

1st Care Limited

Orrell Grange

Inspection report

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Date of inspection visit:
03 March 2016
04 March 2016

Date of publication:
10 August 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 3 and 4 March 2016 and was unannounced.

Orrell Grange is a purpose built care home providing accommodation and nursing care for 36 older people. It is situated in a residential area of Bootle with nearby facilities including shops, pubs and public transport. There were 33 people living at the home during the inspection.

A registered manager was in post. 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 we spoke with told us they felt safe living in Orrell Grange and their relatives agreed. We found there were sufficient numbers of staff on duty to meet people's needs and staff had a good understanding of safeguarding.

We looked at the systems in place for managing medicines in the home. People told us they got their medicines when they needed them, however we found concerns around the safe management of medicines. We observed a number of gaps in the recording of medicine administration. We found that the stock balance of medicines were not all correct.

We found that risk assessments had been completed with regards to the environment and equipment, however identified actions had not all been completed. Fire safety checks were not recorded as required and people's emergency evacuation plans did not provide sufficient information to ensure staff could support them to evacuate the home. We referred our concerns regarding fire safety to Merseyside Fire Service.

The environment of the home was not maintained to ensure safety of all people. For instance, the window restrictors fitted to windows on the first floor, did not meet current requirements and we observed chemicals that were not stored securely within the home.

We found that staff were recruited in line with safe recruitment practices and ongoing monitoring of professional registrations was recorded.

Staff were supported in their role through induction and supervision. Appraisals had not been completed and not all staff had completed training in areas such as, safeguarding, medicines and fire safety.

We observed the home to be clean and personal protective equipment was available to staff and this was worn appropriately. There was hand gel available and bathrooms contained liquid soap and paper towels in accordance with infection control guidance.

We looked to see if the service was working within the legal framework of the 2005 Mental Capacity Act (MCA). We found that Deprivation of Liberty Safeguards (DoLS) applications had been made appropriately and staff were aware who this applied to within the home.

Care files we viewed showed that people had been consulted about their care and had given consent in areas such as photography, use of bed rails and information sharing. When people were unable to consent, a mental capacity assessment was completed and care was agreed by relevant parties in the person's best interest.

People told us they enjoyed the food available and always had a choice of meal and that if they did not like either of the main meal choices, they could have an alternative. The chef catered for people's dietary needs and preferences.

People living at the home told us staff were kind and caring and treated them with respect. We observed people's dignity and privacy being respected by staff in a number of ways during the inspection, such as staff knocking on people's door before entering their rooms.

Interactions between staff and people living in the home were warm and caring. We heard staff explaining to people how they were going to assist them before providing the support they needed and wished to receive.

People were involved in the creation of their care plans and plans we viewed reflected people's preferences and choices. These had been reviewed, though one person's care plan did not reflect all of the person's identified needs and some care plans lacked detail regarding the support people required.

Staff knew people well and told us their priority was caring for people living in the home. They were informed of any changes within the home, including changes in people's care needs.

Most people told us they were happy with the activities available within the home, especially regular bingo and singing.

We asked people their views of how the home was managed and feedback was positive. People living in the home told us it was run well and felt able to go to the manager with any concerns and were confident they would be listened to. Staff, resident and relative meetings had been introduced and a complaints policy was available to people to access within the home.

Staff were aware of the home's whistle blowing policy and told us they would not hesitate to raise any issue they had.

We found that care files were not stored securely, which meant that people had access to private and confidential information regarding people living in the home.

Audits were completed in areas such as accidents, cleanliness of the home, medicines, mattresses, general environmental audit, wheelchair safety and tissue viability. The systems in place however, did not identify all areas of concern highlighted during the inspection.

The manager had notified the Care Quality Commission (CQC) of events and incidents that occurred in the home in accordance with our statutory notifications.

The concerns we identified are being followed up and we will report on any action when it is complete.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Medicines were not always managed safely.

The environment of the home was not maintained to ensure people's safety and fire safety checks were not fully recorded. Risk assessments were in place but actions identified were not always completed.

Staff were recruited in line with safe recruitment practices and on going monitoring of professional registrations was recorded.

There were sufficient numbers of staff on duty and staff had a good understanding of safeguarding.

We observed the home to be clean and personal protective equipment was available to staff and this was worn appropriately.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff were supported through supervision and induction, however no appraisals had been completed and not all staff had completed training recently.

People at the home were supported by the staff and external health care professionals to maintain their health and wellbeing.

Consent was gained in line with legislation and Deprivation of Liberty Safeguards (DoLS) applications had been made appropriately.

People had been consulted about their care and support.

People's nutritional needs and preferences were met.

Requires Improvement ●

Is the service caring?

Good ●

The service was caring.

People told us staff were kind and caring and treated them with respect. We observed people's dignity and privacy being respected by staff in a number of ways during the inspection.

People had choice regarding their daily routines and care files reflected this.

Interactions between staff and people living in the home were warm and caring and staff knew the people they were caring for well.

People's relatives were able to visit at any time.

Is the service responsive?

The service was not always responsive.

Care plans reflected people's preferences and choices and had been reviewed regularly. Not all care plans reflected people's identified needs and others lacked detail regarding the support required.

Staff were informed of any changes within the home, including changes in people's care needs.

Most people were happy with the activities available within the home, but some people told us they would like to go out more often.

Processes were in place to gather feedback from people.

A complaints policy was available for people to refer to should they wish to raise a concern.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

There were processes in place for the manager and provider to monitor the quality and safety of the service. These processes however, did not highlight all of the concerns identified during inspection.

During our inspection we found people's care plans were not stored securely.

Feedback regarding the management of the home was positive

Requires Improvement ●

from staff, people living in the home and relatives.

Staff were aware of the home's whistle blowing policy and told us they would not hesitate to raise any issue they had.

The registered manager had notified the Care Quality Commission (CQC) of events and incidents that occurred in the home in accordance with our statutory notifications.

Orrell Grange

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 3 and 4 March 2016 and was unannounced. The inspection team included an adult social care inspector and a specialist advisor who was a registered nurse.

Before our inspection we reviewed the information we held about the home. We looked at the notifications the Care Quality Commission (CQC) had received from the service and we spoke with the commissioners of the service.

During the inspection we spoke with the six people living in the home, three relatives, the registered manager, operational director, four members of care staff, the housekeeper and the maintenance person.

We looked at the care files of four people receiving support from the service, four staff recruitment files, medicine administration charts and other records relevant to the quality monitoring of the service.

Is the service safe?

Our findings

We looked at the systems in place for managing medicines in the home. This included the storage and handling of medicines as well as a sample of Medication Administration Records (MARs), stock and other records for people living in the home. People told us they got their medicines when they needed them. One person told us staff were, "On the ball" with their medicines and another told us they received them, "On the dot."

A medicine policy was available for staff and included guidance on areas such as, actions to take in the event of a medicine error, refusal, controlled drugs, safe administration and covert administration of medicines (medicines hidden in food or drink). This form of administration was not in use at the time of the inspection. Not all staff we spoke with had completed medicine training since commencing in post, or had competency assessments completed to ensure they administered medicines safely. This meant that staff may not have up to date knowledge regarding medicines management. We observed medicines being administered and this was completed in line with best practice guidance.

Medicines were stored in a locked trolley within a clinic room. On the first day of inspection, this room was observed to be open. We were told this was due to an emergency within the home earlier that morning. The room was observed to be locked on the second day of inspection. We observed a prescribed product left on people's bedside tables within their rooms and not stored securely. There was a separate fridge to store medicines that required refrigeration and the temperature of the fridge and the clinic room was monitored and recorded periodically, though not daily. If medicines are not stored at the correct temperature, they may lose their effectiveness. Eye drops were not always signed and dated when opened. This meant that there was a potential they could be used for more than the recommended 28 days after opening.

We looked at people's MAR charts and found that they included information regarding allergies people had. This helped to ensure people did not receive medicines they should not have. We observed a number of gaps in the recording of medicine administration. For instance, one person's MAR chart had no signature to confirm medicines had been administered on three occasions during the previous month. The medicine had gone from the individual container and staff confirmed it had been administered. One medicine was signed as administered but was still in the container and there was no record of why it had not been administered. Another person's MAR chart reflected short term antibiotics had been prescribed. Despite only 10 antibiotic tablets being booked into the home, 12 signatures were recorded on the MAR chart before the course had been completed. We found that the stock balance of medicines were not all correct. This meant that medicines were not being administered as prescribed.

This was a breach of Regulation 12 (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A fire risk assessment of the building was in place and had last been completed in July 2015 and included actions that were due to be completed within set time scales. Not all of these actions had been completed within the set time, such as providing fire marshal training to staff. We also found that internal fire safety

checks were not always completed in line with current guidance. For instance, fire alarms checks were recorded two or three times each month, but should be checked weekly in accordance with the home's policy. There was also no evidence of internal checks of fire doors or emergency lighting. The maintenance person told us they visually checked doors during fire alarm checks to ensure they closed, but did not record this.

People who lived at the home had a PEEP (personal emergency evacuation plan) which provided guidance on support each person would require to evacuate the home in an emergency. The PEEP's however, did not give sufficient information to enable staff to evacuate people safely. For instance, one person's PEEP who lived on the first floor of the home reflected that the person required a hoist and wheelchair to help them in vertical evacuation of the home. It would not be realistic to use a hoist during an emergency situation and in fact each room upstairs contained an emergency evacuation sledge for people that were unable to manage the stairs. This was not reflected in any of the PEEP's. This meant that the support people would require to evacuate the home in an emergency had not been accurately assessed. Not all staff we spoke with had received training in the use of the evacuation sledges. This placed people at risk of not being evacuated safely.

There was no record of any for drills and the maintenance person confirmed these had not taken place as they had not received training in how to complete them. Not all staff had completed fire training recently.

The registered manager was unable to locate a copy of the home's fire policy during the inspection. Through discussion with the operational director, we were told the staff would ensure people were moved behind a fire door for safety in the event of a fire and that it would be the responsibility of the fire service to fully evacuate the home should that be necessary. The registered manager provided a copy of the policy after the inspection which reflected the need for weekly fire alarm checks, fire drills and for staff to use a staged evacuation process in the event of an emergency. We referred our concerns regarding fire safety to Merseyside Fire Service as these fire safety checks were not taking place.

The environment of the home was not maintained to ensure safety of all people. For instance, the window restrictors fitted to windows on the first floor, did not meet current requirements. One restrictor we observed had been disconnected which meant it could be opened wide and other window restrictors were of the variety that could easily be overridden. Window restrictors should only be removed using a special tool or key. This meant that restrictors did not meet current requirements and people may be at risk.

During the inspection, we observed chemicals that were not stored securely within the home. For instance, the sluice door was observed to be unlocked and open on both days of inspection. The sluice contained chemicals that could pose risks to people's health and wellbeing and a razor had been left in an open hairdressing salon, which could be harmful to people with cognitive problems. This meant that people could be at risk from products and chemicals not being stored securely.

This was a breach of Regulation 12(2)(a)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us they felt safe living in Orrell Grange and their relatives agreed. One person told us, "I have my call bell to hand and staff come quickly if I press it."

We looked at the environment of the home. The home had narrow corridors and available corridor space was restricted with cleaning trolleys and staff trying to support people to get through in wheelchairs. One staff member told us they did not feel the environment was always suitable to support people with nursing

needs. We observed work taking place during the inspection to adapt a bathroom to ensure it was suitable for people with disabilities to access.

There was an effective system in place for staff to record any maintenance issues and these were signed when completed by the maintenance person.

We looked at accident and incident reporting within the home and found that accidents were reported appropriately. An audit of incidents was completed each month by the registered manager to identify any potential trends, such as times and location of incidents. This enabled the registered manager to implement appropriate measures to reduce the potential of future accidents within the home.

External safety checks had been completed to help ensure the safety of the building and equipment. We saw certificates for areas such as gas, emergency lighting, water, hoists and slings, fire equipment and electrical equipment. These were in date.

We spoke with staff about adult safeguarding, what constitutes abuse and how to report concerns. Despite not all staff having completed safeguarding training, all staff we spoke with were able to explain different types of abuse, potential signs of abuse and how they would report any concerns. Care staff told us they would inform the senior person on duty straight away if they had any concerns and a nurse we spoke with had a clear understanding of how to make referrals to the local safeguarding team. A policy was in place to guide staff on actions to take in the event of any safeguarding concerns and details of the local safeguarding team were available within the home. This enabled referrals to be made to the relevant organisations. We found that appropriate safeguarding referrals had been made.

The care files we looked at showed staff had completed risk assessments to assess and monitor people's health and safety. We saw risk assessments in areas such as falls, use of bed rails, nutrition, mobility and pressure relief. These assessments were reviewed regularly to ensure any change in people's needs was assessed. Appropriate measures had been put in place, such as regular weight monitoring or pressure relieving equipment.

There were completed risk assessments, such as falls from height, use of oxygen, use of wheelchairs, flooring, latex gloves, visual display units, asbestos and legionnaires disease. This helped to ensure people's safety within the home.

We looked at how the home was staffed. On the first day of inspection there were two nurses, six care staff, a chef and kitchen assistance, activities co-ordinator, a laundry assistant and two domestic staff. People living in the home told us there were enough staff and relatives we spoke with agreed. One relative told us, "[Staff] come right away when you need them." We looked at staff rotas for two weeks, which reflected staffing levels described by the manager. A staffing analysis tool was used to help determine required numbers of staff to meet people's needs and the registered manager told us they increased and decreased staffing numbers based on people's needs.

Some staff told us they had concerns regarding recent changes in staffing levels and that there was now only one trained nurse on duty between 2pm and 8pm. Staff told us the care people received had not changed due to this reduction in staff, but felt there was a possibility care could be compromised. We discussed this with the registered manager and operational director, who told us that the reduced staffing level was a trial. They told us feedback would be gathered from staff and people living in the home at the end of the month to establish whether it had been successful and could be made permanent. We observed that the home was busy, but people were supported in a timely way. For instance, people were supported to leave the dining

room soon after they had finished their lunch and we found call bells were answered after only a short time.

We looked at how staff were recruited within the home and found there was an effective recruitment procedure in place. We looked at four personnel files and evidence of application forms, photographic identification and appropriate references were in place. Disclosure and Barring Service (DBS) checks were evident within three files and the registered manager provided evidence of the fourth check on the second day of inspection. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff. We looked at procedures in place to ensure on going monitoring of nurses' registration and found the registered manager monitored and recorded these checks regularly. .

There were no concerns raised regarding the cleanliness of the home and one relative told us, "There are never any odours." We observed the home to be clean and the manager told us they had introduced cleaning schedules and audits. Cleaning schedules included tasks to be completed daily or weekly for instance and staff signed to confirm when these had been completed. We viewed the cleaning audits and found that the compliance score had improved each month since they had been introduced. We observed personal protective equipment being worn appropriately by the staff. There was hand gel available and bathrooms contained liquid soap and paper towels in accordance with infection control guidance.

Is the service effective?

Our findings

We looked at staff personnel files to establish how staff were inducted into their job role. Records showed that staff received an induction covering areas such as, health and safety, policies and procedures of the service, medicines, staffing and client care needs. Role specific clinical knowledge was assessed by the registered manager for nursing staff.

We looked at on going staff training and support. Staff told us they felt well supported by the registered manager and records showed that staff had all received recent supervision. The registered manager told us there was a matrix to help monitor when each staff member last received supervision and when the next one was due. No appraisals had been completed; the registered manager told us they were due and that they had given the necessary paperwork to some staff in preparation for this. Staff we spoke with were aware appraisals were being arranged. This meant that staff may not be supported adequately within their role to help them develop the skills and knowledge to meet people's needs effectively.

During the inspection the manager was unable to access the record of staff supervision or the staff training matrix which held information about what training each staff member had completed. It was held on the administrators computer, who was not on duty. Staff we spoke with told us they had not completed a lot of training recently and not all staff had received medicines or safeguarding training. Two training matrices for completed training was provided to us after the inspection. It was difficult to establish what each staff member had completed as one matrix included 42 staff and the other included 31 staff and some courses were recorded on both matrices. It was evident that not all staff had completed training in areas such as medicines, safeguarding, mental capacity and DoLS, health and safety and fire safety. The manager told us they were aware training was due to be refreshed and that this is arranged through head office. The manager confirmed there were no dates arranged for training such as manual handling or first aid. Of the four personnel files viewed, one contained evidence of dementia training, two did not contain any evidence of completed training and one included certificates for training such as, safeguarding, health and safety, fire awareness, nutrition, managing aggression, moving and handling and basic life support. This meant that staff may not have the knowledge and skills to meet people's needs and ensure their safety and wellbeing.

This was a breach of Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People at the home were supported by the staff and external health care professionals to maintain their health and wellbeing. The care files we looked at showed people received advice, care and treatment from relevant health and social care professionals. For example, G.P, physiotherapist, speech and language therapist, dietician, dentist, community matron, optician and chiropodist. People we spoke with and their relatives told us staff responded appropriately if they were unwell. For instance, one relative told us, "[Relative] was ill and the staff arranged for the doctor to visit on the same day."

We looked to see if the service was working within the legal framework of the 2005 Mental Capacity Act (MCA). 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 make 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).

The registered manager told us that 11 DoLS applications had been made to the local authority and one authorised DoLS was in place. Staff we spoke with were aware of whom DoLS applied to within the home and there was clear recording of the authorised DoLS within the person's care file. Records we viewed, however, showed that only two people had completed training in relation to DoLS. This meant that staff may not all have the knowledge to ensure people are only deprived of their liberty when this had been authorised under the MCA.

During discussions with staff, they told us they always asked for people's consent before providing care and we observed this during the visit. For instance, before entering a person's bedroom, providing personal care and when providing support to people at lunch time.

Care files we viewed showed that people had been consulted about their care and had given consent for their photographs to be taken and for information regarding their care plan to be shared with relevant people. Consent was also evident regarding flu vaccination and use of bed rails. When people were unable to provide consent, staff followed the principles of the MCA 2005. For example, one care file showed that the person was unable to consent to their care due to cognitive impairment. A mental capacity assessment had been completed and discussions with the person's G.P and next of kin were recorded; care was agreed and planned in the person's best interest.

We observed the lunch time meal in the dining room and found that tables were set with table cloths, condiments and jugs of juice. The dining room only had space for approximately 16 people to sit down. The registered manager explained that people could choose where they ate their meals and that some people chose to eat in the lounge or in their rooms.

There was a menu on display in the dining room which offered a choice of meals. When asked about the food people described it as, "Good", "Ok" and "Very good." People told us they always had a choice of meal and that if they did not like either of the main meal choices, they could have an alternative, such as an omelette or baked potato. People told us they received good amounts of food and could ask for drinks whenever they wanted one. We observed staff offering people hot drinks throughout lunch and noted jugs of juice in the lounge and in people's rooms. We were also told that the chef catered to people's dietary requirements such as, low sugar, fortified or pureed diet. The registered manager told us the chef was kept informed of any changes to people's dietary needs and a record of any specialised diet was held in the kitchen to ensure all staff had access to this information.

Is the service caring?

Our findings

People living at the home told us staff were kind and caring and treated them with respect. People living in the home described staff as, "Lovely", "Very caring" and "Friendly." Relatives we spoke with agreed and a relative described staff as, "Marvellous." One person told us, "I would not stay if I wasn't looked after well" and another person told us they had, "Good relationships with all of the staff." Staff we spoke with told us they enjoyed working in the home and one staff member told us, "My priority is the happiness of the residents." Another staff member stated, "[Residents] care, safety and needs are paramount."

We observed people's dignity and privacy being respected by staff in a number of ways during the inspection, such as staff knocking on people's door before entering their rooms and referring to people by their preferred name. Personal care activities were carried out in private and people did not have to wait long if they needed support. People were given plenty of time to eat their meals; they were not rushed in any way. One person living in the home told us staff protected their privacy and dignity by ensuring doors were closed when supporting them with personal care.

Interactions between staff and people living in the home were warm and caring, for instance a staff member telling a person their hair looked lovely. We heard staff explaining to people how they were going to support them before providing the support, such as when assisting people to leave the dining room. One person also told us that they could feel down at times, but the staff always had time to spend with them to talk and offer support.

Care files we viewed showed that people and their relatives had been consulted in the creation of their care plans. Plans contained social profiles which provided information regarding people's family, working life and preferences in relation to activities, meals and routines. Care plans we viewed reflected people's preferences. For instance, one person's care file recorded that they liked the call bell to be clipped to the pillow overnight to ensure they could find it. Their care file also reflected their preferred routine for staff to follow when supporting them to prepare for bed.

We found on discussion, that staff knew the people they were caring for well, including their needs and preferences. One staff member described a person's clinical and psychological needs in detail and how they actively promoted their right to be in control of their care. A staff member explained how they had acted on a person's behalf to receive funding from the health service for equipment they believed to be essential in order to meet the person's needs most effectively. They were successful in this and the person's condition had improved.

We observed relatives visiting throughout both days of the inspection. Relatives we spoke with told us there were no restrictions as to when they could visit. One relative told us, "I can visit whenever I want" and one person living in the home told us their relatives visited every day. The registered manager told us relatives could visit at any time and this helped to maintain and encourage relationships.

For people who had no family or friends to represent them, contact details for a local advocacy service were

available. These were on display within the home for people to access, as well as within service user guides [the home's brochure] which were provided to people when they moved into the home. The registered manager told us there was nobody in the home currently being supported by an advocate; however they had made a referral on a person's behalf recently and was awaiting a reply.

Is the service responsive?

Our findings

We observed care plans in areas such as personal care, mobility, continence, nutrition, pain management, medicines and skin integrity. There were also health specific care plans such as those for diabetes or mental health conditions. We found however, that one person's care file did not reflect all of their identified needs. For instance, their care file contained information from the speech and language therapist that reflected they had swallowing problems and required a specialised diet and thickened fluids to prevent the risk of choking. There was no care plan in place to provide staff with information regarding the person's swallowing needs and required safety measures to minimise the risk of choking. This meant that clear guidance may not be available to all staff to ensure the person's needs were known and met. Staff we spoke with were aware of the person's needs and daily reports reflected that thickened fluids were provided. On the second day of inspection, the registered manager provided a care plan that had been written that day to include guidance regarding the person's swallowing needs.

Care plans we viewed were mostly detailed and informative. We found however, that not all care plans contained sufficient detail regarding people's needs to ensure they could be met. For instance, one person's care file stated they required support from staff to reposition in order to prevent further breakdown of their skin. The care plan however, did not offer guidance on the frequency that this support should be provided; it stated support should be provided "timely." Staff we spoke with told us they provided this support every three hours and the person confirmed that staff helped them to reposition regularly throughout the day and night. There were documents in place that staff completed to evidence when this support was provided, however we found that there were large gaps in the recording and they did not reflect the care that we were told was provided. This meant that staff may not have the necessary information in order to meet people's needs effectively.

Although the care plans we observed were reviewed regularly, they did not always contain current information regarding people's needs and the support in place to meet those needs. For instance, one care plan regarding a person's pain management stated that a pain assessment tool should be used regularly to monitor and assess the person's level of pain. This however, had not been in use for a number of months. Another person's review of their care plan stated that a diet monitoring chart was in place. Staff confirmed that this was no longer in use as there were no concerns regarding the person's nutritional intake. This meant that staff did not have access to accurate information to guide them in how to support people and ensure their needs were met.

This was a breach of Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how people were involved in their care planning. Care files we viewed showed that people and their families had been involved in the creation of care plans and people living in the home and relatives confirmed this. One person told us staff went through their plan of care with them regularly and relatives we spoke with agreed that they were kept well informed of any changes to their loved one's health and wellbeing and their plan of care. Care files we viewed contained a record of communication between staff

and people's relatives. This helped to ensure relevant people were involved in people's care.

All care plans we viewed had been reviewed regularly and it was clear that when required, people's relatives were involved in those reviews and their agreement sought upon any changes that were to be made within the care plans.

Staff we spoke with told us they were informed of any changes within the home, including changes in people's care needs through daily verbal and written handovers between staff and through the use of a communication book and diary. This helped to ensure that staff were provided with sufficient information to meet people's needs. Staff told us they could also find information regarding people's needs by viewing people's care files.

We saw care files that contained a pre admission assessment draft care plan; this ensured the service was aware of people's needs and that they could be met effectively from admission. The operational director told us they always ensured preadmission assessments were completed to ensure people could be supported safely and effectively within the home before they moved in.

Staff we spoke with demonstrated a good knowledge of people's individual care, their needs, choices and preferences. Care files we viewed included some information about people's preferences. This included likes and dislikes regarding meals, what activities people liked to participate in and any preferred routines people liked to follow.

Care files contained life histories for people which enabled staff to get to know people, understand their experiences and backgrounds and provide support based on their preferences.

We asked people to tell us about the social aspects of the home. During the inspection we observed people having their nails painted, a game of bingo and singing. Most people told us they were happy with the activities available, especially regular bingo and singing. However, one person told us there was very little to do. People also told us they would like to go out more and that the home used to have a minibus so they could go on days out but they no longer had this. The registered manager stated the minibus had been beyond repair and they were unable to afford a new bus at present. They told us they had recently created a new relatives' group which aims to raise funds towards a new minibus. Quality assurance surveys we viewed also reflected a dissatisfaction regarding activities. The registered manager told us they had addressed this by recently employing a second activity coordinator to promote further activities for people to take part in.

We looked at processes in place to gather feedback from people and listen to their views. Quality assurance surveys were given to people and their relatives to complete, although those we viewed were not dated. This provided people with an opportunity to provide feedback regarding the whole service. Resident and relative meetings had been introduced and relatives we spoke with confirmed that they were aware of the meetings and some had attended. Minutes from the meeting showed that people were asked their views and advised of any changes within the home, such as new staff.

People told us they had choice as to how they spent their day, such as where to eat their meals, whether to sit in lounges, whether to join in activities or spend time in their rooms. Care files evidenced people's choice with regards to when they liked to get up each morning or go to bed and a relative told us their family member was able to stay in bed and have a lie in if they chose to.

People had access to call bells in their rooms to enable them to call for staff support when required. We spoke with one person who spent a lot of time in their room and they told us staff always ensured the call

bell was within reach.

People had access to a complaints procedure within the service user guide provided to people when they moved into the home. There was also a book available in the foyer to enable people to record any comments or complaints. The registered manager told us they had not received any recent complaints and that they had an open door policy. The registered manager told us they encouraged people to speak with them at any time if they had any concerns.

Is the service well-led?

Our findings

The home had a registered manager in post. We asked people their views of how the home was managed and feedback was positive. People living in the home told us it was run well and felt able to go to the manager with any concerns and were confident they would be listened to. Relatives agreed and told us they would talk to the manager if they had any concerns. One relative told us, "[Manager] is really good, keeps me informed." Staff told us they were well supported by the management team and described the manager as, "Fabulous", "A pioneer" and that the manager had, "Turned the place around."

During the visit we looked at how the registered manager and provider ensured the quality and safety of the service provided. The operational director visited the home most months and monitored and reported on areas such as complaints, activities, staff recruitment, cleanliness of the home and catering. The reports provided to the registered manager also included views of staff they had spoken to during the visit

We viewed completed audits which included areas such as, accidents, cleanliness of the home, general environmental audit, wheelchair safety and tissue viability. A mattress audit had also been completed; this reflected that for two consecutive months, the same mattress cover needed to be replaced but there was no evidence of any action taken. We discussed this with the registered manager who told us a new mattress cover had been ordered when the need was identified, but this was not evidenced on the audit. Audits were not robust as they did not pick up on the areas of concerns we identified, such as those relating to medicines, fire safety and care planning.

A staffing analysis was in place which was based on people's dependency assessments. We found however, that dependency assessments were not always completed accurately and were not the most current assessment tool provided by the provider. The operational director showed us this assessment which they had believed to be in use but this was not the case. The new tool included a different range of scores and criteria for each dependency level. This meant that people's assessed level of dependency may not be accurate and so the information used to assess the number of staff required to meet people's needs, may not be correct. The registered manager agreed to review all dependency assessments and ensure the correct assessment was used and re-evaluate the staffing analysis. Since the inspection, the registered manager told us that people's dependency had been reassessed using the new tool and no changes to staffing levels had been identified.

We found that care files were not stored securely. Care files were stored in a cupboard that did not lock. The manager told us this was a temporary measure until extra storage had been fitted within the nurses' office. This meant that people (including visitors to the home), had access to private and confidential information regarding people living in the home.

This meant that the systems in place to monitor the quality and safety of the service were not effective.

This was a breach of Regulation 17(1)(2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they had made a number of improvements since the last inspection, such as the introduction of a key worker system; a review of all care plans; new menu's and systems to ensure people have choice; introduction of cleaning schedules and audits; removing unnecessary furniture and equipment from the home; completing staff supervisions; staff recruitment; introduction of medicine audits and scheduling resident, relative and staff meetings. The registered manager told us they had plans for continued development within the home and was hoping to arrange for a sensory garden to be built.

The registered manager was working with the commissioners of the service and participating in the Commissioning for Quality and Innovation (CQUIN) scheme. This involved the registered manager monitoring and providing information on areas such as hospital admissions, safeguarding concerns, falls, end of life care and complaints. The registered manager also completed a report for the provider each week and included information on areas such as, staffing levels, use of agency staff, any safeguarding concerns and any issues raised during the week.

Staff were aware of the home's whistle blowing policy and told us they would not hesitate to raise any issue they had. Having a whistle blowing policy helps to promote an open culture within the home. Staff told us they were encouraged to share their views regarding the service.

We looked at processes in place to gather feedback from people and listen to their views. As well as resident meetings and quality assurance surveys, staff attended regular staff meetings to ensure their views were gathered. Records we viewed showed that staff meetings took place regularly and covered areas such as medicine management, infection control, improvements within the service and any areas of concern raised regarding care provision. Staff told us they felt able to share their views within the team meetings.

The registered manager had notified the Care Quality Commission (CQC) of events and incidents that occurred in the home in accordance with our statutory notifications. This meant that CQC were able to monitor information and risks regarding Orrell Grange.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	People were not protected from the risks relating to medicines management. 12(2)(g)
Treatment of disease, disorder or injury	The environment of the home was not maintained to ensure safety of all people. 12(2)(a)(d)

The enforcement action we took:

warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Care plans did not always provide sufficient information to ensure people's needs could be met.
Treatment of disease, disorder or injury	Systems in place to monitor the quality and safety of the service were not effective. 17(1)(2)(a)(b)(c)

The enforcement action we took:

warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	Staff were not supported in their role through training and an annual appraisal to ensure they held the appropriate knowledge and skills to meet people's needs. 18(2)(a)
Treatment of disease, disorder or injury	

The enforcement action we took:

warning notice