

1st Care Limited

Orrell Grange

Inspection report

43 Cinder Lane
Bootle
Liverpool
Merseyside
L20 6DP

Tel: 01519220391

Date of inspection visit:
20 February 2019

Date of publication:
27 February 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Orrell Grange is a purpose-built care home providing accommodation, personal and nursing care, including specialist dementia care, for up to 36 older people. It is situated in a residential area of Bootle with nearby facilities including shops, pubs and public transport. At the time of our inspection, there were 27 people living at the service.

People's experience of using this service:

All of the people who lived at the service and relatives we spoke with told us they could not fault the staff and the care they received was good. One person told us, "They will not leave me on my own if I have got no one to talk to." A relative told us, "We visited several homes but we were made welcome here the moment we walked through the door. This is not the most modern or plushest, but the care is the best."

The registered manager had created an open, caring culture. All of the people who lived at the service, as well as their relatives, felt welcome and some referred to the service as their "home". The team had worked hard to make the necessary improvements to provide consistently good care across the service. We heard positive comments from everyone we spoke with and saw the service had received compliments.

People felt safe living at the service and relatives told us they knew their loved ones were in safe hands. The service had made improvements to health and safety checks and measures. Quality assurance processes were more robust and led to improvements. Staff assessed and monitored risks to people and acted on concerns. People's medicines were managed safely overall. There were enough staff to meet people's needs and people did not have to wait long to be assisted. The service was clean and hygienic.

Staff were competent in their role and felt well supported. The service had improved the review of restrictions on people's liberties, in line with the Mental Capacity Act 2005. Staff supported people to eat well and drink enough. The service worked with a variety of health professionals to achieve good outcomes for people and promote people's well-being.

We found that some records relating to people's medicines needed to be clearer with regards to cream applications, 'as required' medicines and fluid thickeners. We pointed out that when staff had acted to achieve good outcomes for people, this needed to be reflected throughout care documentation. Some information for people, such as menus, needed to be made more accessible, such as in larger print. The refurbishment of the service was ongoing, to redecorate and make it more dementia-friendly. We considered the issues we found were easily rectifiable and had not put people at significant risk. The provider and registered manager acted on our feedback straightaway and confirmed record-keeping improvements had been completed the day after our visit.

At this inspection we found that the service met the characteristics of Good in the three areas we looked at. We found the service was safe, effective and well-led.

More information is available in the full report, which is also on the CQC website at www.cqc.org.uk.

Rating at last inspection: Requires Improvement (10 November 2018)

Why we inspected:

At the last inspection, we found the provider to be in breach of Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following our last inspection, the provider sent us an action plan and met with us, to tell us how they would improve the service and ensure breaches of regulations would be rectified.

We carried out this focussed inspection to see whether the provider and registered manager had followed their action plan and addressed the breaches we found at the last inspection. We inspected to see whether improvements had been made to the service in respect of it being safe, effective and well-led.

We found at this inspection that improvements had been made across the three areas we inspected and the provider was no longer in breach of regulations.

Follow up:

We will follow up on this inspection through ongoing monitoring. As this was a focussed inspection, we will also carry out a follow-on comprehensive inspection in line with our published time scales.

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. We improved the rating to Good.

More information is in the detailed findings under Safe.

Is the service effective?

Good ●

The service was effective. We improved the rating to Good.

More information is in the detailed findings under Effective.

Is the service well-led?

Good ●

The service was well-led. We improved the rating to Good.

More information is in the detailed findings under Well-Led.

Orrell Grange

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors and an 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, in this case services for people living with dementia

Service and service type:

Orrell Grange provides accommodation, personal and nursing care to people.

The service had a manager registered 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:

The inspection was unannounced.

What we did:

Before the inspection

- We reviewed notifications we received from the service in line with their legal obligations.
- We looked at information the provider had sent us about the service in the Provider Information Return (PIR)
- We reviewed CQC surveys from people who used the service.
- We asked the local authority to give us feedback about the service

During the inspection

- We looked at six people's care records and checked different records relating to people's medicines.

- We checked audits and quality assurance reports, incident and accident records, as well as recruitment, supervision and training information.
- We walked around the service and observed care people received at various times.
- We spoke with four people who used the service, seven relatives and observed interactions between people living at the service and their staff, as well as meal times.
- We talked to eight staff members, including a care assistant, two nurses, kitchen staff, the activities coordinator, the registered manager and the provider (Nominated Individual).

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People who lived at the service told us they felt "very safe" with the support and care from staff. One person said, "They are all so friendly and speak to you nicely."
- Relatives told us they felt their loved ones were safe living at Orrell Grange. One relative said, "When I leave, I do not worry about [my relative] and know they are in safe hands."
- Staff were aware of safeguarding procedures and had confidence in managers to address any concerns.
- The registered manager had referred safeguarding concerns to the local authority and CQC appropriately.
- None of the people who lived at the service, relatives, commissioners or staff we spoke to had any current concerns about the service.

Assessing risk, safety monitoring and management

- Checks to ensure the service's environment was safe were up to date.
- The provider had made improvements to the service's fire protection. The previous fire risk assessment had been disputed and the provider informed us that a new one would be completed.
- Fire door checks were up to date. Where improvement needs had been identified, these had been actioned.
- Following our last inspection, staff had added more detail to care plans for people who may present behaviours that challenge. These plans stressed the need to always seek people's consent.
- Plans explained how staff would recognise early signs of distress and what they could do to help the person before, or if, a situation became difficult. Staff reflected on this in their monthly evaluations and we saw a reduction in incidents.
- People had a variety of other risk assessments in place, for example around risk of falls, pressure sores or malnutrition. Staff had taken appropriate steps to reduce risks for people.
- Following our last inspection, Personal Emergency Evacuation Plans had been updated. The new plans provided more detail, including the individual's communication abilities. We discussed with the provider and manager how additional guidance on what staff should say or do when people had difficulty understanding instructions would be useful.
- Regular staff were aware of emergency procedures. On the day of inspection, staff dealt calmly and effectively with the fact that the lift was out of order. We discussed with the provider and registered manager that they also needed to ensure staff who may only cover occasional shifts needed to be clear on fire procedures, such as the location of a grab bag or evacuation points.

Staffing and recruitment

- The staffing of the service was consistent and there were enough staff to meet people's needs. We observed that people did not have to wait long for assistance.
- The registered manager completed and reviewed an overview of people's needs monthly and staffed the

service accordingly.

- The provider employed regular 'bank staff' members, but did not use any agency staff.
- A relative told us, "Previously, at times people might have to wait for someone to come, but not now."
- Staff had been recruited using appropriate checks. These helped to ensure staff were suitable to work with people who may be vulnerable as a result of their circumstances.

Using medicines safely

- We found that overall staff supported people with their medicines safely and well. We spot checked controlled drugs and stock levels of other medicines and found these were correct. Controlled drugs require specific storage and management, as they could potentially be misused.
- The provider had introduced electronic medication administration records. Staff told us this had made a big difference, as it helped to reduce errors and ensured people got their medicines on time.
- We found that the recording and guidance for certain protective skin creams, or 'barrier creams', needed to be clearer. We discussed with the provider and registered manager that protocols for 'as directed' and 'as required' medicines could be more detailed, to provide clear guidance to all staff on when these needed to be applied.
- We understood that before the electronic records were introduced, there had been a paper based cream application record that was clearer. On the day following our inspection, the registered manager confirmed they had reintroduced those charts to support good record keeping.
- We looked at a recent medicines audit carried out by the local commissioning group and found there were no significant issues.

Preventing and controlling infection

- The service was clean and hygienic.
- People and relatives told us that staff were always cleaning to keep the service "spotless".
- Personal protective equipment, such as gloves and aprons, was available for staff. Hand sanitising stations were available throughout the service.

Learning lessons when things go wrong

- Staff completed accident and incident forms in detail.
- The registered manager noted any actions that needed to be taken on individual accident reports, for example referral to physiotherapist or updates to care plans.
- We discussed with the registered manager that they would restart the monthly overview to analyse incidents and accidents for any patterns or lessons to be learned to prevent reoccurrence.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Appropriate applications to the local authority had been made. At this inspection we found much clearer evaluation of conditions in place, such as the use of lap straps. Staff reviewed monthly how they had or had not used these restrictions.
- The service worked with independent advocates when people had no immediate relatives, to ensure someone was involved in decision-making to speak up for the person.
- Mental capacity assessments had been completed for people around decisions to be made.
- The structure of the assessments required review in line with legislation and best practice. This was to make them more specific to the individual and decision to be made, although we saw some good person-centred information.
- Care plans stressed the need to seek people's consent before providing care and we observed staff act accordingly.

Staff support: induction, training, skills and experience

- Staff felt well supported. Staff told us they could always speak to the registered manager if they had any problems. Staff received regular supervision and the frequency of this had improved.
- Staff received a role-specific induction and were enrolled onto the Care Certificate, a recognised induction standard for those working in health and social care.
- Staff received a variety of online and face-to-face learning. External palliative and other specialist nurses provided more clinical training. The registered manager had arranged more sessions, to ensure all nursing staff had received relevant training, including refreshers and learning of new skills.
- People who lived at the service and their relatives felt that staff had the right skills to provide care. A relative

said, "I only have praise for them."

- We observed staff helping people to move in a safe, competent and patient way.
- The registered manager told us that training for staff in de-escalation and response to behaviours that challenge had made a real difference to how people were supported.

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

- People had enough to eat and drink. Regular snacks were on offer throughout the day, which included fresh fruit and attractive home-baked cakes.
- We tried the food and found it tasted good. Softer food options were presented in appetising ways.
- There was a monthly menu plan, but alternatives were available if people did not like the two daily main options. The kitchen staff used a list of people's food preferences and dietary needs to plan meals and menus.
- We discussed with the registered manager and provider that fluid charts and records for the use of thickening powders, which may be prescribed for people with swallowing difficulties, could be improved. On the day following our inspection, the registered manager confirmed to us these improvements had been made.

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

- The registered manager and their staff ensured people had access to a variety of health professionals when they needed them.
- Relatives confirmed that staff ensured a doctor came to see their family member when they were not well. A relative told us, "They always make sure they let me know about any changes in my relatives' health or medications, they keep us up to date."
- We saw good evidence of the service working to achieve good outcomes for people and reduce risk to their health. For example, the service had noticed through their own monthly assessments that a person had developed swallowing difficulties. They had acted on this to keep the person safe, working in the best interest of the person together with family members and professionals. An appropriate referral to a specialist had been made for assessment.
- We highlighted that any updates to the health requirements of a person resulting from such actions needed to also be reflected in their supporting care documentation.

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

- We understood that refurbishment of the service was ongoing. Parts of the service had been redecorated. The registered manager informed us an additional maintenance person had been employed to help with further repainting and refurbishment.
- We found that there were some signage and visual guidance in place, however the dementia-friendliness of the service was to be further developed through refurbishment.
- A relative told us, "It is not the most modern or plushest home around. But we looked at others and for the care, this is just the best."
- We pointed out that the four-weekly menu displayed for people needed to be updated and made available in larger print. The daily options were available on tables in the dining area in larger print.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- One person we spoke with summarised the culture of the service by saying, "They will not leave me on my own if I have got no one to talk to."
- All of the people who lived at the service, their relatives and staff spoke positively about the service. Relatives' comments included, "It is so lovely here, they are so kind and caring" and "They treat [my relative] with so much respect".
- People and their relatives told us, "We cannot fault the staff. They are brilliant." Relatives gave us examples of how the staff had supported them and their loved ones when they most needed it and spoke with gratefulness about the service. All of the relatives we spoke with told us staff always made them feel welcome.
- The registered manager led on the person-centred, caring culture of the service. They were praised for their openness, approachability, dedication and passion by people who lived at the service, their relatives, staff and the provider.
- In our conversations, we found the registered manager to be very knowledgeable about people. We discussed it was good that person-centred records had been developed to show the knowledge the registered manager and staff had of people who lived at the service.
- The registered manager promoted an 'open door policy' and open culture at the service.
- On the day of our visit, the lift broke down. Staff demonstrated how well they worked under pressure in this situation and came together to continue to provide effective, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A long-standing registered manager was in post. They had notified CQC of specific events in line with their legal obligations.
- Following our last inspection the provider submitted an action plan to let us know which improvements they planned to make to the service. The provider and registered manager also met with us to discuss how the service would develop going forward.
- At this inspection, the provider and registered manager had developed quality assurance processes to be more effective.
- Fire risk actions had been addressed and a new comprehensive water hygiene log book was in place to document different water safety checks and actions clearly.
- Ratings from the last inspection were displayed in the service reception and on the provider's website.
- A range of policies was in place to guide staff in their role.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Service user guides and policies set a clear statement against discrimination based on people's diverse needs. In our conversations with the registered manager and provider, they described a recognition and mutual respect for different ways of working. Staff confirmed that they felt well supported in this way.
- The service user guide had been redeveloped to be more accessible. We understood this had been issued to people who had newly moved into the service. We discussed with the registered manager that it would be good to ensure all of the people living at the service had access to this.
- We highlighted that at times staff needed to be mindful of how records reported on people's support and care, to ensure records mirrored their kind, dignified approach.
- Staff meetings and handovers took place regularly to support good communication and address issues. Relatives told us that the registered manager and staff were always available should they need to speak to them. Nobody told us they had had any reason to complain, but if they did, they had confidence in the registered manager to address any issues.
- A newsletter had been published to keep people who lived at the service, relatives and staff up to date with interesting stories, plans and events.

Continuous learning and improving care

- Care plan evaluations overall had become significantly more meaningful. The registered manager told us this had helped staff to reflect and learn.
- There was a variety of quality checks and audits in place. These included health and safety checks, as well as monthly manager's overview tool. We found at this inspection that improvement needs had been identified and led to action plans. We checked some actions to see if they had been completed and found that they had.
- The registered manager gave us good examples of how listening to and acting on external feedback had made a positive difference to the quality of people's care. This included working in partnership with CQC to achieve improvements.
- Activities for people had also been developed and more community outings were taking place.
- We recognised that the provider, registered manager and their staff team had worked hard to make necessary improvements and deliver consistently good care for people. This has been reflected in all of the key questions previously rated as Requires Improvement and the service overall being awarded a Good rating.

Working in partnership with others

- The service worked closely with a variety of stakeholders to develop the service. We contacted commissioners and we received comments back from the local authority that they had no concerns about the service.
- We also saw that a commissioner had taken the time to write a complimentary letter to the registered manager, which stated, "It was a delight to be made to feel so welcome by all the staff members I encountered, from domestic support, to care staff support to management within the home. [...] I was encouraged to find my service user expressing contentment regarding the support [they are] receiving. It is hoped, the level of support and professionalism amongst staff in Orrell Grange continues and I am afforded an opportunity to work with service users and staff in Orrell Grange in the future."