

Rico Healthcare (Grange) Limited

Grange Nursing Home

Inspection report

18 Grange Drive
Heswall
Wirral
Merseyside
CH60 7RU

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Tel: 01513426461

Website: bondcare.co.uk/grange-wirral/

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Grange Nursing Home is providing personal and nursing care to 17 people aged 65 and over at the time of the inspection. The service can support up to 32 people.

People's experience of using this service and what we found

People and their relatives told us that there had been an improvement in the home since the new manager had been in post.

We observed care being delivered within the home and saw that people were comfortable in the presence of staff, positive relationships had developed between people receiving support and care staff. People told us staff were kind and treated them with dignity and respect.

People had up to date risk assessments and care plans in place that identified their needs. Improvements had been made to the management of the health and safety issues such as fire safety, water and building management.

Medicines were managed safely and the manager had worked closely with the medicines management team from the local authority to make improvements.

Staff were recruited safely and received regular training and supervisions. Checks were made on their performance to ensure competence and confident in their roles. Staff, attended staff meetings to keep up to date and to share their views.

Incident and accidents were analysed for patterns and trends. Risks to people were assessed safely and referrals were made to other professionals in a timely manner where advice was required.

People received the support they needed to eat and drink and maintain a healthy and balanced diet. People told us they enjoyed the food available to them and were able to choose alternative meals if they did not like what was on the menu.

People were now able to access enjoyable and fulfilling activities.

The registered provider and manager had developed and implemented a robust quality assurance process that drove improvement in the home and was constantly being reviewed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update:

The last rating for this service was Inadequate (published 06 March 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations. However, these improvements had happened over a short period of time. This needs to be sustained by the registered provider and manager.

This service has been in Special Measures since 06 March 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Grange Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was found safe however the service needed to demonstrate the improvements were imbedded and could be sustained.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was found effective however the service needed to demonstrate the improvements are imbedded and could be sustained.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was found well-led however, the service needed to demonstrate the improvements are imbedded and could be sustained.

Details are in our well-led findings below.

Requires Improvement ●

Grange Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team included on adult social care, a specialist advisor who was a nurse and Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Grange Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was going through the registration process with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and three relatives about their experience of the care provided. We spoke with four members of staff, the provider, manager and a visiting GP. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. The service was found safe however the service needed to demonstrate the improvements were imbedded and could be sustained.

Using medicines safely; Assessing risk, safety monitoring and management

At our last inspection the registered provider had failed to robustly manage medicines safely and had failed to assess risk or monitor the safety of the people living in the home. This was a breach of regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvement had been demonstrated at this inspection and the registered provider was no longer in breach of regulation 12 and 17. However, these improvements had happened over a short period of time. This needs to be sustained by the registered provider and manager.

- The manager and staff had worked closely with the local authority medicines management team and had changed pharmacy which contributed to the improvements.
- Time sensitive medication were administered appropriately, and all documentation had been fully completed.
- Storage and disposal of medications had significantly improved, and we saw evidence how identified issues such as high room temperatures had been immediately actioned.
- Use of thickener for people's fluids had previously not been managed safely. During this inspection we saw that this had significantly improved and was not safely and appropriately stored.
- Where people were prescribed 'as and when' medication a protocol was available which included possible side effects and guidance on use, also the reasons for administration.
- Appropriate risk assessments were in place for situations that may arise whilst supporting a person. These were detailed and offered guidance for staff on how to keep people as safe as possible whilst protecting their freedom. Measures had been taken to reduce identified risks to people
- Risks were managed in a way that respected individual diverse needs. Examples included how risks to a person in relation to diabetes were well managed as far as possible considering the rights of this person.
- Monitoring information such as charts for pressure area care/nutrition/fluids were completed fully and could evidence how people's wellbeing was regularly monitored.
- Improvements had been made to the environment. However we saw that this was not completed and we were informed by the manager, that there were plans in place to ensure the environment was appropriate for the people living in the home.
- Equipment and utilities of the home were checked regularly to ensure they remained safe for use.
- Fire equipment checks and fire drills were regularly completed. A fire risk assessment had been carried out by an external company following the last inspection. The actions identified to ensure the premises were up

to legal standard had been either completed or in the process of being completed.

- Each person now had a Personal Emergency Evacuation Plan (PEEP) in place. This informed staff of the safest way to evacuate a person from the building in an emergency.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding referrals had been appropriately made by the manager and the registered provider had safeguarding policies in place for staff guidance.
- Staff had received safeguarding training that was regularly updated.
- Each person we spoke to said they felt safe and relatives confirmed that they felt their loved ones were safe. One relative told us "I know [person's] safe and happy here".

Staffing and recruitment

- The manager had introduced a dependency tool that was used to ensure that there were sufficient staff to adequately and safely support the people living in the home. Our observations confirmed this to be the case.
- Staff were safely recruited by the service. We looked at two staff recruitment records and all were in order with all relevant checks completed.
- The manager had followed the company's disciplinary procedures appropriately and in accordance with policies.

Preventing and controlling infection

- The environment was visibly clean and pleasant. There was a clear system in place for the maintenance of cleanliness and hygiene in private and communal spaces.
- Staff had completed appropriate training in infection control and were aware of the need to control the potential spread of infection.

Learning lessons when things go wrong

- A system had been put into place to monitor and review accidents and incidents. Accidents and incidents were reviewed regularly by the manager which enabled them to analyse trends.
- Lessons were learnt through any errors that had been identified, for instance the previous inspection findings had been used comprehensively as an improvement and learning tool.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. The service was found effective however, the service needed to demonstrate the improvements are imbedded and could be sustained.

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

At the last inspection the provider had failed to work within the principles of the MCA and had not followed appropriate processes when working in the best interests of people living in the home. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11. However, these improvements had happened over a short period of time. This needs to be sustained by the registered provider and manager.

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- DoLS applications had been made appropriately. A system was in place to monitor authorisations and when they needed to be reapplied for.
- Staff obtained consent for people's care and support. Staff understood the principles, of the MCA and people were supported wherever possible to make their own decisions.
- Where necessary, mental capacity assessments had been completed and the best interest decision making process was followed and documented. An example a meeting took place with family members who had lasting power of attorney for health and wellbeing to discuss the safety of bedrails. A best interest decision was made and all the appropriate documentation was in place. Another example was where a

person refused to have a flu jab: evidence of a discussion with the person, staff and the GP about the risks to this person. It was concluded that the person retained the right to refuse the injection as they had the mental capacity to do so.

Staff support: induction, training, skills and experience

At our last inspection the provider had not provided robust staff support or training. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18. However, these improvements had happened over a short period of time. This needs to be sustained by the registered provider and manager.

- The manager had implemented a new system of induction for both agency staff and permanent staff. The manager had devised 'crib' sheets for each person in the home so that agency staff were able to get an immediate condensed knowledge of their needs.
- Training had significantly improved with the following topics included in the programme; bedrails, equality and diversity, dementia awareness, food safety, data protection (GDPR), dignity through action, fire safety and MCA and DoLS. The completion rate was over 90% and was constantly improving.
- The manager had implemented a supervision and appraisal system and nursing staff now received appropriate clinical supervision.

Supporting people to eat and drink enough to maintain a balanced diet

At the last inspection we identified that the provider had not effectively monitored people's nutrition and fluid intake. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, these improvements had happened over a short period of time. This needs to be sustained by the registered provider and manager.

- Each person had fluid, diet and weight charts that were updated regularly. Issues were immediately identified and acted on, for example accessing dietetic services.
- Each person had a dietary record including their likes and preferences, restrictions and any specific information like swallowing difficulties. There was evidence of choking risk assessments and guidance on how to ensure a person was sitting at a certain angle to ensure they were able to eat safely.
- The weekly and daily menu was displayed in several locations. People were given a choice and the chef stated that they would make anything requested as long as they had the ingredients. People told us "The food is excellent. We're spoilt for choice", "We've got a really good chef" and "It's all homemade food and we're always given a choice".
- The chef confirmed the home had a food hygiene rating of 5.
- The dining area was now welcoming, and people had the choice of where they wanted to sit to eat their meals.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked effectively with healthcare professionals to ensure that people received the care they needed. There was evidence in support files that GP's and other healthcare professionals maintained their involvement.
- Staff were aware of people's individual healthcare needs and were able to explain how they met these needs through the provision of care, support and activities.
- A visiting GP told us of how improvements had been made surrounding the communication and how staff were now very knowledgeable when they visited and were able to provide any information needed about the wellbeing of the people living in the home.

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

- Improvements had been made to the design and decoration of the home. The entrance of the home had been brightened with 'dementia friendly' wallpaper that made it a welcoming area. One person told us It's so much lighter and more spacious" and a relative said "The new carpets are much better than the old ones."
- The provider had a refurbishment plan in place that had additional improvements to the interior and exterior planned.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed that people were comfortable in the presence of the staff and that the staff knew the people well.
- People's sensitive and confidential information was safely stored and protected in line with General Data Protection Regulation (GDPR) and staff had also received training in this.
- People living in the home commented that staff listened and acted on their wishes.
- The majority of staff had received equality and diversity training.
- People told us that all staff were caring and treated them with respect. We were told "They're very caring, well I find they are. We have a laugh, pulling their legs and everything. I've got a keen sense of humour" and another person commented in passing about the maintenance person "He's such a nice man."

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

- It was stated in individual support plans the best way to communicate with each person to understand their choice.
- A person liked to wear slippers with no backs which could pose a safety risk. The person was able to express their view and made their own decisions in this regard
- The manager and provider had held 'resident's and relatives' meetings' where people were asked their opinions on aspects of the home, menus and activities. The meeting minutes showed that people were able to have input and was listened to. One relative told us "It's fabulous here. The staff are lovely."
- The manager had re written the statement of purpose/service user guide that helped people make decisions about their care. It was clearer and gave relevant information about the care provided by the home.

Respecting and promoting people's privacy, dignity and independence

- We saw evidence of how the new manager and staff had been able to support people to become more independent. For example: a person who had spent significant amount of time in their room had been supported with independence and was now interacting with others in the lounge and was going out more. Their family told us "It's like [name] has turned a corner."
- Staff were discreet with support that they provided by approaching people quietly and carefully and offering support. We also observed staff knocking on doors before entering and checking with people about their decisions. An example being one staff member re asking if a person still wanted their cardigan on as it was very warm. Their choice was respected, and we heard the person comment on how lovely it was. One person said, "I think the girls are lovely, they do a wonderful job."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection we identified that the provider had not provided personalised care. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Each person living in the home had an up to date plan of care that reflected their needs. These had been regularly updated and showed input from both the people living in the home and if appropriate their relatives.
- All relatives we spoke with stated that they were fully involved in the care plans and general day-to-day progress of their family member. One relative said, "As soon as I walk through the door I'm told how she is and what she's been doing."
- Relatives told us that they were able to visit when they wanted to and were always made to feel welcome.
- The manager and staff knew the people they supported well, including their dietary needs and preferences and activities they preferred.
- At the last inspection the provider had no meaningful activities in place. During this inspection we saw how this had significantly improved.
- A social activities care plan related well to the interests past and present of people which were recorded on a 'life story' document. It was written in a sensitive way and included when friends and family had visited people.
- A new activities co-ordinator had been employed who was very popular with people living in the home. One person said "She's excellent. Credit where credit's due." We observed that there were a variety of activities available from bowls, walks outside, arts and crafts, quizzes and fishing.
- The co-ordinator told us "We don't force people but do try to encourage people to take part. There are people who want to stay on their own, but I find time to talk to them about their particular interests. The co-ordinator also spent time on a one to one basis with people: we observed a person who was just home from hospital being offered a manicure and they explained that it was to prevent any irritation which may be caused by their nails.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans held information about how people preferred to communicate. They also gave guidance on how to support people to access their communication aids for example glasses and hearing aids.
- We discussed with the manager how they would be able to ensure people would have access to information such as complaints in other formats. The manager assured us that this would be available.

Improving care quality in response to complaints or concerns

- The complaints procedure and complaints forms for people to use were on display in the home in the entrance foyer.
- The manager had an effective process in place that monitored, logged and investigated any complaints according to the providers policy.
- People we spoke to and their relatives told us that they would not hesitate if they had any complaints and felt comfortable with raising any complaints. One relative told us "If there was a problem I'd be in the office speaking to them but I haven't had to" another said "If you've got a problem, you just see the manager. Nothing is too much trouble for them."

End of life care and support

- There was no one receiving end of life care at the time of the inspection.
- Each person's care file had an end of life care plan in it. This identified the persons preferences, the date of the discussion, signed by the staff and the person receiving care.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. The service was found well-led however, the service needed to demonstrate the improvements are imbedded and could be sustained.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider did not have robust quality assurance processes in place and had not met their regulatory requirements and notified the Commission of any significant events. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, these improvements had happened over a short period of time. This needs to be sustained by the registered provider and manager.

- The home requires a registered manager as they are legally responsible for how the service is run and for the quality and safety of the care provided. The current manager was not registered with the Commission, however they were going through the registration process.
- The manager and registered provider completed regular safety and quality audits to measure performance and generate improvements.
- When actions were identified through the audit system, they had been addressed to improve the service and reduce the likelihood of the same issue arising again.
- Findings from registered provider audits and external audits led into the managers action plans and these were working documents. This meant the manager was continually ensuring the improvements to the home were ongoing.
- The manager had shared information with the CQC as required and the manager and staff we spoke with were clear with regards of what was expected of them within the home.
- At our last inspection there was no oversight of the induction or training processes, no oversight of care being delivered as there had been a lack of knowledge about the changes to people's needs. During this inspection we found improvements had been made. The manager had improved systems and was able to discuss in depth the needs and changes to people living in the home.
- From April 2015, providers must clearly display their CQC ratings. This is to make sure the public see the ratings, and they are accessible to all of the people who use their services. The provider was displaying their ratings appropriately in a clear and accessible format at the entrance to the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered provider had a vision and values that worked in the best interests for people living in the home.
- We saw evidence of how the manager and staff worked closely with others to achieve positive outcomes for people living in the home. One person was able to enjoy a more sociable lifestyle because of the planning and partnership working that took place. This was commented on by their family.
- The service had developed relationships with other healthcare professionals, and we saw that links had been forged with other services to ensure people were engaged with and their needs were considered and respected. A visiting GP told us of the improvements that had been made to the working relationships between them and the home.
- Staff were supported to express their views and contribute to the development of the service at team meetings and handovers. Team meeting minutes showed that the manager and provider had held discussions on the needs of the home and the improvements. The staff that we spoke with said that they could approach the registered manager at any time.
- People living at the home their relatives were involved in discussions about concerns and improvements in different ways. They were invited to attend regular meetings where the manager and provider had been open and honest about the needs of the home and the improvements needed. One relative told us "There have been quite a few managers, but it's now been so much better."