

1st Care Limited

Orrell Grange

Inspection report

43 Cinder Lane
Bootle
Liverpool
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Tel: 01519220391

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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?

Good ●

Summary of findings

Overall summary

About the service

Orrell Grange is a residential care home providing personal and nursing care to 29 older people at the time of the inspection. The service is a purpose-built two-storey building in a residential area of Bootle, close to shops and public transport. Orrell Grange can support up to 36 people with different health and care needs, including people living with dementia.

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

People's experience of using the service was overall very positive. There were different examples of how the service had made a difference to people's lives and achieved positive outcomes for them. People felt safe living at Orrell Grange and there were enough staff to meet their needs. One person told us, "I do feel safe. I could not manage [where I lived before] because of the steps and stairs but here with my [mobility aid] I am confident, and they will always help me if I need it."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service overall supported this practice. We made a recommendation to make some aspects of capacity assessments and recording of best interest decisions more robust.

However, there were many examples of how the service worked effectively with different professionals and stakeholders to continuously promote people's health, wellbeing and best interests. A well varied menu of freshly prepared homemade food and snacks ensured there was plenty for people to eat and drink. The registered manager was continuously seeking learning opportunities to develop the service.

The service had recently transferred to an electronic care planning system. Work was ongoing to develop the new care plans, to reflect in more detail staff's good person-centred knowledge. People, relatives and staff described a warm welcoming atmosphere that created a family-like feeling. People spoke of Orrell Grange as their home and a relative told us that after a few unsuccessful placements, here their family member was happy and settled. People were well cared for, but staff also ensured that relatives were looked after and supported. The staff at Orrell Grange as well as the provider came together to make colleagues feel well supported, especially when they experienced difficult times.

The person-centred, outcome-focused and caring culture of the service was led by a very well-respected registered manager. One relative commented, "[Registered manager] is such a lovely manager. She always has a chat with me when I come in and leave. She is absolutely the right person to look after a place like this." People, relatives and staff were involved in the development of the service through regular meetings, surveys and newsletters. An additionally appointed activities coordinator helped to seek people's opinions and focussed on supporting people to get out and about more.

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

Rating at last inspection

At the last comprehensive inspection, we rated the service as requires improvement (published 10 November 2018).

Following this, we carried out a focused inspection on 20 February 2019 of the key questions safe, effective and well-led. We found the provider had addressed all previous breaches of regulation and the service had improved to good in all three key questions we looked at. Therefore, the service was rated as good overall after the focused inspection (published 27 February 2019).

Why we inspected

This was a planned inspection based on the rating of the last comprehensive inspection. We checked to see whether the service had sustained the improvements found at the focused inspection.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection 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.

Service and service type

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

The service had a manager 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

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with nine people who used the service and five relatives about their experience of the care provided. We spoke with eight members of staff including registered manager, the clinical lead, a nurse, a senior care worker, a care worker, an activities coordinator, the chef and the provider's nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including supervision and training records, meeting minutes and surveys, as well as quality assurance checks and procedures were reviewed.

Is the service safe?

Our findings

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

At the last comprehensive inspection this key question was rated as requires improvement, however this had improved to good when we carried out a focused inspection. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Orrell Grange and their relatives echoed this. One person told us, "I do feel safe. I could not manage [where I lived before] because of the steps and stairs but here with my [mobility aid] I am confident, and they will always help me if I need it."
- Staff had no concerns about the service. They were aware of their safeguarding responsibilities and had confidence in managers to address any concerns.

Assessing risk, safety monitoring and management

- Risks to people's health and safety had been assessed based on individual needs and circumstances. These assessments were reviewed and updated regularly.
- The service responded to identified risks, such as an increase in falls, by seeking input from appropriate professionals.
- Regular internal and external checks of the service took place, to help ensure the safety of the environment.

Staffing and recruitment

- There were enough staff to meet people's needs and people usually did not have to wait long to be helped. One person said, "If I need anything, I just use my buzzer. Sometimes I have to wait a bit longer but I understand that they have to see to a lot of people and it is not a problem."
- Staff had been safely recruited using appropriate checks.
- The service did not use any agency staff, which helped to promote consistency in support.

Using medicines safely

- People's medicines were safely managed and administered by staff whose competency was regularly assessed. Stock levels we checked matched records.
- Protocols for people's 'as required' medicines gave basic guidance on when people might need these. We considered that at times additional person-centred detail in protocols may improve their effectiveness, for example what else staff might try to help a person before giving sedatives. However, the use of these medicines was monitored monthly to ensure appropriate practice.
- We saw evidence that the service sought review of people's medicines from GPs and commissioning groups. We discussed with the service to ensure they always followed up and included relevant reports in people's files.

Preventing and controlling infection

- The service appeared clean and hygienic.
- Hand sanitising stations and personal protective equipment, such as gloves and aprons, were available throughout the service.
- The service had been awarded the highest food safety rating at their latest relevant inspection.

Learning lessons when things go wrong

- The registered manager reviewed and analysed falls and other incidents to identify any patterns or factors that might make them more likely to happen, to take actions and 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.

At the last comprehensive inspection this key question was rated as requires improvement, however this had improved to good when we carried out a focused inspection. At this inspection this key question has remained good. This meant 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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments had been completed regarding the decision for people to reside and receive care at Orrell Grange.
- It was clear the service had considered people's best interests and consulted with stakeholders regarding other decisions to keep people safe. However, we considered this needed to be recorded more robustly. The introduction of the new electronic system provided an opportunity to support development of this.

We recommend the service review the structure, robustness and recording of mental capacity assessments and best interest processes regarding specific decisions in line with best practice guidance.

- Staff sought people's consent before providing care, in a natural and supportive manner.
- Appropriate applications to lawfully deprive people of their liberty had been made to the local authority. Conditions on granted applications had been reviewed appropriately.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service had at times achieved particularly good outcomes for people, to promote their health, wellbeing and independence. This included promoting one person's self-esteem through sensitively re-establishing their acceptance of support with personal care.

- A relative gave us another example and said, "Before [my family member] came here, they could not feed themselves, now they can again."
- People's needs were assessed before they moved into the service and were regularly reviewed with people, professionals and relatives.

Staff support: induction, training, skills and experience

- People and relatives felt staff were very good and competent in their roles. One relative said, "All the staff are different but all of them, even the youngest, have the skills to care for [my relative]."
- Staff felt well supported, had overall received at least two formal supervisions in 2019 and had access to informal guidance whenever they needed it. The frequency of formal supervisions needed to be improved, which the registered manager was addressing.
- Staff received inductions and regular training in a variety of subjects. The registered manager continuously explored other training opportunities, such as a workshop to creatively cater for people with swallowing difficulties.

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

- People and relatives were very complimentary about the food. Staff were knowledgeable about people's specific dietary needs and people praised staff for catering well for their individual requirements. Softer diets were presented in appetising ways.
- The food was freshly home-made and nutritious. There was plenty of choice on offer, with lighter and heavier options, as well as people's special requests.
- Staff encouraged people to drink and eat enough in personalised ways. Staff offered people regular snacks throughout the day, including fruit and freshly baked cakes.

Staff working with other agencies to provide consistent, effective, timely care Supporting people to live healthier lives, access healthcare services and support

- The service worked with a variety of health professionals to maintain and promote people's health and wellbeing. Appropriate referrals were made, and people saw a doctor or other health professional when needed.
- People's oral health and support needs regarding this were part of individual assessments. The registered manager had discussed good oral health support in team meetings and was seeking training opportunities from local commissioning groups.
- The service had received compliments from professionals for their support and collaborative working. This included effective care and support of people's wounds and pressure sores and we saw a good example of this in one person's records.

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

- Refurbishment of the service was ongoing. One relative said, "They are adding pictures which makes such a difference and there is new furniture in the lounge. In fact, they are always looking to make improvements."
- People's bedrooms were decorated to their individual taste. The service continued to explore more dementia-friendly ideas, however basic signage and contrasting colours were in place to help people find their way around A ramp had been installed to increase accessibility.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they felt well cared for and staff treated them with dignity and respect. One person summarised this by telling us, "They look after us very well, it is my home now." A relative echoed this, explaining that after different, unsuccessful placements, in this service their family member had found a place to feel settled and happy in.
- Relatives felt their loved ones were well looked after and cared for. Their comments included, "They are dedicated people, these carers", "I could not fault it, all the staff are so loving and caring" and "Even though [my family member] does not really know where they are, they are happy. They recognise staff and are aware of their empathy. I am just happy that they are happy."
- We observed warm and caring interactions between people and staff, which showed they knew each other well. People, relatives and staff described a warm, homely and family-like atmosphere and we found this when we visited.
- Staff ensured that visiting relatives were as well looked after and cared for as their family members.
- We heard a particularly positive example of staff members and the provider coming together, making a collection and offering emotional support to colleagues when they needed it.

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

- People and their families were involved in the writing and review of care plans. We saw evidence of such consultations and the registered manager had discussed their importance at relatives' meetings.
- When people needed someone to speak up on their behalf, the service worked with independent advocates. These visited regularly and reviewed care plans of people whose best interest they represented.

Respecting and promoting people's privacy, dignity and independence

- There were positive examples of how the service had supported people to maintain or regain their independence. This included for example helping one person to eat more independently again.
- People's confidential records were stored securely.
- We discussed a few further development considerations with the registered manager, for staff to help nurture a warm, family-like atmosphere, while maintaining respectful professional boundaries.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We heard positive examples of staff successfully using person-centred approaches to make a difference to people's lives. A relative confirmed this and said, "[My relative] has made definite improvements since they have been here – they seem much happier."
- Person-centred plans had been transferred onto a new electronic care plan system. There was ongoing work to continuously add more person-centred information based on staff's evident good knowledge of people. This included people's backgrounds, preferences and needs.
- Care plans included basic information about life stories, which were to be expanded. We discussed with the registered manager how this information could be included further in care plans, to help understand why people may become distressed at certain times. However, in conversations staff explained their understanding of people's backgrounds and motivations well.
- Care plans were reviewed regularly. Reviews had become more meaningful and showed good staff reflection on how people's needs may have changed.

Meeting people's communication needs

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

- Care plans gave basic information about how to best support people's communication and understanding.
- A service user guide containing important information was available in people's bedrooms. This had been reviewed to make it easier to read and understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- An additional activities coordinator had been employed to particularly focus on supporting people to get out into the community more.
- The service encouraged people to be active, to get out of bed to promote their wellbeing and socialise with each other in communal lounges. Activities coordinators visited those who preferred to stay in their own rooms, to have a chat and prevent isolation.
- A variety of activities were on offer. We considered the expansion of people's life stories would help to tailor this further to people's individual preferences. There was a Halloween raffle and a summer fair had taken place for people and relatives to get involved in.

- The service arranged celebrations for people's birthdays and other special occasions, including wedding anniversaries, for which staff received warm thanks and compliments.

Improving care quality in response to complaints or concerns

- People and relatives were aware of how to make a complaint but told us they generally had had no reason to. One person said, "I have no complaints at all" and this was echoed by relatives' comments. One family member said, "Any requests I have ever had have always been met without question."
- There had been a few complaints, which had been recorded and reviewed effectively in partnership with the local authority.

End of life care and support

- At the time of inspection nobody living at the service was receiving 'end of life' care.
- People's care plans included basic information about whether the person would prefer treatment in hospital or remaining at Orrell Grange, as well as advanced decisions regarding attempting resuscitation. We discussed how this could become more person-centred.
- There were examples of how the service had worked effectively and sensitively with other professionals to support people respectfully at the end of their life.

Is the service well-led?

Our findings

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

At the last comprehensive inspection this key question was rated as requires improvement, however this had improved to good when we carried out a focused inspection. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service and its at times particularly caring culture was led by a registered manager who was highly spoken of by people, relatives and staff. Relatives' comments included, "The [registered] manager is a good advocate for the home" and "[Registered manager] is such a lovely manager. She always has a chat with me when I come in and leave. She is absolutely the right person to look after a place like this."
- Staff praised the registered manager and provider for always being there for them and being very supportive.
- The provider promoted a culture of equality and diversity. We saw this reflected in staff's respectful and inclusive approach to people and heard examples of how the service for example supported different faith-based needs, including dietary requirements.

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

- Ratings from our last inspection had been displayed and the registered manager had notified the Care Quality Commission (CQC) of certain events in line with obligations.
- We clarified a few additional notifications for the registered manager to consider and check with us if they were unsure whether these were needed.
- The registered manager also kept in regular contact with us to let us know what was happening in the service and it was positive that the service continued to develop in response to feedback.

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

- Regular meetings took place for people, relatives and staff, to keep everyone involved and informed of developments in the service. It was particularly positive that residents' meetings now took place more frequently and were consistently documented.
- Staff told us they enjoyed working at Orrell Grange very much and that the service was continuously improving. A staff member said, "It is a lovely place to work, a lovely atmosphere, fantastic care staff."
- The service had a regular newsletter, which they shared with people, relatives, stakeholders and CQC.
- The most recent satisfaction survey showed positive feedback from residents and relatives.

Continuous learning and improving care

- A variety of checks and audits were in place to help ensure the safety and quality of the service. Improvement needs were effectively identified and addressed. Action plans identified what needed to be done to develop the service and helped to keep track of improvements.
- The service continued to learn and develop in response to external feedback. We highlighted a few checks to be more robust, although this had not impacted on people's safety. The registered manager took immediate action to ensure these checks were consistently effective.

Working in partnership with others

- Feedback from the local authority was positive and confirmed there were no concerns about the service.
- All of the people and relatives we spoke with talked positively about the service. We heard praise, including about the service's effective communication with families. A relative said, "We have been to a few meetings and always feel they listen to us."
- We also read a variety of compliments the service had received from family members and professionals, praising amongst others the standard of care, the cleanliness of the home and the quality of the food.
- There were many compliments about the care staff provided and one summarised this by stating, "[Relative] was really happy here from day one, they were always telling me how lovely you all were and just how lucky they were to be here. Orrell Grange is a happy place with lovely caring staff who we appreciated very much."