

# Orchard Care Homes.Com Limited

## Grimsby Manor

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

Grimsby Manor is a purpose built home and registered to provide personal care and accommodation for a maximum of 47 older people, some of whom may be living with dementia. The accommodation is on three floors with lift and stair access; all bedrooms have en-suite facilities. At the time of our inspection 33 people used the service.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People told us they felt safe living in the service. Staff showed a good knowledge of safeguarding procedures and were clear about the actions they would take to protect people. People's medicines were stored safely and administered as prescribed.

The premises were clean and staff were aware of procedures to follow to prevent the spread of infection. Individual risks to people were assessed and reviewed regularly. Checks on the safety of the premises were carried out and staff demonstrated an awareness of maintaining a safe environment as they worked.

There were enough staff on duty to provide people with the support they needed and employment checks had been carried out before new staff were appointed.

The health needs of people were met. Visiting professionals told us they were asked to see people in a timely manner and that staff acted upon the advice they gave. People liked the meals provided to them and their nutritional needs were met.

Staff received regular training and supervision and felt well supported by the management team at the service. Specialist training to support people with specific health or care needs was also provided.

Staff ensured they gained consent from people prior to completing care tasks. They worked within mental capacity legislation when people were assessed as not having capacity to make their own decisions.

Staff were observed to be kind, caring, attentive and respectful in their communication with people. Staff respected people's privacy and some minor shortfalls around the protection of people's dignity were addressed during the inspection. A number of people and visitors commented on the friendly and helpful approach of staff.

People's needs were assessed, planned and reviewed. A range of activities were provided for people to participate in, these included involvement with the local and wider community. People were supported to remain as independent as possible.

Staff told us the registered manager was approachable and their management style was open and inclusive. Complaints were investigated and resolved wherever possible to the complainants' satisfaction.

There were feedback mechanisms in place to obtain the views of people, relatives, professional visitors and staff. Although there was a comprehensive quality monitoring programme in place, the service had experienced delays with repair and renewal of some equipment and furniture. We have made a recommendation about this.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service is now Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service is now Requires Improvement.	<b>Requires Improvement</b> ●

# Grimsby Manor

## 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 checked whether the registered 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 comprehensive inspection took place on 9 and 10 May 2017. The first day of the inspection was unannounced, which meant the registered provider did not know we would be visiting. The second day was announced. The inspection was carried out by an adult social care inspector who was accompanied on the first day by an expert by experience and their area of expertise was dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. Information included statutory notifications about incidents and events affecting people using the service and a Provider Information Return (PIR) that the registered manager completed and sent to us. The PIR is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection, we spoke with the local safeguarding team and the local authority contracts and commissioning team regarding their views of the service. There were no concerns from any of these agencies.

During the inspection we used the Short Observational Framework Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who used the service. We observed staff interacting with people and the level of support provided to people throughout the day, including meal times.

We spoke with 10 people, the registered manager, the unit manager, two deputy managers and four care staff. We also spoke with the activity coordinator, the cook, three visiting social and healthcare professionals and seven friends and relatives.

We examined six care records and three staff recruitment files. We also checked a variety of records related to the quality and safety of the service. We conducted a tour of the premises.

# Is the service safe?

## Our findings

At this inspection we found the same level of protection from abuse and risks to people's safety as at the previous inspection and the service's rating continued to be 'Good.'

Safeguarding policies and procedures were in place. Staff had received training in the safeguarding of vulnerable adults and knew what to do in the event of concerns. One member of staff told us, "I would report anything straight away to my manager or higher if necessary. All of us would."

Recruitment processes were safe and ensured people were not exposed to staff who had been barred from working with vulnerable adults. The registered manager used a staffing dependency tool to ensure there was the right amount of staff on duty to meet people's needs effectively. The staffing levels on the day of the inspection were adequate to meet people's needs and staff told us there was enough staff on duty so they could spend time with the people who used the service. Staff were constantly available in the communal areas of the service, which meant they were able to supervise people and were accessible. One person told us, "I have a call button and staff always come quickly."

We checked the management of medicines and found there were safe procedures in place for the ordering, receipt, storage and administration of medicines. We observed medicines being administered. The staff member checked people had taken their medicine before moving to the next person. The registered provider had introduced a computerised medicines system and members of staff were positive about this and considered it was user-friendly and safe. There were no gaps in medicine administration records we looked at and a check of stock found the correct amount of medicine. One person was self-medicating and clear monitoring systems were in place. The competency of staff to administer medicines had been checked and records showed medicine training was up to date.

Risk assessments that related to the premises, equipment and individual care needs were carried out. A number of routine checks were in place to ensure the safety of the premises, including water temperatures, fire safety systems, window restrictors and electrical safety. Where risks to people had been identified, care plans were in place and in some circumstances, specialist equipment had been provided to ensure their safety and comfort. Accidents and incidents were recorded and investigated to help prevent them happening again.

The premises were generally very clean and there were no unpleasant odours. A minor shortfall was identified in one of the sluice rooms which was dealt with straight away. We also found some of the soap dispensers around the service were not working properly and the registered manager provided bottles of liquid soap until the repairs were completed. Personal protective equipment was available for staff to use such as gloves and aprons. A staff member was designated 'infection control champion,' who attended local link meetings and then shared information with the staff team. People we spoke with were very satisfied with the standard of cleaning in the service. One person said, "Everything is clean including the bedding, towels and my room."

## Is the service effective?

### Our findings

At this inspection we found staff had the same level of skills, experience and support to enable them to effectively meet people's needs as we found at the previous inspection. People continued to have freedom of choice and were appropriately supported with their health and dietary needs. The service's rating continued to be Good.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications had been made to the local authority to deprive people of their liberty in line with legal requirements. A file was kept with the application status of each person, including when they were due for renewal. The registered manager kept a record of communication with the local authority DoLS team, which showed they regularly checked upon the progress of applications.

Throughout the inspection we saw staff gaining people's consent before care and support was provided. People's ability to provide consent was assessed and recorded in their care plan. Decisions made in people's best interests were appropriately recorded and relatives and representatives were involved where necessary. We found some assessments in relation to the use of equipment that restricted people's movement, such as bedrails, were not in place and these were completed by the second day of the inspection.

The health needs of people were met. One person told us, "I have kept my own doctor and I phone and make my own appointments. If I have been unwell they have organised it for me." Professional visitor logs showed that people had been seen by various health professionals, including GPs, nurses, speech and language therapist and chiropodist. We spoke with a community nurse who said, "Our patients are well looked after here."

Staff received training which was relevant to their role and equipped them to meet the needs of the people who used the service. The staff training records showed a colour coded system was in place to highlight training due for renewal and showed overall compliance was 98%. Staff were provided with the opportunity to undertake more specialist training which was relevant to the needs of the people who used the service; this included prevention of pressure damage, dementia and Parkinson's disease. A formal induction process was in place for new staff.

Staff received regular supervisions and an appraisal every 12 months. Staff told us they were supported in their roles and a member of staff told us, "We get a lot of training. My e learning [computer based training] is 100% up to date."

People's nutritional requirements had been assessed and their individual needs and preferences were well documented. Regular drinks and snacks were provided throughout the day. At lunch time people were offered a choice of meals and the food looked appetising. One person was provided with their meal late and

staff apologised to them and gave assurances that they would be served promptly in future. People who used the service and their relatives made positive comments about the meals, which included, "[Name] is putting weight on, she likes the food" and "Brilliant food, varied and tasty, we get a choice. I have porridge or a crispy bacon sandwich for breakfast."

The service was purpose-built and had facilities suitable for older people and those living with dementia. There was good use of pictorial signage and use of contrasting colour with handrails and some bathroom fittings to support orientation. New pictures, prints and sensory objects were arranged thoughtfully on corridor walls for interest and stimulation. We found equipment storage was limited which the registered manager confirmed they were currently addressing.

## Is the service caring?

### Our findings

We had rated this key question as 'Outstanding' at the last inspection. At this inspection, although people were as happy living in the service and continued to be complimentary of the staff and felt cared for, we found some of the outstanding characteristics of care had not been sustained. The rating has changed to 'Good.'

People told us staff were caring and they were treated with dignity and respect. One person said, "They knock on the door before coming in, and yes I get my mail unopened." Another person said, "Privacy and dignity is respected at all times, staff are lovely."

We found overall that the dignity of people was maintained. We observed one person had spilled food on their clothing and was reluctant to change. Staff approached the person later and we saw they had been supported to wash and change their clothes. A relative told us their relation was always dressed properly. They said, "I'm very happy about my [Name's] care. They are always clean and well cared for."

When people were supported to move using mobility aids such as hoists, staff took their time and explained what was happening to avoid startling people. We did observe some instances when staff did not fully protect the dignity of some ladies who were supported to transfer using the hoist, where their skirt had ridden up. We mentioned this to the registered manager and observed that during all further transfers people were provided with small blankets to cover their legs.

We also noted that some people's bed linen was heavily creased and people requiring the use of mobility equipment had this stored in their rooms. We discussed these issues with the registered manager who took action to address the concerns during the inspection. Additional hours were given to the housekeeper to manage the ironing until the 'roller' iron was repaired or replaced and alternative storage arrangements for hoists and other moving and handling equipment were made.

There were a number of dignity champions at the service. A new initiative included the provision of a description of the meaning of the person's name under their name plate on their room door. One person said they enjoyed reading about this and the famous people they shared their name with.

We saw numerous examples of staff communicating with people with kindness and respect. Situations were responded to promptly and we saw reassurance and explanations being offered to people. When one person became anxious and disorientated a member of staff went to them and gave them a hug and the person smiled and said, "I love you." They visibly relaxed and were supported to return to their room with the member of staff for one of their favourite snacks.

Staff displayed warmth and empathy towards people. Some people were very frail and we observed staff spent time sitting, chatting and gently encouraging them to eat and drink. Staff told us they enjoyed their work. One member of staff told us, "I love my job here and caring for older people."

We saw people who used and visited the service were provided with a range of information about Grimsby Manor. People were supported to use advocacy services where necessary, to help them make important decisions. People told us that they felt informed and were consulted about their care and support needs. One person said, "They ask if I would like a bath or a shower. I know I have a care plan and they have reviewed it a while ago."

No one was receiving end of life care during our inspection. We spoke with a community nurse who told us they had provided support to staff when people were nearing the end of their lives, they said, "Our experience of end of life care here has been very positive."

## Is the service responsive?

### Our findings

At this inspection we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating remained 'Good.'

Care needs were identified before admission to ensure the registered provider could meet the needs of people before they moved into the service. We found people had care plans in place to meet their individual needs. Care plans detailed people's preferences, for example the times a person liked to rise in a morning, their food likes and dislikes and the gender of the care worker to support them with personal care. The care plans were reviewed on a regular basis and updated as and when changes occurred. People admitted for short term care support had a 'respite' style care plan in place, we saw staff had also completed where appropriate, additional and more comprehensive care plans to meet any areas of significant need. Records showed that people and their relatives were involved in the care planning process.

We saw information was gained from relevant healthcare professionals and advice was acted upon to help maintain people's wellbeing. For example, pressure relieving equipment had been obtained for people at risk of developing skin damage. We did note that some people's pressure relieving mattresses were not at the correct setting and this was addressed during the inspection. Additional assessments and charts were implemented where necessary to more closely monitor specific health conditions.

There was a handover by staff at each shift change. This meant that essential information was passed between staff so that they could meet people's individual needs in a consistent way.

We observed staff offering choices to people throughout the inspection including where they wished to sit, what they would like to eat or drink and whether they wished to join in activities. An activities coordinator was in post and we were told by people and visitors that a good range of activities was available.

The service had recently benefitted from shared use of a mini bus and records showed people had accessed a variety of trips out into the local community and to places of interest. These included garden centres, market towns, the sea front and The Deep in Hull. The activity coordinator described what a difference the outings had made to the activity programme and how much people enjoyed these.

The registered provider had a complaints policy and procedure, which was on display and included in the information available to people who used the service. The registered manager maintained a log of complaints and compliments; the complaints file showed the registered manager had investigated complaints, responded in writing and met with people to resolve issues. People told us that staff wanted to know about any complaints so they could be dealt with but they had none, their comments included, "I would tell the girls but I don't have any problems" and "I would see someone in the office and ask to see the manageress but have never needed to."

## Is the service well-led?

### Our findings

At this inspection we found the service was not as well-led as we had found during the previous inspection. The service's rating for this key question has therefore changed to Requires Improvement.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. They understood their responsibility to ensure the CQC was informed of events which happened at the service which affected the people who used the service.

The registered manager also managed the 'sister' service located on the same site and confirmed they divided their time between the two services. A unit manager and two deputy managers supported the registered manager at Grimsby Manor. The registered manager was passionate about providing a high standard of care to people. They were organised, receptive to our comments and welcomed the inspection process as a means of obtaining constructive feedback in order to ensure continuous improvement.

Staff were aware of their responsibilities and there was clear accountability within the staffing and management structure. All the staff we spoke with told us they found the management team approachable and they were visible around the service. One member of staff told us, "We can go to them at any time. They listen to us and they act on our feedback." Another member of staff said, "Staff morale is pretty good. We work well together, we have a good team and this is fostered by the manager."

People who used the service and visitors told us the service was organised and well-managed. One person said, "I would say it's very friendly and it is well run." A visiting health care professional said, "The management are very organised. The service provides a great caring environment and it is always tidy and clean. The staff always put their residents first."

People and their relatives were consulted about the service through surveys and meetings. We saw the results of this consultation were published on the notice board in the entrance area, entitled 'You said-we did.' People had asked for a mini bus for outings which had been provided in January 2017. This demonstrated that the views of people were sought and acted upon.

Regular meetings with staff were also held. Minutes of these meetings showed that they were used to discuss quality and safety issues, and also to pass on praise and positive feedback to staff.

Systems were in place to monitor the quality and safety of the service. Regular audits were carried out by the management team on areas such as care records, infection prevention and control, the kitchen and medicines. The registered manager and regional manager also completed a comprehensive service audit which was reviewed each month. Incidents and accidents were monitored at service level and through the registered provider's clinical governance team. The registered manager shared learning from incidents and

complaints with staff in order to change practice and we saw evidence of this.

During our visit, we found a small number of maintenance issues and refurbishment needs had been identified through the audit processes, yet there had been delays in the equipment repairs or renewal being completed. For example, there had been some long standing issues with the liquid soap dispensers which had not been dealt with effectively and there had been a delay in the replacement of the roller iron. The replacement of the kitchen work surface had been reviewed by three different contractors and was still awaiting completion. The registered manager had requested the provision of some new arm chairs and confirmed they had experienced some delays. Following the inspection the registered manager confirmed that the majority of work had been authorised or completed. We recommend that effective systems are developed to ensure timely renewal of equipment and furniture in the service.

An external quality monitoring visit by the North East Lincolnshire clinical commissioning group had resulted in the service being awarded a silver quality rating. This was the same grade as the previous monitoring visit and the registered manager was proud of this achievement.

The last inspection report and rating was displayed in a prominent location, and statutory notifications had been sent to CQC in line with legal requirements. They are records of incidents that have occurred within the service or other matters that the registered provider is legally obliged to inform us of.