Four Seasons (Bamford) Limited

Romford Grange Care Home

Inspection report

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Website: http://www.fshc.co.uk/care-home/romford-grange-care-home/

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Ratings

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

Overall summary

We carried out an unannounced comprehensive inspection of this service on 19 November 2014. Several breaches of legal requirements were found. These related to medicine management, quality assurance and accurate record keeping. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this focused inspection on 17 July 2015 to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Romford Grange Care Home on our website at www.cqc.org.uk.

Romford Grange Care Home is registered to provide accommodation for 41 people who require nursing or personal care. The home provides services to adults who have a physical disability, people with dementia care needs, older people who are physically frail and those in need of nursing care. On the day of our visit there were 38 people using the service.

Summary of findings

Although there was a manager in place, at the time of our visit the manager was still in the process of completing registration with the Care Quality Commission. 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.

People told us that they were happy living at the service and that they felt safe and trusted the staff who cared for them. Medicines were managed safely. Measures had been put in place to ensure that all medicines were accounted for including those sometimes found on the floor.

We found improvements had been made to the cleanliness of communal bathrooms and the kitchen cooker. Replacement flooring was being completed in phases .There was evidence that work to secure the clinical waste was scheduled to take place soon after the inspection. We were sent confirmation receipts and photographs to confirm this had been completed soon after the inspection.

Regular meetings were held with people and their relatives in order to listen and respond to their views on issues such as activities, cleanliness and meals.

Care was assessed, planned and reviewed regularly. We observed that staff were aware of people's needs and supported people in an appropriate manner as outlined in their individual care plan.

There were systems in place to monitor the quality of care provided, and obtain feedback from people who used the service. Team working between care staff and nurses and the accuracy of people's records had improved and were now meeting legal requirements relating to maintaining accurate records of care.

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?

Requires improvement

We found that action had been taken to improve safety since our last inspection on 19 November 2014. People told us they felt safe and that they were cared for in a clean environment. Previous shortfalls in the handling of medicines had been addressed.

There was a plan in place to store clinical waste bins securely so that they could not be accessible to people using the garden. Appropriate action had been taken to ensure that the premises were maintained.

Is the service effective?

Good

We found that action had been taken to make the service effective since our last inspection on 19 November 2014. Consent to care and treatment was sought before care was delivered. Where people lacked capacity appropriate guidance was followed by the nurses and managers.

Steps had been taken to ensure that all staff were aware of the deprivation of liberty safeguards (DoLs) and the Mental Capacity Act (2005). The training package had been changed and staff told us that it was more comprehensive and took more time.

Is the service responsive?

Good

We found that action had been taken to make the service responsive since our last inspection on 19 November 2014. Improvements had been made to care plans to make them personalised and detail people's precise support needs and preferences. The provider was in the process of implementing new care records.

Is the service well-led?

Good

We found since our last inspection on 19 November 2014, action had been taken to improve leadership and quality assurance mechanisms. Previous shortfalls related to record keeping, medicines management, cleanliness and maintenance of the premises, training deficits and teamwork had been addressed.

People told us the manager was approachable and visible within the home therefore easily accessible to people, relatives and staff.

Romford Grange Care Home

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Romford Grange on 17 July 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 19 November 2014 had been made. The inspector inspected the service against four of the five questions we ask about services: is the service safe, is the service effective, is the service responsive, is the service well-led. This is because the service was not meeting some legal requirements.

Before our inspection, we reviewed the information we held about the service. We spoke with the local contracts and commissioning team and the local Healthwatch. We also reviewed notifications and safeguarding alerts. During the inspection we spoke with seven people using the service and three relatives. We spoke with the manager, deputy manager, the chef, domestic staff, three care staff and an activities co-ordinator. We observed care during meal times and medicine rounds. We used the 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.

We looked at four care records including daily care records, risk assessments and care plans. We looked at two Do Not Attempt Resuscitation forms, and staff supervision and training records. We also looked at maintenance records and quality assurance audits.

Requires improvement

Is the service safe?

Our findings

People told us that they received their medicine safely. One person said, “The nurses bring my tablets on time and I always have a glass of water nearby to wash them down.” Another person said “Yes, I never miss my pills. I have them every morning.”

At our previous inspection on 19 November 2014 the service was not meeting the legal requirement relating to handling medicines safely. We found medicines were not always handled or administered safely. Three members of staff we spoke with told us they had picked up medicines in people’s rooms on the floor or in people’s rooms. They also said they were not aware of any follow up investigations following the findings of the tablets. Management told us that all prior incidents had been investigated. However, we could not find documentary evidence to state whether investigations had been carried out and their outcome. The provider had not taken sufficient action to investigate and address this problem. We did not find any documented evidence of investigations taking place following to medicine being found on the floor prior to our inspection.

During this inspection we found that audits completed showed any action taken if tablets had been picked up by staff. Staff told us that they now rarely picked up any medicines and if they did they would tell the nurse who would then investigate whose tablet it was and any remedial action to prevent this from happening. We saw that covert medicine procedures were now robust and made in conjunction with the GP and other relevant professionals’ input. We observed staff administering medicine and saw that they gave medicine to one person at a time after completing the necessary checks and ensuring that the medicine trolley was left locked during administration of medicine.

At our previous inspection we found people were cared for in a clean environment with the exception of a few toilets and the cooker. During this visit we found that some improvements had been made. A refurbishment plan for specific areas was in place and the cooker was clean. The exterior clinical waste area was not secured from people who lived at the home. The clinical waste bins were in an open access area and were not locked. This manager showed us plans in place to enclose the clinical waste bins so as to enable people to wander safely within the garden. The manager sent us pictorial confirmation of this after the inspection.

Good

Is the service effective?

Our findings

At our previous inspection on 19 November 2014 the service was not meeting the legal requirement relating to ensuring staff had appropriate training in relation to the Mental Capacity Act 2005 (MCA). None of the six care staff we interviewed were aware of how the MCA or Deprivation of Liberty Safeguards (DoLS) applied to their role despite some of them having completed online training. At this inspection we found that all care staff were aware of the Mental Capacity Act 2005 and how it applied to their role.

We found that before people were deprived of their liberty appropriate steps were taken. DoLS are part of the MCA. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We found that the service had applied for and was awaiting for 14 DoLS authorisation outcomes. The service understood how to lawfully deprive people of their liberty when it was in their best interests to do so.

At our previous inspection we found Do Not Attempt Resuscitation (DNAR) forms were in place however one out of the four DNAR forms we looked at was not completed properly. We had to look further in care records to find evidence of a discussion with the relatives as the section on the form to discuss DNAR with family and next of kin was left blank. During this inspection we reviewed DNAR forms and found they were completed properly. There was now only one GP practice visiting the service making any DNAR reviews quicker and more consistent. People and their families were consulted before any DNAR decisions were made. People's involvement was clearly documented and reviewed where required.

Good

Is the service responsive?

Our findings

At our previous inspection on 19 November 2014 the service was not meeting the legal requirement relating to maintaining accurate records of care given. We found inconsistencies in documentation such as some oral assessments being left blank, an incomplete bedrail consent form and an incomplete DNAR form. Medicine administration care plans and personal care plans were not very specific or person centred. For example one care plan read “requires privacy and dignity to be maintained” but did not specify how they were assisted with personal care or their personal preferences. Mouthcare care plans were not always completed. Although the daily mouth care log was completed this was not specific. It just ticked that mouth care had been given but did not detail the type, duration or what tools and products were used to deliver the mouth care.

During this inspection we found that all care plans were completed and reviewed regularly. People told us they were able to participate in daily planning of their care. One person said, “Staff are quite good at letting me know what’s going on. They monitor what I eat and drink.” Another person said, “I remember having a meeting about my care.” Improvements had been made to the way in which staff completed mouth care charts, food charts and fluid charts. Mouth care now detailed the type of mouth care offered. We found that care plans were more specific and included people’s exact preferences and support needs. There were clear actions to follow if any risks had been identified. Medicine administration care plans were more detailed especially for people who received medicines covertly and outlined whether the medicine should be in cold or hot food or drink. Personal care plans were more specific with people’s preferences including whether they preferred a shower or a bath.

Good

Is the service well-led?

Our findings

At our previous inspection on 19 November 2014 the service was not meeting the legal requirement relating to quality assurance. We found that audits in place had failed to identify the risks of medicines being found lying around within the service. Although staff were aware that there was an incidents book, we reviewed incidents and identified that staff lacked knowledge about reporting some incidents they described to us. The quality assurance in place had failed to identify both the gaps in in knowledge of staff relating to Mental Capacity and reporting of medicine related incidents.

During this inspection we found that changes had been made. Audits were changed to be on a system that could be inputted using portable devices. Staff and people who used the service could also leave feedback at a portable electronic device. These results were monitored by the manager regularly and gave real time results. Cleaning schedules were in place, medicine audits and manager checks were in place with detailed action plans. Staff could identify reportable incidents and where to record them. There were systems in place to ensure that the service was clean and well maintained. Feedback on the quality of care received was acted upon where required. There were effective quality assurance systems in place to monitor and identify any shortfalls in the quality of care delivered.

There was a new manager since April 2015 who was still in the process of completing registration with CQC. People told us that they could approach the manager at any time with any concerns or compliments. One person says, “The manager is always around and asks if I am ok”. A relative said, “I can always ask to speak with the manager at any time or just approach him as he walks about within the home”. Staff told us that the manager was approachable and willing to listen. People were encouraged to provide feedback to the manager in order to improve the quality of care delivered.