there was no ventilation in the room to control temperatures. Shortly after the date of the inspection we saw that a room temperature recording book had been implemented and the medicines room was now clean.

Not all of the MARS that we reviewed on the day of the inspection had people's allergy status recorded on it. However allergy status was documented on the front cover sheet of each person's MAR chart. NICE guidance states that allergies should be recorded on MAR charts. In all the MAR charts reviewed where people had been refusing medicines this had not been documented correctly, which was in contradiction to the home's medication policy.

'Over-stock' medicines were stored in the clinical room in an unlocked cabinet. We spoke with the registered manager who agreed to rectify this problem immediately. Where people had medicines administered by a district nurse, (for example insulin), we found that this was recorded on a separate document other than the MAR chart. A record of administration should also have been made on the MAR chart in accordance with NICE guidance .

These issues meant there was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, the proper and safe management of medicines, because the provider did not have appropriate arrangements in place to manage medicines safely.

We looked at how the service managed the control of infectious diseases. The manager told us that the home had an infection control link person who was not in work at the time of the inspection. Personal protective equipment (PPE) such as gloves and aprons were available and there was an adequate supply of hand soap and hand-gels throughout the home. Weekly and daily cleaning schedules were in place and the home was generally clean (with the exception of the clinical room) and free from any odours.

The home was adequately maintained and we saw evidence recorded for the servicing and maintenance of equipment used within the home to ensure it was safe to use. We undertook a tour of the building to ensure that it was safe for the people who lived there and found that it was secure.

Staff were aware of precautions to take to help prevent the spread of infection. For example, staff said they would wash their hands regularly and use different coloured cleaning cloths for different areas of the home. There was an infection control policy and procedure in place that identified to staff what actions to take to minimise the potential for an infectious outbreak and the action to be taken in the event of an outbreak.

Is the service effective?

Our findings

We looked at the induction, training and professional development that staff received to ensure they were fully supported and qualified to undertake their roles. Staff we spoke with told us they thought access to training and opportunities for on-going development were good. One member of staff told us: "Training is good and we complete a good deal of training which helps us to do our job." A second member of staff commented: "Training is excellent. Definitely no issues around how much training is offered." A relative of a person who used the service commented: "There are always plenty of staff on and they're belting."

We looked at staff training, staff supervision and appraisal information. Annual appraisals had either taken place or were scheduled for after the date of the inspection and supervision sessions for care staff were conducted by the manager. We verified this by looking at the notes of staff supervision meetings. Staff told us they received supervision on a regular basis, which they found useful. There was a staff training matrix in place which identified different job roles and the training they had attended or were scheduled to attend.

Staff were subject to a formal induction process and probationary period. A member of staff told us: "I had an induction when I started which involved shadowing more experienced staff and I was required to complete a workbook of key tasks. Since I started I've also completed a number of courses such as safeguarding and advance care planning."

The staff we spoke with explained their roles well and had a good understanding of what was required of them and how to deliver care safely.

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 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 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 the service was complying with the conditions applied to the authorisations. Where applications had not yet been authorised, people's care plans contained restrictive practice screening tools, which ensured that the least restrictive practice was being followed.

We spoke with an Independent Mental Capacity Advisor (IMCA) who was visiting the service in order to check progress against restrictions relating to three people who used the service. An IMCA is a type of statutory advocacy introduced by the Mental Capacity Act 2005 (the Act). The Act gives some people who lack

capacity a right to receive support from an IMCA. Advocacy can help people become more aware of their own rights, to exercise those rights and be involved in and influence decisions that are being made about their future. The IMCA told us that the service was adhering to the conditions identified in 'best interest' meetings and that there was a good working relationship with the home.

Staff told us they had received training in the MCA and DoLS and most were able to explain the principles of this legislation to us. Appropriate supporting policies and procedures were in place, for example, the service had policies on MCA/DoLS and safeguarding adults. We checked the training records and saw that 85% of care staff had completed training in MCA/DoLS.

We saw there had been 12 applications for DoLS made to the supervisory body in the 12 months prior to the date of the inspection. The registered manager showed us records that demonstrated they had followed-up the status of the outstanding DoLS applications. Where DoLS were being renewed the service applied for a renewal one month before the existing expiry date.

Staff were aware of how to seek consent from people before providing care or support and told us they would always ask before providing care. Staff told they would ask people again later if they had initially refused care. We saw people had mental capacity assessments in their care plans, which were up to date.

Shortly after the date of the inspection we spoke with a member of the district nurse team who supported the home. They confirmed that the home made appropriate referrals to the district nurse team at the right time. They said that where applicable, the community district nursing team would then refer on to the tissue viability nurse or specialist palliative care team. The registered manager told us that in the case of tissue viability training, the trainers only supported nursing homes and not residential care homes.

There was a list of 'staff champions' on view which identified staff members who had sufficient knowledge and training in a particular area of service provision so that they could give advice and guidance to other staff, people who used the service and their families. Areas identified included infection control, MCA/DoLS, dementia, falls and dignity. A list of qualified first aiders was also on display.

We looked at the meal time experience for people who used the service on the ground floor unit at Alexandra Grange. We did this by completing a Short Observational Framework for Inspection (SOFI) at lunchtime. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Three members of care staff were responsible for serving lunch, which was provided from a portable hot trolley. People who used the service were offered a choice of two main course options, along with a choice of hot or cold drinks.

During the SOFI, we observed one member of care staff serving food with a second member of staff taking meals to people's bedrooms; this left the third member of staff to provide support to people who required extra help with eating and drinking. We observed how the third member of staff appeared to be rushing when providing help and support to people, and was unable to spend time with people on a one-to-one basis, who required this support. For example, one person who used the service was being assisted to eat their main course but they were not given sufficient time to chew their food in-between mouthfuls which resulted in this person experiencing an episode of coughing. After lunch, we looked at this person's care plan and found it clearly indicated that this person must be allowed extra time when eating and drinking.

At lunch time, 18 people who used the service were seated in the dining room. A further five people who

used the service remained in their own rooms. We found dining tables to be sparsely laid out with minimal presentation. Cutlery and napkins were not provided until people were actually given their meal, and no condiments were provided throughout the lunch time service. We spoke with the registered manager about this who told us that some people regularly removed items from the table and this was why tables were laid in a sparse manner until the meal was prepared and ready to serve.

During lunch time, we also observed one person who used the service being given a cup of tea in a regular tea cup. Immediately after being handed the tea cup, the person picked it up and tipped it over the table, partially covering their own lap. A member of the inspection team immediately intervened to ensure no further liquid was spilt over the person. We spoke with a member of care staff about this incident and we were told that this was a regular habit of the person and that they would not drink from an adapted cup, which had previously been considered. We noted that the tea was warm and not so hot as to present a risk of scalding. We then looked at this person's care plan and found no reference to this additional support need, or what steps the service had taken to ensure this person's hydration needs were adequately met.

We also enquired about five other people whose meal had been taken to them in their own rooms. Staff told us that each of these five people required help and support with eating and drinking but their meals had been placed in their rooms by a member of staff, who then left the rooms until such time that the main lunch time service had ended, and a member of staff was then available to go and support these people.

We spoke with the staff about this and were told that the meal time service was frequently rushed because no additional help was available from the kitchen and because care staff were expected to serve food as well as support people who needed help to eat and drink.

These issues meant there was a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014 in respect of having regards to people's well-being when meeting their nutritional and hydration needs.

There was a four week rolling pictorial menu on display in the dining room which would assist people to understand what was being offered. Special diets were catered for, food allergies were recorded and people had diet and nutrition care plans in place.

We saw there were some adaptations to the environment, which included pictorial signs on some doors, such as bathrooms, which would assist people living with a dementia to orientate around the home. The registered manager informed us that they would seek to provide additional adaptations and signage within the home immediately. Shortly after the date of the inspection we found that people's bedroom doors had been painted in a colour of their own choice which would help them to find their own room and more dementia specific signage had been ordered in addition to a number of tactile and reminiscence items. Bedroom doors also had a picture of the person on them and their name.

There were assisted bathrooms with equipment to aid people with mobility problem and new flooring in some of the en-suite bathrooms in people's rooms had been ordered and was due to be installed shortly after the date of the inspection.

Is the service caring?

Our findings

Due to the nature of the service provided at Alexandra Grange, not everyone who used the service was able to speak with us. However, during our inspection visit, we were able to speak with five people who used the service. One person we spoke with said: "The staff are very caring and do their very best for us." Another person commented: "The staff are very kind." A third person told us: "The staff are really kind. You only need to ask and they will help you."

We observed that interactions between staff and people living at Alexandra Grange were positive and staff were kind and considerate to people. Staff used people's preferred names and we saw they asked people which area of the lounge they would like to sit in when they entered it. We heard lots of laughter and informal chatter between staff and people who used the service throughout the inspection.

Staff spoken to had a good understanding of how to ensure dignity and respect when providing care and support and people we spoke with confirmed that they felt staff respected their privacy and dignity.

One member of staff we spoke with did not think the service was always as caring as it could be. They commented: "There just isn't enough staff sometimes. We just don't get time to care like we could." A visiting relative told us that staff were always kind to [their relative].

We looked at records of residents and relatives meetings, and saw that issues discussed included food, activities and outings and health and safety. Records were kept of each meeting and notes were given to people and their relatives. Peoples' spiritual needs were accommodated through the regular attendance at the home of different faith groups.

During the inspection, we looked at how people's privacy and dignity was protected. We found the bedroom doors of six people who used the service were wedged open whilst they were asleep in bed. During this time, two people who used the service had pulled down the bed clothes which meant their underwear was visible to people passing the door.

We spoke with a member of staff about this and asked if these people had expressed a personal preference to have their bedroom doors left open. We were told these people hadn't expressed a preference and it was 'just something that had become routine practice, especially for night staff', in order to 'keep an eye' on people throughout the night whilst in their rooms. We discussed this with the manager who ensured that these doors were then closed and confirmed that this would not be repeated.

During our inspection we looked to see how the service promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights through person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different groups received the help and support they needed to lead fulfilling lives, which met their individual needs.

We looked at how the service sought to support people who were nearing the end of their life. One person's care contained a 'do not attempt cardio pulmonary resuscitation' (DNACPR) form which had been completed by North West Ambulance Service but the document had not been signed by a doctor. The manager confirmed they would seek to rectify this issue immediately.

At the time of our inspection visit, the service did not participate in the NHS 'six steps' programme. This is the North West End of Life (EOL) Programme for Care Homes and is co-ordinated by local NHS services. By participating in this nationally recognised and accredited programme, services are able to demonstrate their ability to care for people who are nearing the end of their life, to ensure people can remain at the home and be cared for in familiar surroundings by people they know and trust.

We spoke with the registered manager about this and they told us that previous attempts to access this training had been unsuccessful as priority was given to nursing homes. The manager told us they had raised this issue at a recent meeting at the local hospice. These meetings took place approximately bi-monthly.

End of life care training at Alexandra Grange was delivered via a distance learning package for staff and through 'learning tutor' visits to the home to support staff undertaking the training. In addition the manager told us that Wigan hospice also provided palliative care training to the home. The manager told us that all staff had undertaken EOL training, with the exception of staff who were currently undertaking an NVQ qualification, but staff training records that were provided to us indicated that only 35% of care staff had completed training in end of life care and palliative care. At the time of the inspection no person living at Alexandra Grange was receiving EOL care.

Is the service responsive?

Our findings

We asked people whether they thought the service was responsive to their needs and we received a mixture of replies. One person who used the service told us: "If I ever need something from the staff they are always willing to help and support me." Another person commented: "The staff are quite prompt when I press my buzzer for help. I've never really had to wait." One visiting relative commented: "I'd like to see more going on during the day. I visit a lot and I think more could be done to stop people getting bored." A second visiting relative told us: "The activities co-ordinator is very good and appears to do lots of things with people but clearly their time is limited." Another visiting relative told us: "There are always plenty of staff on and they're always encouraging [my relative] to do things."

There was a 'key worker' system in operation under which each care staff member had specific responsibility for approximately seven people during the day.

Alexandra Grange benefited from an activities co-ordinator who worked flexibly at the service over five days. They had been employed by the service for many years and knew people who used the service well. We saw a wide range of activities were offered which included group activities as well as more personalised one-to-one sessions.

The service also had a year round programme of excursions to various attractions such as Blackpool, Knowsley Safari Park and Liverpool Cathedral. We saw how people were also supported to participate in activities closer to home such local shopping trips and outings to the local park. The activities co-ordinator also supported people with their pastoral needs through established links with faith groups.

A number of themed days had been undertaken throughout the year to fund raise for a variety of charities such as a 'Wear it Pink' day for breast cancer and a pyjama day for Children in Need. We saw a wide variety of pictures that had been taken at these events on display throughout the home.

The home had recently acquired a rowing boat which was situated in the garden and made an attractive decoration for holding flowers and plants. People who used the service had been involved in decorating this item. We found that one person who used the service, who had a particular interest in gardening was being supported to access the garden area and undertake gardening activity. Another person who had an interest in domestic chores was also supported to hang their personal washing out on the external washing line, which was important to them, and supported the maintenance of this daily living skill.

We looked at the care and support plans of six people who used the service. In each plan we found information was not easy to read, the quality of documentation and recording was not of a consistently good standard with gaps in information present throughout. People's care plans lacked good quality person-centred information. For example, people's likes, dislikes, personal preferences and life and social history were not sufficiently documented. Care plans also failed to demonstrate how people who used the service, their family or lawful representatives had been involved in planning and agreeing care.

Some of the care plans we looked at were not always dated correctly, for example one care plan had a risk assessment in place and a review date which identified the month but not the year. In another person's care plan there was information about the need to monitor their weekly weight which had not been updated since January 2016 and there was no evidence that the need to monitor this weight had been discontinued.

Some care plans were not signed in every section, some were not dated in every section and others required updating. We spoke to the staff about this they told us that people's care plans were often updated at the weekends. Some residents had risk assessments in place which appeared not to have been updated since January 2016.

People had a fire evacuation plan that was personal to them which identified if mobility equipment was required in the event of evacuating the building.

There was a kitchen notification form which identified people's likes and dislikes but in one instance this was not signed and not followed-up by the kitchen staff.

We discussed these issues with the registered manager who told us that the care plans had all recently been reviewed so there should be no gaps. Shortly after the date of the inspection we saw that the manager had reviewed all care plans and introduced new documentation that was more person-centred. We found that the format of the new care files was clear and easy to understand. At this time, about half of all the care plans had been updated.

There were regular visits by different chiropodists and the home was also supported by Vision Call regarding eye care.

The home was a member of the Skills Hub based at Norley Hall, where activity coordinators from a number of local homes meet regularly to plan and share experiences.

We looked at how the service managed complaints and we found that the home had procedures in place to receive and respond to complaints. There was a complaints policy and procedure in use and this was up to date. Details of how to make a complaint were identified in several areas of the home. We observed the compliments and complaints file and saw that issues were responded to in a timely manner. People we spoke with told us they had never had to raise a complaint, but would feel comfortable doing so if required.

Is the service well-led?

Our findings

The staff we spoke with were all positive about the care home manager. They had worked in the home for a long time and said they felt supported by the manager. One staff member said: "[The manager] is very good and always makes sure we are alright". Another staff member told us: "[The manager] does the duty rota and will accommodate your requests if they can." A third member of staff commented: "I really enjoy working here, the people here need more care than the last home I worked in, it's more interesting I'm learning all the time." A visiting professional said: "The staff and management are always available to speak to when you need them."

There was a registered manager at the home. 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.

We saw that the registered manager was very visible within the home and actively involved in the provision of care and support to people living at Alexandra Grange. Throughout the course of the inspection we saw the registered manager walking around and observing and supporting staff.

The registered manager told us that the service had well established links with the community liaison team, district nurses, the pharmacy and G.P's that support people who used the service.

There was a business continuity management plan in place that identified actions to be taken in the event of an unforeseen event such as the loss of utilities supplies, loss of catering, staff disruption, flood and fire.

We looked at the systems in place to monitor the quality of service provided at the home. There were a range of monthly audits and checks in place, including: a monthly falls audit and tracking form; a falls register and falls analysis form used to identify people who frequently fall, including the action taken to minimise the potential for a reoccurrence; monthly accident and incident audits; regularly reviewed risk assessments for all areas of the home such as lounges and bedrooms; fire system audits and risk assessments; workplace audits for areas such as ventilation, safety signs/notices, storage facilities and tools; audits of people's care plans including a tracking form identifying which care plans had been or needed to be audited; monthly nurse-call system response monitoring, including 'dry tests' of the system where the manager had pressed the nurse call buzzer and monitored the staff response time; audits of people's weights.

However due to the concerns we found regarding medicines administration and care planning documentation, these audits had not always been successful in identifying deficits in care practice. This meant there was a breach of Regulation 17(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance, because the systems and process being used did not effectively improve the quality of the services being provided in carrying on the regulated activity.

We saw evidence of recent staff meetings in January and March 2016 where discussions included meals,

dress code, training and staffing levels. A senior staff meeting had been held in January 2016 and covered care file reviews, medicines, DOLS and weight recording. Night staff meetings were also held and a recent meeting in January 2016 included discussion about team work, the hospital admissions process and completing accident forms.

Staff supervisions were undertaken regularly and we saw that these were used to discuss issues on a one to one basis. Staff appraisals were carried out annually and were used to look at progress made, training needs and goals for the future.

The manager had also attended a care home forum meeting in March 2016 which enabled them to share information and discuss best practice in care home settings.

Regular newsletters and bulletins were provided to people who used the service and their relatives in addition to regular 'residents and family forum' meetings. These meetings provided people with an opportunity to discuss any issues and concerns they may have in addition to soliciting suggestions, for example regarding activities or themed activity days.

The views of people who accessed the home for short periods of respite care were also sought and comments from these were largely positive, for example one form read: 'Clean room and staff attended promptly.'

Records of meetings with Wigan and Leigh hospice were kept and included discussions about best practice, advanced care planning in care homes and how the hospice could support the home. The manager also attended an 'advanced care planning in care homes – best practice group' meeting and we saw that an 'agreement' was in place between the hospice and the home regarding how the hospice could provide support when needed.

Quality assurance meetings were also regularly undertaken, which identified for example CQC inspection framework, laundry issues and the need for various items such as new bedding and a new temperature probe for food trolleys.

The service operated an employee of the month scheme voted for by staff, people who used the service and family and friends.

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 9 HSCA RA Regulations 2014 Person-centred care In respect of having regards to people's well-being when meeting their nutritional and hydration needs
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not have appropriate arrangements in place to manage medicines safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Because the systems and process being used did not effectively improve the quality of the services being provided in carrying on the regulated activity.