Grange Healthcare Ltd

Haydock Nursing and Residential Care Home

Inspection report

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Ratings

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

Overall summary

The service is registered to provide personal care for 50 older people who require nursing or personal care. On the day of the inspection 45 people resided within the home.

We last inspected this service in August 2014 when the service met all the standards we inspected. This inspection was brought forward due to a complaint that staff on night duty were trainees and not sufficiently well trained to meet the needs of people who used the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had needed to change their training organisation and the delay in the provision of some training, such as food safety and the Mental Capacity Act (2005) or Deprivation of Liberties Safeguards (DoL'S) meant some staff may not have the knowledge to safely meet the needs of people who used the service. The service had located a new training provider and we saw that training sessions were planned to fill in any gaps in staff knowledge. We had confidence that the provider would ensure the training was completed. **We have recommended staff complete all the necessary training to fully meet the needs of people who use the service.**

Supervision had recently been completed for all staff. However, some staff had not received formal supervision for at least a year between sessions. This meant staff may not have been given the opportunity to raise any training or personal issues or have their performance scrutinised by management**. We have recommended formal supervision is conducted regularly to ensure staff can air their views and have a chance to discuss their performance.**

We looked at staff files and the training matrix. We found staff were robustly recruited and were employed in sufficient numbers to meet people's needs.

There were systems in place to prevent the spread of infection. Staff were trained in infection control and provided with the necessary equipment and hand washing facilities to help protect their health and welfare.

People told us the food served at the home was good and they were offered choices about what they ate. We saw there was a good supply and choice of food.

We found the ordering, storage, administration and disposal of medication was safe.

The registered manager had completed training albeit several years ago (2009) around the Mental Capacity Act and Deprivation of Liberties and was aware of the requirements to protect people's rights and liberty in the least restrictive way. Nine applications had been made using the correct procedures and personnel and were awaiting local authority staff to process the applications.

Electrical and gas equipment was serviced and maintained. There was a system for repairing faults or replacing equipment.

There were individual risk assessments to keep people safe and evidence that the service contacted healthcare specialists for advice or equipment when required.

People had an emergency evacuation plan and there was a business continuity plan to keep people safe in an emergency.

We toured the building and found the home to be warm, clean and fresh smelling. Furniture and equipment was suitable to the needs of people who used the service and there was a homely atmosphere.

Plans of care were individual to each person and had been regularly reviewed to keep staff up to date with any changes to people's needs. People's choices and preferred routines had been documented for staff to provide individual care.

People who used the service were able to join in activities if they wished and we observed people going out with their visitors. There were two people employed to provide suitable activities.

We observed that staff were caring and protected people's privacy and dignity when they gave personal care. Staff were observed to have a good rapport with people.

Policies and procedures were updated and management audits helped managers check on the quality of the service.

People who used the service were able to voice their opinions and tell staff what they wanted in meetings and by completing surveys. People who used the service were also able to raise any concerns if they wished.

We saw the manager analysed incidents, accidents and compliments to improve the service or minimise risks.

Summary of findings

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. There were policies and procedures to provide staff with sufficient information to protect people. The service also used the local authority safeguarding procedures to follow a local protocol. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and the manager audited the system and staff competence.

Staff had been recruited robustly and there were sufficient staff to meet the needs of people who used the service.

Is the service effective?

Requires improvement

The service was not always effective. Care plans were amended regularly if there were any changes to a person's medical conditions.

Some staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). However, training was given several years ago for the MCA and DoL's and new staff may not recognise what a deprivation of liberty is or how they must protect people's rights.

People who used the service told us food was good and they were given sufficient food and drink to meet their nutritional needs.

Staff were not always trained and supported to provide effective care. However, we did see the plan for training from August 2015 and this would fill in any gaps in staff knowledge.

People were able to access professionals and specialists to ensure their general and mental health needs were met.

Is the service caring?

Good

The service was caring. People who used the service and the family members we spoke with thought staff were helpful and kind.

We saw that people had been involved in and helped develop their plans of care to ensure their wishes were taken into account.

We observed there was a good interaction between staff and people who used the service.

Is the service responsive?

Good

The service was responsive. There was a suitable complaints procedure for people to voice their concerns. The manager responded to any concerns or incidents in a timely manner and analysed them to try to improve the service.

Summary of findings

People were able to join in activities suitable to their age and gender.

People who used the service were able to voice their opinions and tell staff what they wanted at meetings, in family forums and by completing questionnaires.

Is the service well-led?

Good

The service was well-led. There were systems in place to monitor the quality of care and service provision at this care home.

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

Staff told us they felt supported and could approach managers when they wished.

Haydock Nursing and Residential Care Home

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.

The inspection team consisted of one inspector 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 service. The inspection was conducted on the 21/22 July 2015 and was unannounced.

Before this inspection we reviewed previous inspection reports and notifications that we had received from the service. At this inspection we did not request a Provider Information Return (PIR) because we brought the inspection forward. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We asked the local authority safeguarding and contracts departments for their views of the home. They did not have any concerns.

During the inspection we spoke with four people who used the service, two care staff members, three family members, the cook, the registered manager and financial administrator. We looked at the care records for three people who used the service and medication records for 12 people. We also looked at a range of records relating to how the service was managed; these included training records, quality assurance audits and policies and procedures. We also conducted a tour of the building to look at the décor, services and facilities provided for people who used the service.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe and secure living at this care home.

From looking at staff files and the training matrix we saw that staff had been trained in safeguarding topics. Staff we spoke with confirmed they had been trained in safeguarding procedures and were aware of their responsibility to protect people. The safeguarding policy informed staff of details such as what constituted abuse and reporting. The service had a copy of the Blackburn with Darwen borough council's policies and procedures to follow a local protocol. This meant they had access to the local safeguarding team for advice and report any incidents to. There was a whistle blowing policy and a copy of the 'No Secrets' document available for staff to follow good practice. A whistle blowing policy allows staff to report genuine concerns with no recriminations. Both care staff members we spoke with were aware of the safeguarding procedures and said they would not hesitate in using the whistle blowing policy to protect people who used the service. Past safeguarding issues raised had been dealt with appropriately by management.

We examined three plans of care during the inspection. We saw that there were risk assessments for falls, moving and handling, nutrition and tissue viability (the prevention or treatment of pressure sores). The risk assessments highlighted people's needs around these areas and any care or treatment was recorded in the plans of care. Where necessary specialist advice was sought from professionals such as dieticians.

We looked at three staff files in total. We saw that there had been a robust recruitment procedure. Each file contained two written references, an application form, proof of the staff members address and identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults. Prospective staff were interviewed and when all documentation had been reviewed a decision taken to employ the person or not. The registered manager checked that trained staff remained on the nursing register with the Nursing and Midwifery Council. This meant staff were suitably checked and should be safe to work with vulnerable adults.

We saw that there were sufficient staff of various grades caring for people during the day. We had been informed by an anonymous person that people looked after on a 1 – 1 basis were sometimes cared for by trainees which may mean they did not have the skills and experience for looking after people with complex needs. We were told by the manager and care staff that this was not the case. Trainees did not work on the dementia unit. All the people we spoke with said there was enough staff to meet their needs. On the day of the inspection there was the registered manager, a trained nurse on each shift, five care staff, an apprentice, the cook, financial administrator, domestic staff, laundry assistant, activities organiser and a person available for maintenance.

Medicines were stored safely in a locked trolley within a lockable room. Other items such as dressings were stored in separate cupboards within the clinical room. We looked at the policy and procedure for medicines administration. There was a suitable system for the ordering, accounting for administration and disposal of medicines. The registered manager audited the system regularly and checked staff competency.

Trained nursing staff administered medicines. We looked at the medicines records for 12 people. We saw that all the records were completed correctly and there were no gaps or omissions. Records for medicines given when required, such as for headaches gave a clear reason why the medicine was given and how often they could be given.

Staff had reference book about medicines. This enabled staff to check for any possible side effects or reasons why a drug should not be given to a specific person.

There was a staff signature list for staff to be accountable for their practice should an error be detected. The room and fridge temperatures medicines were stored in were checked daily to ensure drugs were stored within the manufacturer's guidelines. There was a system for the disposal of sharp instruments and contaminated waste.

There was a separate cupboard to store controlled drugs in and a register which two staff had to sign to say that the medicines had been given. We found the correct procedures had been followed. We checked the register against the number of medicines and found they were accurate.

There were policies and procedures for the control of infection. The training matrix showed us most staff had

Good

Is the service safe?

undertaken training in infection control topics. Staff we spoke with confirmed they had undertaken infection control training. The service used the Department of Health's guidelines for the control of infection in care homes to follow safe practice.

The manager conducted audits for infection control and there was hand washing advice and facilities in strategic areas for staff to prevent the spread of infection. Staff had access to personal protective equipment such as gloves and aprons. The water system was serviced by a suitable company to prevent Legionella. The service had a contract for the removal of contaminated waste.

The laundry was sited away from any food preparation areas and contained sufficient industrial type equipment to provide a suitable service. Washing machines had a sluicing cycle for soiled linen. There was a system for processing dirty laundry through to clean. There was a system for the control of contaminated linen and laundry using different coloured bags.

We checked the hot water outlets which were maintained at a safe temperature and noted the radiators did not pose a threat of burning people. Water temperatures were checked regularly to ensure the temperatures remained within safe limits. We saw that window restrictors had been fitted on upstairs windows to protect people from the risk of falling out of them.

The electrical installation system was serviced and checked by a suitably trained contractor. All other equipment checks, such as the gas equipment, portable electrical appliances, the lift, hoists, the fire alarm, fire extinguishers and emergency lighting had been serviced to help keep the environment safe.

There was a business continuity plan which meant that in the event of a fire or other emergency people could be looked after or temporarily transferred to a place of safety.

There was a system and plan for evacuating people who used the service from one zone to another in the event of a fire. This plan divided the home into separate areas and would be available for the staff or fire brigade to use to safely move people from one zone to another. Staff had signed to say they had read the plan. Whilst this plan was quite extensive and gave staff information such as how to evacuate people with mobility problems it was not person specific. The registered manager told us he would look at a more personal approach and devise an individual plan for each person, which when tied to the generic plan would be extremely safe.

Requires improvement

Is the service effective?

Our findings

We inspected three plans of care in depth during the inspection. The plans of care had been developed with people who used the service, or where appropriate a family member, who then signed their agreement to the plans to show their wishes had been taken into account.

The plans were individual to each person. There was a section for people's likes and dislikes. Particular attention was documented around the needs of people who had dementia. There was a section for any behavioural issues and how staff could best manage it in a safe way.

There was a one page profile at the beginning of each plan. This document, along with a copy of the medicines records could be sent with people in an emergency to provide other organisations with sufficient information to meet their needs.

The plans were divided into sections based around people's needs, for example, personal care, moving and handling, mental health needs, sleep and nutrition. The plans were reviewed regularly to keep staff up to date with people's needs.

There were end of life plans for people who used the service in the plans of care. This meant that the last wishes of people could be taken into account at this difficult time.

We saw that people had access to specialists and professionals. The care plans contained records of who people had seen including GP's, specialist nurses, hospital consultants and psychiatrists. Each person was registered with a GP who they saw when needed.

Some members of staff had been trained in the Mental Capacity Act 2005 (MCA 2005). The training had not been undertaken for some time due to problems with a training provider. We saw that training would recommence for staff from August 2015 onwards. This legislation sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this.

The Care Quality Commission is required by law to monitor the operation of the DoLS and to report on what we find.

The service were awaiting the decision for nine DoL's applications which were at various stages of consideration by the appropriate professionals. We saw that Independent Mental Capacity Advisors (IMCA's) had been involved in the process, which meant people were supported by an independent person to have their rights protected. The registered manager was aware of the requirements for submitting applications through the appropriate channels.

All the people we spoke with said food was good. We observed the meal served at lunch time which was unhurried and people were able to socialise with each other. The food looked appetising and nutritious. People had a choice of meals. We observed staff were attentive and people did not wait long to be served. People were assisted in an individual and dignified manner.

We spoke with the cook who said he received feedback from people who used the service about the quality, quantity and variety of food. He told us he amended the menus according to people's preferences. There was a three weekly cycle of menu's.

People could have their choice of meal at breakfast from cereals, a cooked meal or toast. There was a choice of lunch or evening meal. Drinks were served at mealtimes, set times and on request. We saw people had drinks in their rooms.

Specialised meals such as for people with diabetes could be prepared and any person who used the service who had special requirements could be referred to a dietician.

The kitchen was clean and tidy. There was a sufficient supply of dried, frozen, fresh and canned foods. The service had been awarded the five star very good rating at their last environmental health inspection. This meant the systems for cleaning the kitchen, storage and providing food was safe.

There was sufficient dining space for people who used the service and they could take their meals in their rooms if they wished.

New staff were given an induction prior to working with people who used the service. One member of staff who was on an apprenticeship told us, "I am enjoying it here. I am completing my induction which was at first observation. Then I completed moving and handling training and

Is the service effective?

helped people take their meals. I am still working with an experienced member of staff. I am doing all the work now but under supervision. I complete all the paperwork for the induction at college."

Staff received training in subjects such as first aid, safeguarding, infection control, life support, tissue viability, fire safety, nutrition, health and safety, moving and handling and fire safety. Some staff had undertaken training for dementia care. Staff were able to take qualifications in health and social care such as a NVQ or diploma. However, some training, for instance food safety, the mental capacity act and deprivation of liberties safeguards had not been completed at all or for some time due to the loss of the training provider. This may mean some staff have a gap in their knowledge around these topics. We saw that a new training provider had been sought and any gaps in training were to be addressed from August 2015 onwards. **We have recommended staff complete all the necessary training to fully meet the needs of people who use the service.**

We saw the supervision records for staff had been completed for July 2015. However, from the records we examined we could see that formal supervision was not always held regularly. This meant staff may not have the opportunity to discuss their job or any training requirements with a senior member of staff. Two staff members told us they felt adequately supported and supervised. The registered manager told us he was aware of the shortfall and this had been addressed at a meeting and he would be making sure staff who were responsible for supervising staff completed it in a timely manner. **We have recommended formal supervision is conducted regularly to ensure staff can air their views and have a chance to discuss their performance.**

We conducted a tour of the building on the day of the inspection. The home was warm, clean, well decorated and did not contain any offensive odours. We were told the one area where the carpet needed replacing had been measured up and they were awaiting the carpet to be fitted.

We visited all the communal areas, eight bedrooms and a selection of bathrooms and toilets. The lounges and dining areas contained a variety of furniture suitable for the people accommodated at the home and were domestic in type which gave a homely atmosphere. One toilet we noted had the lock removed or damaged. This meant the privacy and dignity of people may be compromised and should be fixed as soon as possible.

Bathrooms and toilets had devices to assist the disabled and people could access upper floors with a lift and chair lift. There was a wet room for people with a disability who preferred a shower.

The garden was accessible to people with a disability and contained suitable furniture for people to use in good weather.

Good

Is the service caring?

Our findings

Three visitors told us they thought staff were kind and considerate and comments included, “The staff are very good. They look after him and when he was ill they were very caring. The staff are very good with me. They are kind. They keep me up to date with anything that goes on. If you have any concerns you can go to them with anything. The manager will respond to anything you go to him with”, “They look after my mother very well. I keep a close watch on her and visit regularly” and “The staff always seem very friendly and caring.”

Staff told us they had time to sit and talk to people who used the service. We observed one to one time on the dementia unit where discussions were taking place.

We observed staff interacting with people who used the service during the two days. Staff were polite and explained what they wanted the person to do before embarking on the task. We did not see any breaches of privacy when staff gave any personal care.

Arrangements were in place for the registered manager or a senior member of staff to visit and assess people's personal and health care needs before they were admitted to the home. The person and/or their representatives were involved in the pre-admission assessment and provided information about the person’s abilities and preferences. Information was also obtained from other health and social care professionals such as the person’s social worker. Social services or the health authority also provided their own assessments to ensure the person was suitably placed. This process helped to ensure that people’s individual needs could be met at the home.

We noted that visitors were welcomed into the home and offered refreshments. People who used the service could receive their visitors in communal areas or their own room.

We saw that discussions had been held around end of life care. This included do not attempt resuscitation discussions and signed forms for either for or against resuscitation. We noted the forms were reviewed yearly to ensure they were what people wanted. All forms had been agreed to with relevant professionals such as a person’s GP.

People were able to choose what they did, for example where they spent their day or what time they got up. We also saw that people could attend religious services of their choosing if they wanted to follow their religion in this way. One person told us he went to church every Sunday. People’s spiritual needs could be met within the home or the community if they wished.

Good

Is the service responsive?

Our findings

We observed people attending activities of their choice if they wanted to. The activities organiser went around the home offering different forms of activity although we noted that whilst she was enthusiastic some people chose not to join in.

There was a list on show to let people know what activities were on offer each day although the organiser said it was more effective to ask people on a daily basis what they wanted to do. There was a photographic record of some of the things people had done or where they had been One trip had been to see Concorde and we saw that people had enjoyed sitting on the pilot's seat and had a meal out afterwards.

There were regular entertainers who came to the home and were quite diverse to suit the people accommodated at the home. They included an Elvis Presley impersonator, old time music hall singers, musicians, birds of prey shows and creepy crawly days where people handled spiders and snails.

Activities within the home included bingo, arts and crafts, skittles, ball games, dominoes, pamper sessions, baking and charity days.

The activities organiser said, "Sometimes people go in the garden and we can do the activities there. Coffee mornings are very sociable and get people talking. I ask people what they want to do. We try it out and see if they like it. It's all arranged for the service users. Students came in from the college to do activities and they sit down and do individual activities such as arts crafts and talking to people. This goes down well on the dementia unit. If it is nice we go to the shops or for a walk."

There were no restrictions to visiting and all the people we spoke with said they had visitors regularly. Visitors told us they were made to feel welcome. One visitor said, "I came at 9pm one night and everything was all right."

We observed how staff responded to what people wanted, for example at mealtimes. Staff we spoke with understood how they were able to offer people choices and from our observations it looked like staff knew the people who used the service well.

The manager held regular recorded meetings with people who used the service. There were also regular family forum meetings. Family members and people who used the service were invited to attend a meeting. We saw that many issues were discussed and families had driven improvements to the service. The manager made notes of what was said and how the service had responded. This included the ordering of new bedding and if people wanted they could supply their own linen, scaled down staff rotation, the main meal at lunch time and one person asked for and got a new bed. The registered manager responded to the views of people who used the service and their families.

Two people who used the service said, "I have no problems if I wish to make a complaint which is usually around the behaviour of other residents" and " ` They do listen. They had better". Three visitors said they had no reason to complain but staff or the manager would listen to them. There was a suitable complaints procedure located in the building for people to raise any concerns. The complaints procedure told people how to complain, who to complain to and the timescales the service would respond to any concerns. This procedure included the contact details of the Care Quality Commission. We had not received any concerns since the last inspection or any from the local authority and Healthwatch.

Good

Is the service well-led?

Our findings

The home had 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff told us, "All the staff are supportive" and "The manager and nurses are approachable and supportive". People who used the service told us they could approach management as did the visitors we spoke with.

We looked at the last staff meeting records. Topics included general standards, meal time's cleanliness, hygiene, hand washing and the use of bags and gloves, confidentiality, rotas, challenging behaviour and good medicines management. Staff had the opportunity to bring up topics if they wished.

We saw from looking at records that the manager conducted regular audits to check on the quality of service provision. These included infection control, medicines administration, care plans, cleaning rotas, fire prevention, policies and procedures, training, quality assurance and quality assurance.

Policies and procedures we looked at included a clear account of how to make a complaint confidentiality, medicines procedures, health and safety, mental capacity, safeguarding, the death of a person whilst under a DoL'S, privacy and dignity, rights and choice. The policies we inspected were reviewed regularly to ensure they were up to date and provided staff with the correct information.

Staff told us they attended a staff handover meeting each day to be kept up to date with any changes. This provided them with any current changes to people's care or support needs.

We saw that the manager and other senior staff looked at incidents and accidents which were kept in a file. The manager looked at the incidents and ways of reducing or minimising any risks.

There was a management system so that staff and people who used the service were aware of who was in charge and who they could go to if needed. The registered manager had an open door policy for people to be able to approach her when he was on duty. We observed staff, people who used the service and visitors approach the manager regularly throughout the inspection.

The service provided a newsletter quarterly which gave people information about living at the care home, what activities were planned, birthdays, celebrating special days, the complaints procedure and other interesting information. People who used the service and their families were asked to contribute to the magazine if they wished.

People who used the service and their families were encouraged to complete quality assurance questionnaires. Some of the responses included, 'the home is always clean and tidy', 'my room is excellent', 'the care staff are very helpful, kind and considerate', 'nurses are reliable and knowledgeable', 'management are always prepared to be helpful and listen', 'it would be impossible to find a better home', 'the food always looks good and is well presented and there are always empty plates – that tells you the food is good'. The registered manager had responded to some of the comments and provided different foods like new potatoes and more salads.