

Button Space Limited

# Grimsargh House Care Home

## Inspection report

Preston Road  
Grimsargh  
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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Good



### Overall summary

Grimsargh House is a residential home registered to provide personal care for up to 28 older people. The home is situated in a quiet residential area close to the centre of Grimsargh village and has good links with local services and facilities.

The inspection took place on 23rd March 2015 and was unannounced. This was the first inspection of this service since the registration of the current provider in March 2014.

The service's registered manager was on duty at the time of the inspection and assisted us throughout it. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

# Summary of findings

People who used the service, or their relatives felt staff at Grimsargh House provided safe and effective care. People told us they felt safe and said they had confidence in the staff team to meet their needs.

People were satisfied with the health care support they received and some people shared very positive outcomes they had experienced due to the care and support received at Grimsargh House.

Care staff had a good understanding about the needs of the people they supported and any risks to their health and wellbeing. However, this information could have been more clearly recorded in people's individual risk assessments and care plans.

Some improvements were required in the way people's medicines were managed. However, the registered manager and provider had identified these prior to our inspection and were able to demonstrate they had taken action to address the issues.

People felt they were treated with kindness and that their privacy and dignity was respected. People spoke highly of care workers and the registered manager and expressed confidence in them.

The provider had implemented a training programme to develop the staff team and assist people in enhancing their skills as care workers. The updated programme included a number of nationally recognised qualifications in areas of general care and caring for people with dementia.

The registered manager and the provider maintained a strong presence in the home and were said to be approachable by staff and people who used the service, or their representatives. People told us they felt able to express their views and would feel comfortable in raising any concerns they may have.

There were processes in place which enabled the provider to monitor safety and quality across the service. We saw evidence that these processes were effective and that action was taken when any areas for improvement were identified.

# 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?

The service was not consistently safe.

Care workers were aware of the risks facing individual people who used the service and the action required to keep them safe. However, this information could have been recorded in more detail.

Staff were carefully recruited to help ensure they had the relevant skills and experience and were of suitable character.

Care workers were fully aware of the procedures to follow in the event that an incident of abuse was alleged or suspected. Staff told us they would be confident to raise any concerns with the registered manager or provider.

People's medicines were in general, managed in a safe manner, although there was some room for possible improvements. These improvements had been identified through the service's internal audit systems and were being addressed.

**Requires improvement**



### Is the service effective?

The service was effective.

People received effective health care and experienced positive outcomes due to the support they received at Grimsargh House.

The registered manager and staff were aware of the processes to follow if there were concerns about a person's ability to consent to any aspect of their care. This helped to ensure people's rights were upheld in accordance with the Mental Capacity Act 2005.

People received their care from a well trained, well supported staff team. There were processes in place to help ensure all staff had the necessary skills and knowledge to carry out their roles effectively.

**Good**



### Is the service caring?

The service was caring.

People expressed satisfaction with the care they received and the approach of care workers.

People felt they were treated with kindness and respect and said their privacy and dignity was always respected.

Care workers were aware of the personal preferences and wishes of people they supported and attempted to provide care in accordance with them.

**Good**



### Is the service responsive?

The service was not consistently responsive.

**Requires improvement**



# Summary of findings

People's individual needs and wishes were not always clearly recorded in their care plans, which meant they were at risk of not receiving person centred care.

People felt able to express their wishes in relation to their own care or the general running of the service.

The registered manager responded positively to feedback from people who used the service and developed the service accordingly.

## Is the service well-led?

The service was well-led.

People who used the service, their relatives and staff described the registered manager as supportive and approachable.

People told us there was a positive culture at the home within which they could raise concerns and express their views.

There were systems in place which enabled the registered manager and provider to monitor safety and quality across the service. We saw these systems were effective and that positive action was taken to address any required improvements as they were identified.

**Good**



# Grimsargh House 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 took place on 23rd March 2015 and was unannounced.

The inspection team consisted of an adult social care 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 care service, which in this case was experience of using a service for older people.

Prior to our visit, we reviewed all the information we held about the service, including notifications the provider had

sent us about important things that had happened, such as accidents. We also looked at information we had received from other sources, such as the local authority and people who used the service.

We spoke with seven people who used the service and two relatives. We also had discussions with the registered manager, administrator, four care workers and a representative of the provider. We contacted four community professionals as part of the inspection, including a district nurse and two social workers. We also contacted the local authority contracts team.

We closely examined the care records of four people who used the service. This process is called pathway tracking and enables us to judge how well the service understands and plans to meet people's care needs and manage any risks to people's health and wellbeing.

We reviewed a variety of records, including some policies and procedures, safety and quality audits, four staff personnel and training files, records of accidents, complaints records, various service certificates and medication administration records.

# Is the service safe?

## Our findings

People who used the service told us they felt safe. People felt that care workers understood their (or their loved ones') needs and were confident in the ability of care workers to provide safe care. One visiting relative commented, "I have the comfort of knowing Mum is always safe. They (the staff) are very good at what they do. I have no need to worry at all."

There were processes in place to assess the risks to individual people in important areas such as falling, developing pressure sores and nutrition. However, when viewing people's care plans, we found that in some cases, although assessments had been completed, which had identified risks, there were no clear guidelines in people's care plans about how to maintain their safety.

Despite this lack of written information in relation to specific risks, the registered manager and staff we spoke with, demonstrated a good understanding of the support people needed to maintain their safety and wellbeing. All staff were able to discuss individual people and tell us about the action they took to ensure they received care that kept them safe and well.

People we spoke with told us they felt staffing levels at the home were sufficient to meet their needs. People confirmed they were provided with assistance when they required it and no one we spoke with felt they had to wait too long when they needed support. The registered manager advised us that staffing levels were calculated in line with the needs of people who used the service and confirmed the provider enabled her to make changes to staffing levels when needed. Rotas viewed supported this information.

We viewed a selection of staff personnel files during the inspection. Records showed that all applicants were required to complete an application form, which included a full employment history. A formal interview was carried out to enable the registered manager to assess the candidate's suitability for the role they were applying for. Following a successful selection process, candidates were required to undergo a series of background checks, which included references and a criminal record check.

The service had recently made improvements to procedures for checking the suitability of agency staff, who were employed at the home from time to time. These

procedures included the requirement of the registered manager to verify all the background checks of agency staff, prior to them working a shift at the home. These measures helped to protect people who used the service from receiving their care from staff of unsuitable character.

There was guidance in place for staff, about how to protect people who used the service from abuse, otherwise known as 'Safeguarding Procedures'. This information included guidance for staff about different types of abuse and how to identify signs that a vulnerable person may be the victim of abuse or neglect. Contact details for the relevant authorities were included in the guidance, to assist staff in referring any concerns to the correct agencies without delay.

Staff we spoke with were aware of the safeguarding procedures and were able to tell us how they would respond to any concerns about the safety or wellbeing of someone who used the service. Records confirmed that all staff at the home had received training in the area, which helped to ensure they fully understood their responsibility to protect vulnerable people from abuse.

Care workers were aware of the service's whistleblowing policy, which provided support and guidance for people intending to report any concerns and reminded staff of the importance of doing so. Staff told us they were confident the registered manager would deal with any concerns properly and felt they would be well supported by her.

As part of the inspection we assessed how people's medicines were managed. We viewed medicines stored within the home and records associated with medicines administration.

Medicines, including those requiring refrigeration and controlled drugs, were stored securely and in an organised manner, so that they were easy to access when required. Items with a limited shelf life, such as eye drops, were clearly dated on opening, to help ensure they were disposed of within the correct timescales.

In general, Medicines Administration Records (MARs) were completed to a satisfactory standard, although we did find a small number of unexplained omissions on some MARs. This meant that the person's medicines had not been signed for as being administered, although in each case, the registered manager had been able to confirm they had, through checking blister packs.

## Is the service safe?

Information about people's 'as required' medicines and topical applications was included in their MAR although we found in some cases, this could have been clearer. In particular, information relating to variable dose medicines was not clear at all, which meant there was an increased risk of the medicines not being given as prescribed.

Conversely, we saw some good examples of clear information being included on people's MARs in relation to special instructions. We also noted there were clear risk assessments and care plans in place for people who used the service and chose to manage their own medicines.

We cross checked some loose medicines (those not included in the daily blister packs made up by the pharmacist) against medication administration records. All those checked were found to be correct, demonstrating staff handled medicines in a careful manner. However at the time of the inspection, a person had recently been

admitted to the home and had brought a large number of loose boxed medicines. We found the medicines had not been recorded accurately, which meant the registered manager was unable to audit medicines effectively, as there was no record of how many there should have been in stock.

We discussed our findings with the registered manager and a representative of the provider. They were able to show us evidence that the issues we had found had already been identified through the service's internal audit procedures. We were also able to confirm that a number of actions had been taken to ensure improvements were made. These included retraining for staff and the completion of updated competence assessments for all staff. In addition, procedures for booking in new medicines were being reviewed to ensure all medicines brought into the home were properly recorded.

# Is the service effective?

## Our findings

People we spoke with expressed satisfaction with the health care support they, or their loved one, received. One relative told us ‘they could not believe’ the improvement in the health of their loved one since their admission to Grimsargh House. A person who used the service commented, “They keep a good eye on me and if there are any problems they don’t mess about! They will get the Doctor straight away.”

People’s care plans included a detailed medical history so staff were aware of any specific health related risks. Care plans also included guidance for staff about the health care support people required.

People’s care plans demonstrated good evidence of effective joint working between staff at the home and a variety of community professionals. We saw examples of input from a number of external professionals, such as mental health specialists and district nurses. Daily records showed that staff were able to identify changes in people’s needs and were quick to contact health professionals as required. This helped to ensure people received safe, effective care.

We spoke with a visiting health care professional who was very complimentary about the service. They told us they were extremely confident in the registered manager and staff to provide safe, effective care. They felt staff were able to identify when a person who used the service may require some external health care support and always followed any advice they gave.

The majority of care plans we viewed included information about the support people required to maintain adequate nutrition and hydration. In addition, people’s food preferences were usually detailed in their care plan. One person who used the service and their relative told us about how they had regained a lot of weight since their admission to Grimsargh House, which they had lost during a sustained period of illness prior to their admission. They were extremely pleased about this and felt it was a reflection on the good standard of care and support they received at Grimsargh House.

People we spoke with expressed satisfaction with the standard and variety of meals provided at the home. People’s comments included, “I eat everything here it is

lovely.” “You certainly can’t complain about the food, I don’t know how they manage it but they keep everyone happy.” “They really do us proud with the food, it is excellent.”

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensure where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager was aware of the requirements of the MCA and associated DoLS. At the time of the inspection, there were no concerns about the capacity of any person who used the service to consent to their care. However, the registered manager was able to describe action she would take to ensure the best interests of any person who used the service were protected, if any such concerns were identified in the future.

All the people we consulted felt confident in the ability of the staff at the home. People felt care workers were well trained and competent to provide safe and effective care. We also received some feedback from a medical professional who regularly visited the home. They told us they were confident in the staff and registered manager.

We discussed training with staff at the home who all felt satisfied with the level of training and support they received. One care worker said, “The training is really good, you can do anything extra you want. I wanted to do extra training for pressure care and they sorted it out for me.”

There was an induction programme in place for all new staff. This programme included areas that helped new staff members to understand their role and what was expected of them. Records of induction were maintained for each individual staff member, which were signed to confirm all areas of the induction had been provided.

There was an on-going programme of mandatory training, which all staff were required to complete. This covered important health and safety areas, such as moving and handling, as well as courses to enhance people’s caring



## Is the service effective?

skills, including caring for people with dementia and mental capacity. In addition, all care workers were encouraged to obtain nationally recognised qualifications in care. We were advised that following the completion of these qualifications a further nationally recognised qualification in caring for people with dementia was due to be rolled out.

Staff felt they had the benefit of a supportive management team. All those we spoke with confirmed there was always

someone available to speak with if they required any support or guidance. The registered manager was described by staff as very 'hands on' which was supported by our observations during our inspection. Care workers told us the registered manager worked alongside them on a daily basis and was always approachable for advice and support.

# Is the service caring?

## Our findings

People we spoke with during the inspection expressed much satisfaction with the care they received and the approach of care workers at the service. Their comments included, "There are no problems here. We all get on well, there is no falling out." "Yes I like it here. The staff are grand." "I have a lovely room and all I want." "They couldn't be kinder to me."

People told us they were treated with kindness and respect. One person described care workers as 'very respectful' and when asked if they felt their privacy and dignity was respected said, "Oh yes, that goes without saying. That's something I've never had to worry about."

We observed staff providing support to people throughout the day. We saw that care workers went about their duties in a pleasant way and responded to people's requests for assistance, quickly and politely. Care workers supported people in a kind and patient manner, taking time to talk to people as they were assisting them and ensuring their safety and comfort was maintained.

There was a pleasant atmosphere between staff, people who used the service and the numerous visitors we met throughout the inspection. It was apparent that everyone got along well and people who used the service appeared relaxed and comfortable in the presence of staff.

Visitors we spoke with told us they felt very much involved in not only their loved one's care, but the general running of

the home. People told us they were always made to feel welcome and said they could approach the staff or registered manager at any time. One relative described the home as a 'happy family.' Another described how when she was in the process of choosing a care home for her relative, she was told by the registered manager that she could come at any time to look round and didn't need an appointment, which she found very reassuring.

In discussion, care workers were able to demonstrate a good understanding of people's needs and the things that were important to them, for instance, their preferred daily routines and things they enjoyed doing. People we spoke with who used the service were confident that their care was provided in the way they wanted it to be.

Relatives confirmed they felt able to express their views about their loved ones' care and have involvement in their care planning. They also told us they were kept informed about their loved ones' care and any changes in their needs.

The registered manager had recently signed the service up to obtain accreditation for the end of life care they provided. This involved demonstrating that the service met a number of specific standards including enhanced training for all care staff, known as 'Six Steps.' The registered manager and a number of care workers had completed the training and arrangements were in place to roll it out to the remainder of the staff team.

# Is the service responsive?

## Our findings

We received very positive feedback from people about the way the service responded to their, or their loved ones', needs. People felt their care needs were well understood and met by an attentive, caring staff team. One relative described the major improvement in health and general wellbeing their loved one had experienced since their admission to Grimsargh House. They went on to say, "I honestly believe Mum would not be alive if it wasn't for Grimsargh house." Another visitor commented, "I know whatever happens (name removed) will always get the care they need."

We were able to confirm the registered manager had carried out a care needs assessment for any new person prior to their admission into the home. This helped ensure that a place would only be offered to a person if their needs could be met. It also helped care workers to have some understanding of the care needs of new residents.

Information gathered during the assessment process was used to generate a care plan, which described people's care needs and the support they required. We viewed a selection of care plans and found that in some cases, they were very basic and lacked details about people's personal preferences and wishes.

We noted that any risks to a person's health or wellbeing had been identified in their care plan. However in some examples, particularly those of people who had been recently admitted, we found there was no clear care plan in place in relation to how these risks would be mitigated.

Information in relation to the care and support people required on a daily basis could have been improved in some cases. However, we did find some very good examples of daily care planning, for instance in relation to the mental health needs of one person who used the service.

Some people used the service on a respite basis. This meant that they came to the home for short periods of time, several times each year. We noted there was no formal process in place to reassess people between their respite admissions, although the registered manager advised us this was done informally. A more formal process would ensure that any changes in the person's circumstances, such as heightened risk or increased care needs, could be properly addressed.

We discussed the gaps in care plan information with the registered manager and a representative of the provider. We were advised that the required improvements in relation to care planning had been identified and a number of actions had been taken as a result. These actions included refresher training for all staff and the registered manager and there was documentary evidence to confirm this training was booked for the near future.

The registered manager felt that whilst there were gaps in the written care plan information, care staff were well aware of people's care needs and how to meet them. This view was supported by our discussions with staff who were able to speak confidently about the care and support they provided to individual residents and by our discussions with people who used the service, who were satisfied with the care and support they received. However, gaps in care planning information meant there was an increased risk of a people not receiving the care they required on a consistent basis.

There was an activities programme in place, which included events such as quizzes, bingo, musical entertainment and a weekly Zumba exercise class. One person told us, "We do things here and I like them, but I don't get out as often as I would like to." There were trips out to places, such as Blackpool and the local garden centre, which were held on a weekly basis. We saw these had been recently increased due to feedback from people who used the service and their relatives.

The registered manager was able to give us a number of examples of changes she had made in response to feedback from people who used the service. These included an increase in trips out of the home, changes to the menus and various environmental improvements. This demonstrated the registered manager took people's views into account when developing the service.

There was a complaints procedure in place, which gave people advice on how to raise concerns. The procedure included contact details of other relevant organisations, including the local authority and the Care Quality Commission, so people had a contact number if they wished to raise their concerns outside the service.

People we spoke with told us they would feel comfortable in raising concerns should the need arise. People's

## Is the service responsive?

comments included, “I would speak to them straight away if I had any problems.” And, “I would be more that happy to speak to (the registered manager) if I needed to. She would sort any problems out straight away.”

# Is the service well-led?

## Our findings

The service benefited from a registered manager who had been in post for a number of years. The registered manager had in the past, supported the service through very difficult times under the previous provider, who had withdrawn their involvement and financial input very suddenly. The registered manager kept the service afloat during this uncertain and challenging period until a new provider was found.

People we talked with spoke very highly of the registered manager describing her as 'very hands on' and 'very caring'. One staff member said, "It's all about the residents with (name of registered manager). They are always her priority and that is how the home is run." Staff reported an open and transparent culture within which they felt confident to report any concerns to the management team. Staff also told us they felt able to express their opinions about the running of the home.

The registered manager expressed confidence in the new provider of the service and advised resources were always made available when they were required. We saw that a number of improvements had been made to the fabric of the home, which demonstrated the provider invested in the service on an on-going basis. In addition, the registered manager confirmed that the provider was a regular visitor to the home and had processes in place to monitor quality across the service.

The provider was in the process of making changes to the management structure at the time of our inspection. This included the appointment of a deputy manager and increased support from an area manager, whose presence in the home had increased to several days each week.

People we spoke with were aware of the updated management structure and lines of accountability within the service. This helped to ensure that staff or people who used the service were aware of who they should contact if they had any concerns or required any advice or guidance.

At the time of the inspection, the provider had recently implemented new quality assurance systems with the assistance of an external consultant. These included a detailed audit schedule, which was being carried out on a regular basis by a representative of the provider. Areas covered within the audit included care planning, medication management and general areas such as training.

The registered manager was able to clearly demonstrate that the issues we identified in relation to medication management and care planning had been captured by the service's own audit processes. In addition, we were able to see that various actions had been taken in response to the issues. These included further care planning training, which was booked for every staff member who worked at the service and updated procedures for medicines management. We saw that all staff members had been reviewed, in terms of their competence for administering medicines. It was felt that these measures would lead to the required improvements we identified and increased monitoring had been implemented as a further safeguard.

There were processes in place to record and analyse any adverse incidents affecting people who used the service, such as falls or hospital admissions. This helped to ensure that any themes or trends could be identified, so as to enable the registered manager to take action to promote people's safety and wellbeing. It also enabled the registered manager to identify any changes that needed to be made to the service to improve safety and quality.