

Grange Lea Residential Home Limited

Grange Lea Residential Home Limited

Inspection report

Grange Road
Bolton
Lancashire
BL3 5QQ

Tel: 01204665903

Date of inspection visit:
28 January 2016

Date of publication:
26 February 2016

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 ●

Summary of findings

Overall summary

The unannounced inspection took place on 28 January 2016. At the previous inspection on 23 June 2014 the service was found to be meeting all the regulations inspected.

Grange Lea care home is situated in a residential area just off the main Wigan to Bolton road. It is close to motorway and public transport networks. The home has 26 beds and provides care and support for adults. Accommodation is situated on two floors with access to all internal and external areas via a passenger lift and ramps. The home has enclosed grounds with car parking space to the side of the property and a small garden.

There was a registered manager at the service. 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.

Safeguarding policies and procedures were in place and staff were aware of how to recognize a safeguarding issue. They knew how to record and report any concerns.

There were sufficient staff in evidence at the home on the day of the inspection. The service's recruitment procedure was robust, helping to ensure staff were suitable to work with vulnerable people.

Personal risk assessments were evident within the care files. Health and safety procedures were followed and environmental risk assessments were in place. Equipment was serviced and maintained regularly.

Accidents and incidents were recorded appropriately and medicines were ordered, stored, administered and disposed of safely.

Care plans included a range of health and personal information and monitoring charts were complete and up to date.

The service's induction programme was robust. Staff supervisions were undertaken regularly and the training and development needs of staff were addressed via an on-going training programme.

Nutritional needs were documented and adhered to by staff. The meal time experience was unhurried and relaxed and staff gave support and assistance to those who required it.

Staff had knowledge of Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards authorizations were in place appropriately. However, staff were unsure of who was currently subject to a DoLS authorization.

We spoke with people who used the service and their relatives and all felt staff were kind and caring. We observed care during the day and saw that people's privacy and dignity was respected and staff were courteous and friendly.

A new service user guide was being produced at the time of the inspection to ensure people had the correct level of information about the service.

Care plans were person-centred and included information about people's backgrounds, preferences, likes and dislikes. There were a number of activities on offer for people who used the service, including games, quizzes, reminiscence, outings and one to one conversation.

We saw that people's rooms contained their personal belongings and some had been decorated according to individual's tastes.

Complaints and concerns were dealt with appropriately. We saw that a number of compliments had been received by the service.

People who used the service, relatives, staff and health professionals told us the management were approachable and open to improving the service.

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.

Safeguarding policies and procedures were in place and staff were aware of how to raise a concern.

There were sufficient staff at the home and the recruitment procedure was robust.

Personal and environmental risk assessments were in place.

Accidents and incidents were recorded appropriately and medicines were administered safely.

Is the service effective?

Requires Improvement ●

The service was effective.

Care plans included a range of health and personal information and monitoring charts were complete and up to date.

The service's induction programme was robust. Staff supervisions and training were undertaken regularly.

Nutritional needs were documented and adhered to by staff.

Staff had knowledge of Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards authorizations were in place appropriately. However, staff were unsure of who was currently subject to an authorization.

Is the service caring?

Good ●

The service was caring.

We spoke with people who used the service and their relatives and all felt staff were kind and caring.

We observed care during the day and saw that people's privacy and dignity was respected and staff were courteous and friendly.

A new service user guide was being produced at the time of the

inspection to ensure people had the correct level of information about the service.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person-centred and included information about people's backgrounds, preferences, likes and dislikes. There were a number of activities on offer for people who used the service.

We saw that people's rooms contained their personal belongings and some had been decorated according to individual's tastes.

Complaints were dealt with appropriately. We saw that a number of compliments had been received by the service.

Is the service well-led?

Good ●

The service was well-led.

People who used the service, relatives, staff and health professionals told us the management were approachable and open to improving the service.

A number of audits were undertaken to help ensure continued quality monitoring.

Annual satisfaction surveys were undertaken and improvements made in response to comments and suggestions.

Grange Lea Residential Home Limited

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 unannounced inspection took place on 28 January 2016. The inspection was undertaken by an adult social care inspector.

We did not request a provider information return (PIR) prior to this inspection. We reviewed information we held about the home in the form of notifications received from the service, including safeguarding incidents, deaths and injuries.

Prior to the inspection we reviewed information gathered from Bolton local authority commissioning team and the local Healthwatch to see if they had any information about the service. Healthwatch England is the national consumer champion in health and care.

As part of the inspection we contacted three specialist health and social care professionals, who visited the service regularly, to ascertain their views on the service and whether they had any concerns. We used a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we spoke with five people who used the service, six relatives and friends and six staff members including the registered manager. We observed care within the home and reviewed records including five care files, three staff personnel files, policies and procedures, meeting minutes and audits held by the service.

Is the service safe?

Our findings

Safeguarding policies and procedures were in place and included a referral form and contact numbers. The service had followed up any safeguarding concerns appropriately with the local authority and had also reported safeguarding issues to the Care Quality Commission (CQC) via the appropriate notification form. Staff we spoke with were aware of safeguarding procedures, were able to explain what would constitute a concern and where and when they would report this.

There were sufficient staff in evidence on the day of the inspection to meet the needs of the people who used the service. Relatives we spoke with felt there were always plenty of staff around. We looked at some recent rotas and saw that consistent numbers of staff were on duty each night and day shift. We spoke with five members of care staff.

We looked at three staff files and saw that staff were recruited safely. The files included job application forms, two references, proof of identity and Disclosure and Barring Service (DBS) checks. These helped ensure potential employees were suitable to work with vulnerable people. We saw evidence that disciplinary procedures were followed appropriately by the service.

We saw within the care plans we looked at that appropriate individual risk assessments were in place for each person who used the service. Environmental risk assessments were also in place and there were key pads on the outside doors and doors to the staircases to help keep people safe. There was appropriately maintained fire equipment in situ and we saw evidence of a fire register and up to date personal emergency evacuation plans for each person. These indicated the level of assistance each individual would require in the event of an emergency. There was evidence of three monthly fire drills, weekly inspections of means of escape, weekly tests of the alarm system, nurse call system and emergency lighting and monthly tests of window restrictors. All these records were complete and up to date.

The service had CCTV in place in communal areas of the home to help keep people safe and secure. A CCTV policy and procedure was in place to ensure this was undertaken with regard to people's privacy and there were notices around to alert people to the fact that the CCTV was in place.

There was an accidents and incidents policy and accidents, falls and incidents were recorded. Body maps were used to indicate where people were injured. These were logged centrally, audited and analysed for patterns or trends.

The service had undergone a recent infection control audit for which they had scored 74%. We saw that an action plan had been put in place to address shortfalls and many actions had already been completed.

There was an appropriate medication policy in place and a senior member of staff explained the process of ordering, booking in, administering and disposing of medicines. There was a controlled drugs cupboard, which complied with required standards and we saw that the controlled drugs book was double signed as required. There was a medicines fridge, containing eye drops and antibiotics. Fridge temperatures were

taken daily to ensure they were within the recommended range and these records were complete and up to date.

We observed a medicines round and saw that this was undertaken professionally and safely. There were photographs of each person on the medicines administration records (MAR) to help ensure safe administration. Medicines given as and when required (PRN) were offered and signed for with times of administration if they were given. Covert medicines, that is medicines given in food or drink, had been authorised appropriately in the person's best interests. These were offered first to the person and if refused administered covertly to ensure the person had received them.

The staff responsible for medicines administration had undertaken the correct training and were aware of how to deal with medicines errors. However, we felt it would be good practice to have a prompt list in the medicines room to follow in the event of an error to ensure the correct procedure had been followed and no steps had been missed. Staff told us the management undertook regular direct observations of medicine rounds and there were daily and weekly medicines audits by management to help reduce the risk of errors.

Is the service effective?

Our findings

We looked at five care files and saw they included a range of health and personal information. Anything important, such as allergies, medical conditions and whether the person was subject to a Deprivation of Liberty authorisation was highlighted at the front of the file. Monitoring charts, such as weights, were complete and up to date. Permission forms were kept within each file where people who used the service, or their relatives, had signed to agree to the relevant use of photos. There was correspondence from other professionals and referrals to other services where required.

However some records were a little messy, many of the risk assessments we saw had headings crossed out and written over with other headings. Some also had names crossed out and others substituted. This made them a little difficult to follow. We discussed this with the registered manager who said she would look into it.

The registered manager told us they had a 'resident of the day' each day. This entailed a full review of their care plan, a deep clean to their room, cleaning and tidying their wardrobe, offering anything special that person may want to eat or do that day. Family were involved in this as well.

We looked around the building and saw that there was clear signage on doors to help people who used the service to find their way around. All areas were warm and cleaning was being undertaken throughout the day.

We looked at three staff files and asked staff about their induction programme. This included orientation around the building, being made aware of fire procedures, policies and health and safety. Staff undertook mandatory training, including moving and handling, safeguarding and infection control. Staff we spoke with were able to explain their roles and responsibilities and clearly knew the people they cared for well.

We saw evidence within staff files that supervisions were undertaken on a regular basis. These gave staff members an opportunity to identify any support or development needs and request training. Management were able to identify any areas for improvement or refresher training required. We saw evidence within the training matrix that all staff had undertaken both mandatory and supplementary training, for example, challenging behaviour, allergy awareness and continence training. Staff told us they were able to request additional training if they had an area of particular interest.

We observed the lunchtime meal and saw that people were given choices with regard to meals. Some people chose to have their meals in the lounge or in their rooms. Kitchen staff were aware of special diets and preferences and had lists to remind them. Tables were set nicely and people, but there were no menus in evidence. We asked the registered manager about this and she said they planned to have a whiteboard with information about the meals for the day written on them. She agreed to consider producing pictorial menus for the tables to help people be aware of the food on offer.

People were brought in to the dining room by staff and assisted to sit down. Some people who used the

service grumbled that they had been sat for some time prior to the meal actually being served, one person said they had waited three quarters of an hour.

Staff assisted people who required help and were extremely patient and kind when helping people. We saw that they asked if people wanted to wear a tabard to protect their clothes and took time to ensure people were given the food they wanted. People were given cold drinks and offered tea or coffee. If they didn't appear to like what they were eating, people were offered a number of alternatives. The meal was leek and potato soup and sandwiches, the main meal of shepherd's pie being served at tea time. We saw that some people had toast or beans on toast and were offered jacket potatoes as alternatives and we were told alternatives would also be offered at tea time. People were offered second helpings if they wanted them.

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. 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 spoke with five members of care staff who were able to describe the process of decision making for people who may lack capacity. Most staff made reference to making decisions in people's best interests and all had an understanding of capacity issues. Some had undertaken training in MCA and DoLS, others had learned a little about MCA within the safeguarding training. We spoke with the registered manager about accessing training for all staff in the area of MCA and best interests decision making and she agreed to ensure all staff, who had not yet done so, would undertake this training in the near future.

We saw that all the correct paperwork relating to DoLS was within people's care files. There was a list for night staff of people subject to authorisations so that they would be aware to contact the coroner if any of these people were to pass away during the night.

We asked five staff about what DoLS were and they were able to give a basic explanation. They were all able to describe techniques and strategies they used to distract people who may want to leave the premises alone and would be unsafe to do so. However, none of the staff we spoke with were able to identify the people who used the service who were currently subject to a DoLS authorisation. We spoke with the management about this and they agreed to look at ways of raising awareness amongst staff so that they would be able to identify those people who were subject to DoLS authorisations and address this appropriately within their day to day work.

Is the service caring?

Our findings

We spoke with five people who used the service. All felt the staff were kind and caring. One person told us, "It's always clean, tidy and warm. I like it very much. They [the staff] are very sweet". Another said, "They [the staff] like a joke". A third person commented, "I like it, it's homely. I have no complaints".

Relatives told us communication was good between staff and themselves. We saw that the care files included a form which relatives completed to indicate the level of involvement they wanted. One relative we spoke with said, "Communication is good, they let us know if [our relative] is not well. [Our relative] has bloomed since she came here. She used to stay in her room but has started to come down and join in". Another told us, "I feel [my relative] is looked after well. They get the doctor straight away if she is not well. Staff are always pleasant and make us welcome". A third relative told us, "I don't live locally, but the staff inform me straight away if there is a problem and keep me informed. The staff at Grange Lea are excellent, I never ever have to worry about [my relative]".

We contacted three health and social care professionals. None reported any concerns about the care delivered at the service. One professional we spoke with told us people were referred to their service appropriately and care needs reviewed when required. Another said that appropriate and timely referrals were made to their service. They went on to say, "Staff are always very polite and willing to help".

Staff had undertaken training in dignity and respect and we observed that they treated people respectfully throughout the day. We talked to staff about how they communicated with people who used the service. One staff member described how they assisted a person with a hearing impairment, saying they ensured they were on the person's level and made eye contact whilst they were speaking to them. This showed consideration for the person's difficulties.

When observing care in the lounge area we noted that there was appropriate music playing and some staff were interacting with people on a one to one basis. Appropriate policies were in place, for example confidentiality. We saw that issues, including communication and confidentiality had been discussed at recent team meetings.

There was a policy on choice which outlined people's choice of gender with reference to staff members. However there were, at the time of the inspection, no male carers employed by the service. The registered manager agreed to add to the policy that this choice was subject to availability amongst the staff.

The registered manager told us there was a new service user guide being put together at present. She showed us the new guide which was a work in progress. This included a description of the home, information about the support offered and staff, health and welfare, social life and aims. We discussed with the registered manager that information about the CCTV should be included in the guide. We also discussed the guide being produced in large print, other languages and braille to ensure that it was as inclusive as possible. The registered manager agreed to include these considerations to the document.

Is the service responsive?

Our findings

One person who used the service told us, "I would like to go out but there are not enough staff". Other relatives said they enjoyed the activities on offer and especially the entertainers.

One relative told us, "They [people who used the service] have had odd trips, they have raffles at Christmas, a singer and a lovely Christmas dinner. Some of the men play cards with staff". Another relative said, "They [people who use the service] do skittles, quizzes, dominoes and have entertainers and go on trips".

Staff we spoke with told us activities were undertaken every day, such as playing games, baking, bingo, quizzes, reminiscence and nail care. They told us they also sometimes took people out for walks to the local park and cafe.

The registered manager told us they were trying to link in with local community services. A representative from the local catholic church visited the home on a monthly basis to provide communion for one individual, though some others occasionally joined in.

We saw that care plans were person-centred and included life histories, which gave some background about the individual. There was also information about people's preferences, such as what name they preferred to be called by, and likes and dislikes. Care files were regularly reviewed and changes recorded. We observed that people were given choices with regard to what time they wanted to get up, what they wanted to do, what they wanted to eat, where they chose to sit and what they wore.

We looked around the home and at some of the bedrooms. We saw that people had brought in personal items and pieces of furniture so that their rooms were personalised. On the day of the inspection there were some one to one interactions taking place and we saw that games were being played with some people who used the service. There was a separate activities file where people's daily activities were recorded.

The service had an appropriate complaints policy. There was a copy of the policy on the back of all the bedroom doors and reference to the complaints procedure within the new service user guide which was being put together. There were no current complaints, but people who used the service and relatives we spoke with told us they would raise any concerns with the registered manager or other members of staff if they needed to. All felt their concerns would be dealt with in a timely manner.

We saw a number of recent compliments received by the service. Comments included, "I feel happy that [my relative] is well looked after, always clean and tidy and in a very safe environment"; "The staff are always cheerful and helpful whenever I see them. I would have no hesitation in recommending this home to anyone who would ask", and, "The management and all the staff at Grange Lea are absolutely brilliant, nothing is too much trouble for them".

Is the service well-led?

Our findings

There was a registered manager in place at the home. 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.

One person who used the service told us, "The manager is very nice". Relatives we spoke with told us they felt able to raise any concerns with staff or management. One relative told us they had been struggling with an issue regarding their loved one's bank account. They told us the management of the service had helped sort this issue out and that it was a great help and relief to have had this assistance and support. Another said, "[The manager] goes beyond the call of duty". Staff we spoke with told us the registered manager was approachable and had a good, open management style.

A health professional we spoke with told us that the registered manager of the service always followed protocols. They said the service was always open to learning to improve the service delivery in any way possible.

Staff told us that regular supervisions took place and staff meetings were held regularly. They said that these meetings provided a forum to discuss general issues about the home, staff issues and people who used the service. We saw minutes of recent meetings which confirmed that discussions had been held around these issues. Health and safety, recording and communication and confidentiality had also been topics under discussion.

The service had appropriate policies and procedures in place. However these were due for reviewing and updating. The registered manager agreed to address this over the next few months to ensure all the information was current.

We saw evidence of care plan audits which included issues identified and actions to be undertaken. Regular medicine audits were undertaken and we saw that cleaning checks were also carried out regularly. Accidents and incidents were logged and audited to look at any patterns or trends and respond accordingly.

Satisfaction surveys were sent out annually and we saw the results of the most recent of these. The summary indicated a high level of satisfaction, but that there was room for improvement in areas of trips out and activities. We saw that these areas had been addressed by the service. A suggestion had been made to have a regular 'chippy tea' for people who used the service. This had been implemented on a weekly basis. More trips out had been undertaken, including trips to the local garden centre and Southport. A trip to Blackpool Zoo was being arranged.

The service did not have a log of complaints or safeguarding concerns, although the manager had oversight of any concerns raised. We discussed with the registered manager that it would be good practice to maintain a central log of these issues, monitor and analyse them to ensure they were being reported,

recorded and responded to appropriately. The registered manager agreed to implement this immediately.

A senior member of staff told us that lots of direct observations were carried out by the management with regard to medicine administration. The registered manager told us she regularly undertook spot checks at the home. However, these checks were not recorded. We discussed this with the registered manager, who agreed to document the checks in the future.

The registered manager told us they had few community links at present but planned to explore services in the local area in the near future.