CLS Care Services Limited

Holcroft Grange 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?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 19 May 2016 and was unannounced.

The home was last inspected on 28 September 2015 and required improvement for safe in relation to medicines management, and well led as notifications were not submitted to CQC consistently and as required. At this visit we found improvements had been made.

Holcroft Grange Residential Care Home is a care home situated in the centre of the village of Culcheth. It offers accommodation and personal care for up to forty people and is run by CLS Care Services Limited. The home provides personal care, support and accommodation for up to 40 older people who may also have dementia. On the day of the inspection 37 people lived in the home.
A range of shops and other local facilities are within walking distance of the home and the village is supported by good public transport services.

The home had a Registered Manager. 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.

We found that the storage, administration and disposal of medications was safe.

Some people who used the service did not have the ability to make decisions about some parts of their care and support. Staff had an understanding of the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People's needs were assessed and care plans identified people's needs whilst fostering and maintaining independence where possible.

Staff were knowledgeable about the risks of abuse and the reporting processes.

The organisation had thorough recruitment practices so that suitable staff were employed.

Staff received suitable induction and training to meet the needs of people living at the home. Staff were well supported by the manager. This meant people were being cared for by suitably qualified, supported and trained staff.

People's health care needs were met and their medicines were administered appropriately. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

There were systems and processes in place to monitor the quality of the service and address shortfalls.

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.

Medicines were stored, administered and disposed of safely,

People were protected by robust recruitment processes so they were safe. Staff were employed in sufficient numbers to meet people's needs.

Regular environment and equipment checks were in place so that people's environment was safe.

Is the service effective?

Good

The service was effective.

People's rights were protected. Staff and management had an understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the capacity to make decisions for themselves had their legal rights protected.

People were supported by a staff team who received regular training and received guidance and supervision from senior staff.

People had access to other health professionals, for example district nurses, GPs so that their needs were met.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect by the staff team.

The staff knew the care and support needs of individuals well and took an interest in people and their families in order to provide person-centred care.

Is the service responsive?

Good

The service was responsive.

People were actively encouraged to engage with the local

community and maintain relationships that were important to them.

Complaints were taken seriously, monitored and action taken when required.

Risks were assessed and measures in place to support people in the least restrictive way.

Is the service well-led?

Good

The service was well led.

The manager provided strong leadership.

There was a registered manager in place. People living in the home, relatives and staff told us that they could raise any concerns and they were confident they would be dealt with.

There were systems in place to assess and monitor the quality of the service. The quality assurance system helped to develop and drive improvement.

Holcroft Grange 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.

This inspection took place on 19 May 2016 and was unannounced.

The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed all the information we already held on the service. On this occasion we did not request the provider complete the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service. We contacted the local authority contracts quality assurance team to seek their views. We spoke with the local authority safeguarding team and looked at the healthwatch enter and view report.

During the inspection, we used a number of different methods to help us understand the experiences of people living in the home.

We reviewed six care records and spoke with six people living in the home. We examined the staff training records, looked at five staff recruitment files and interviewed seven staff, including the manager, the maintenance person, the activities coordinator and care staff.

We spoke with the registered manager, a visiting district nurse and six relatives visiting the home during our inspection.

We also 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 communicate with us because they were living with dementia.

We saw a selection of records relating to the management of the service such as policies and procedures and complaints.

Good

Is the service safe?

Our findings

People who lived at the home and the relatives we spoke with told us they felt the care was safe. One relative told us that they had previously had concerns but these had been addressed.

The risk of abuse was minimised because there were clear policies and procedures in place to provide staff with information on how to protect people in the event of an allegation or suspicion of abuse. The registered manager informed us that staff undertook training in how to safeguard adults and this was confirmed in the training records and by staff that we spoke with. Staff were able to explain to us the types of abuse that people were at risk of, who they would report this to and where they could find the relevant guidance.

We saw that the provider had a whistleblowing policy in place. We spoke with staff who said they would report any concerns regarding poor practice they had to the manager. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of concern.

We saw that staff acted in an appropriate manner and that people were comfortable with staff.

There were arrangements in place to help protect people from financial abuse. We saw that policies and procedures were in place and we sampled two records to see that accurate records were maintained.

During our inspection we observed a senior carer administer medication to people. This was done safely. We looked at the storage and medication records for two people; these indicated people received their medication as prescribed. Records showed that all staff who administered medication had been trained to do so. They also underwent regular competency assessments and supervised medication rounds to ensure that medication was administered correctly and safely. We also looked at the medication storage facilities for controlled drugs (CDs) and the relevant records, these were managed appropriately. (CDs are classified (by law) based on their benefit when used in medical treatment and their harm if misused.)

The registered manager told us that all new employees were appropriately checked through robust recruitment processes. These included obtaining references, confirming identification and checking people with the Disclosure and Barring Service (DBS). We checked the staff files, which confirmed that all the necessary checks had been implemented before they had commenced working in the home. This helped to reduce the risk of unsuitable staff being employed.

We looked at the maintenance records. Regular environment and equipment safety checks were carried out, which included fire and water safety, environment audits, hoists and wheelchairs. Any issues regarding equipment safety were reported to the management, who arranged for a suitable contractor to visit the site.

Staff received fire instruction on their induction and had fire safety training. Fire drills were carried out monthly. There were personal evacuation plans in the event of an emergency for all of the people who used

the service.

Individual risk assessments were completed for people who used the service and staff were provided with information as to how to manage risks and ensure harm to people was minimised. Each risk assessment had an identified hazard and management plan to reduce the risk. Staff were familiar with the risks and knew what steps needed to be taken to manage them. Records showed that staff took appropriate action following accidents or incidents.

Our observations were that staff responded promptly to call bells and requests for support.

Good

Is the service effective?

Our findings

People told us the food was good and they had plenty to eat. Comments included: "It's nice food", "I get plenty to eat" and "the food is a little plain a bit old fashioned, but tasty". All the people who used the service were asked their individual likes and dislikes. This information, together with any special dietary requirements, was shared with the service's catering and care teams. We observed lunch being served and saw that people were offered choices and were supported to have sufficient amounts to eat and drink.

We saw that people were very able to eat and drink with minimal support, however staff were available to prompt or support people when necessary. Conversations were very limited and we discussed this with the manager for ways to make the experience more sociable.

Staff we spoke with had a good understanding of each person's dietary needs and their preferences. Anyone identified at an increased risk of malnutrition, dehydration, or who had significant weight loss had their diet and fluid intake monitored and recorded through the completion of the relevant monitoring charts and fortified diets were provided where appropriate. Everyone was encouraged to have their weight recorded at least monthly and those identified at an increased risk of malnutrition were encouraged to have their weights recorded more frequently.

The provider had policies and procedures to provide guidance to staff on how to safeguard the care and welfare of people using the service. This included guidance on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met. We found some people in the home were subject to DoLS applications and we were able to view the paperwork in relation to these. We saw that the manager had set up a system to record the dates DoLS had been applied for, date of authorisation, any conditions and expiry date.
Staff we spoke with during our visit were aware of DoLS and had received the relevant training.

Records showed that people received support with their health care. People had access to GPs, district nurses, dentists, opticians and chiropodists. On the day of our inspection a district nurse was also visiting the service to review the care of individuals who had been referred to the service. Referrals were also made to other health care professionals, such as physiotherapist or speech and language therapist, as required.

Staff told us that they felt supported in their role. New staff said they received induction training and worked alongside more experienced staff to gain the knowledge of individuals needs and likes and dislikes. We saw that all staff received supervision and appraisal, staff told us that they found this useful. Staff meetings were held regularly and covered topics such as staffing levels, training and safeguarding, where the manager checked people's knowledge and understanding. The last meeting focussed on the subject of, "What makes a good carer." These meetings also provided staff with the opportunity to express their views on how the service could improve the experience for those that live and work at the service.

The home provided adaptations for use by people who needed additional assistance. These included bath and toilet aids, grab rails and other aids to help people maintain independence.
The manager told us that they are currently costing for some improvements to the environment to assist those living there who have difficulties with memory. This included painting doors and corridors, specifically bathroom doors a different colour.

Good

Is the service caring?

Our findings

People who used the service and the relatives we spoke with were complimentary about the staff. Comments included: "More than happy with my relatives care"; "Oh they do look after me here"; "The staff are lovely".

There were a number of thank you cards that included comments such as: "Thanking everyone for the care and attention you gave to our mother" and "Thank you for the loving care given to (x) during her stay."

People told us that friends and relatives were able to visit at any time without restrictions. The relatives we spoke with confirmed this and told us they were always made to feel welcome. One relative told us that sometimes they visited a couple of times a day. We saw that two relatives visited the home with their dogs and we observed staff encouraging one person living in the home to engage with the dog as it was identified on her care plan she loved dogs.

We saw that people who lived at the home and their family members were involved in planning their care. One relative told us that she was kept well informed regarding her relatives well-being.

People's life history was recorded in their care records, together with their interests and preferences in relation to daily living. People's bedrooms were personalised and contained photographs, pictures and personal effects each person wanted in their bedroom.

We observed throughout our visit that staff assisted and supported people in a friendly and respectful way. For example, staff consulted people who needed assistance with their mobility in regard to their comfort when seated. We saw that staff were respectful, friendly, supportive and used people's preferred names. They continually interacted with the people in their care, either sitting and chatting or offering support and encouragement. People were comfortable and relaxed with the staff who supported them.

People's right to privacy and dignity was respected. Staff explained to people who the inspector was and asked people's permission to enter their rooms. People were able to spend some time alone in their bedrooms. One person who used the service said "There's plenty going on if you want to join in, but I prefer my own company".

End of life care could be provided at the service with the support of other professionals including the GP, community nurses and palliative care team. So that the people's care needs could continue to be met and dignity and comfort maintained.

Good

Is the service responsive?

Our findings

There was a full activities progamme displayed in the lounge and on the day of our inspection we observed numerous games taking place, such as skittles, horse racing and exercises. We saw family members joining in with activities and the morning session was very lively. A quiz was planned for the afternoon and again this was well attended. One resident telling us that they always won. There were photos of people enjoying activities and posters inviting family members to attend. The home has links with local schools and people living in the home enjoy visits from local children. A dedicated activities coordinator drives the activities but involves all staff to deliver a full programme including an "old fashioned" on site shop and involving residents with community charity events such as "Knit for peace", to donate knitted goods to hospitals, community groups and developing countries. One member of staff told us that they had been taught to knit by someone living in the home. This demonstrated to us that people are valued.

Care plans were written in a person-centred way, included people's life history and were reviewed at monthly intervals or when needs changed. We found that risk assessment had been completed which enabled staff to identify potential risks and measures necessary to support people in the least restrictive way.

The staff we spoke with were familiar with people's needs. The staff told us they had access to the care records and were informed when any changes had been made to ensure people were supported with their needs in the way they had chosen. We saw staff handover meetings took place at the beginning of each shift to share information and update staff as appropriate.

We saw that visitors were welcomed throughout the day and staff greeted them by name. Relatives we spoke with told us they could visit at any time and they were always made to feel welcome. They said they were consulted about their relatives' care and the staff were responsive to their requests.

People could have a television in their room, a telephone was available for people to use and newspapers and magazines were ordered on request.

The home had a complaints procedure that was displayed and people who lived at the home and relatives told us they would feel comfortable raising concerns and complaints. We looked at the complaints and compliments file. We found that complaints had been investigated and responded to in accordance with the organisations policy.

Good

Is the service well-led?

Our findings

A positive culture was evident in the service where people who used the service came first and staff knew and respected that it was their home.

The home had a registered manager. In conversation with the inspector she demonstrated good knowledge of all aspects of the home including the needs of people living there, the staff team and her responsibilities as manager.

People's views on the quality of the service were regularly sought. Satisfaction surveys were carried out each August. The manager had tried various ways to involve relatives in discussion about the running of the home, including holding meetings and inviting them to events, which have been well attended. The relatives we spoke with said they knew who the manager was and felt they could approach them at any time.

All care staff attended daily handovers to ensure effective communication was maintained.

The registered manager said she regularly walked around the service checking the environment, staff interactions and behaviours and resident care and welfare. Senior staff work alongside staff to monitor and evaluate staff values and performance. Regular quality assurance audits were also completed to assess the safety and performance of the service; these audits included medication, care plans, infection control and complaints.

Accidents and incidents were audited monthly to identify any trends. Where a person who used the service had had a number of falls we could see that their falls risk assessment had been updated and a referral had been made for a health assessment.

In addition to the above there were also a number of maintenance checks being carried out weekly and monthly. These included the fire alarm system and water temperatures. We saw that there were up to date certificates covering the gas and electrical installations as well as any lifting equipment such as hoists.

Periodic monitoring of the standard of care provided to people funded via the local authority was also undertaken by Warrington Borough Council's contract monitoring team. This was an external monitoring process to ensure the service met its contractual obligations to the council.

The staff we talked to spoke positively about the current leadership of the home. Staff told us that the registered manager listened and took action when they made suggestions or raised concerns, and they could approach the manager at any time for help and advice. Staff said they were well supported and had lots of opportunity to develop. When asked whether they liked working in the home, one person said "I love working here", and another said "I'm happy here".

We had been notified of reportable incidents as required under the Health and Social Care Act 2008, and this was an improvement from the last inspection.