

London Residential Healthcare Limited

Solent Grange Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Solent Grange Nursing Home is registered to provide accommodation for up to 89 people. The home provides both personal and nursing care support to older people including those living with dementia. At the time of the inspection the home accommodated a total of 45 people.

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

People and relatives told us they felt safe and were happy with their care. They confirmed staff were kind and caring and we observed positive interactions between staff and people.

Governance systems were in place to help ensure the quality of the service. The manager was now ensuring these were fully followed. This helped to ensure that following an accident or incident, appropriate action would be taken to investigate and reduce the risk of recurrence.

A comprehensive continuous improvement plan had been developed by the company. This had identified areas where improvements were required including health and safety, risk management, medicines, infection control and auditing of the service. Action was being taken to commence making the necessary improvements.

People received their medicine as prescribed. The manager had identified a need to add further information to medicine administration care plans and 'as required' (PRN) medicine plans to provide staff with additional guidance as to when these medicines should be given.

Staff were trained in infection control and had also received specific Covid-19 training to help ensure they understood the risks and adhered to infection control processes in line with Covid-19 guidance. Throughout the inspection staff were observed to be wearing face masks as per the latest government guidance. The use of additional Personal Protective Equipment (PPE) was discussed with the manager and regional manager who agreed to seek advice to ensure all PPE was worn in line with government guidance. PPE such as disposable masks, visors, gloves and aprons, were available for staff and visitors to the service to use. Safe visiting procedures were in place.

We observed sufficient numbers of staff available to meet people's needs. Safe and effective recruitment practices were in place and followed.

People, relatives and staff were positive about the running of the service. They had confidence in the new manager who they felt was making improvements.

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

Rating at last inspection

The last rating for this service was Good (published 17 May 2019).

Why we inspected

As part of CQC's response to the coronavirus pandemic we are conducting a thematic review of infection control and prevention measures in care homes. Solent Grange Nursing Home was randomly selected to be part of this review.

We also inspected the key question areas of Safe and Well-led. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. We have rated the Key Questions for safe and Well-led as Good therefore the overall rating for Solent Grange Nursing Home remains Good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Solent Grange Nursing Home on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Solent Grange Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by two inspectors and an expert by experience in the care of older people.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission. However, a manager had been recruited who had applied to become the registered manager. This means that they and the provider will be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of our intention to inspect. This was because we needed to be sure the right staff would be available and to manage any risks relating to inspecting the service.

What we did before the inspection

Before the inspection, we reviewed information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We also requested some records relating to infection control which

were reviewed prior to the visit to the home.

We used all of this information to plan our inspection.

During the inspection

We spoke with five people living at the home during our inspection visit and six relatives by phone. We observed care and support provided for people in communal areas and viewed most of the home. We spoke with members of staff including, four care staff, two nurses, two administrators, two housekeepers, the regional manager and the manager.

We reviewed a range of records including those relating to medicines management, staff files in relation to recruitment as well as a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with four further staff by telephone and two external health and social care professionals. We looked at additional information the provider sent us including individual risk assessments and management records, records relating to the management of the service including audits and policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Learning lessons when things go wrong

- There was a process in place to monitor incidents, accidents and near misses.
- The provider's procedure requires staff involved at the time of the incident or accident to complete an accident/incident record detailing what occurred. The form is then reviewed by the manager or a senior staff member to ensure that any necessary action is taken. Incidents and accidents were logged onto spreadsheets to enable patterns or trends to be identified.
- We reviewed records in relation to incidents and accidents covering the six months prior to the inspection and found that the process detailed above had not been followed correctly until the new manager commenced working at the home in September 2020. The manager had reviewed these records and taken action where necessary.
- At the time of the inspection we were assured that if an accident, incident and near miss occurred appropriate action would be taken to investigate and reduce the risk of recurrence.

Using medicines safely

- Each person who needed 'as required' (PRN) medicines, such as pain relief, had information in place to support staff to understand what the medicine was for. However, we identified a need for more person-centred details to ensure staff would have information to support them to know when each PRN should be used. The manager said they had also identified this and was planning to further develop PRN plans to provide this level of information.
- Medicines were administered by nursing staff or senior care staff. Although they had completed medicines management training, annual competency assessments as recommended by best practice guidance had not been completed. The manager had identified this and had plans to complete competency assessments.
- We observed staff supporting people with their medicines in a safe and unhurried manner.
- Medicines administration records (MAR) were completed correctly and indicated that people received their medicines as prescribed. MAR charts were checked regularly to help ensure that all people had received their medicines as required. This also helped to ensure any errors could now be identified quickly and acted upon.
- There were suitable systems in place to ensure that medicines were securely stored, ordered and disposed of correctly and safely.
- Medicines that have legal controls, 'controlled drugs' were appropriately managed. Balance checks or internal audits of these medicines were robustly completed.
- Safe systems were in place for people who had been prescribed topical creams.

Assessing risk, safety monitoring and management

- Since the manager had been in post they had developed and implemented clear systems to ensure that all aspects of the home were effectively risk assessed to help ensure any necessary action was taken in a timely way.
- Risks to people's personal safety had been assessed and plans were in place to minimise them. These were linked to the individual person and covered areas such as, moving and positioning, tissue viability, medicines management, the use of bed rails, falls, choking and behaviours which may place the person or others at risk.
- Since in post the manager had updated the action plan for the service. During this process they identified improvements that were required in relation to individual risk management. This resulted in them ensuring that all people had the correct moving and handling equipment (hoists) available to ensure their safety.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives said they felt safe using the service. When asked if they felt safe, people responded, "oh yes, very safe", "Yes, there is always someone around" and "The girls (care staff) are lovely, very kind, very nice." Comments from relatives included, "Staff are kind and supportive". One relative told us how a person had been supported to change their bedroom to reduce the risk posed by stairs.
- Staff had received safeguarding training and knew how to prevent, identify and report allegations of abuse. One staff member told us, "I would first tell the nurse or the team leader, if nothing happens, I would go to the manager or to the CQC."
- The manager understood their responsibilities and knew the actions they should take should people or staff raise a safeguarding concern to them. The provider's policies were followed and effective action was taken to ensure people were protected from abuse.

Staffing and recruitment

- People were supported by consistent, permanent staff. People said staff were kind, caring and they had got to know them. They also felt staff knew how to look after them and that staff were available when they needed them. One person said, "I have a button (call bell) and they come quickly."
- Relatives said that when they had been able to visit there had seemed to be enough staff. One relative told us there was, "Always someone around. Reception staff are very helpful. I know the staff really well and they keep me updated." However, another relative said, "Staff seemed to be moved from area to area and don't have experience of dementia."
- Staff said they were sometimes short staffed. They told us that when staff were "off sick" the service could not always get replacement staff especially at short notice. The manager said there were issues with high staff sickness which they were addressing.
- Staff responded to people's requests for support in a timely way. During interactions with people, we observed staff did not rush and people were given the time they required.
- Staffing levels were determined by the number of people using the service and the level of care they required. The manager monitored the staffing levels by observing care and speaking with people and staff to ensure that staffing levels remained sufficient. The provider used a dependency-based tool to calculate staffing levels. In addition to nurses and care staff a range of ancillary staff including catering, housekeeping, maintenance and administration staff were provided.
- Short term staff absences were covered by existing staff members this helped ensure continuity of care for people. Should agency staff be required the manager said they aimed to ensure the same staff were used.
- There were clear recruitment procedures in place to help ensure staff were suitable for their role. These included health declarations, checks of conduct where people had previously worked in health and social care and checks with the Disclosure and Barring Service (DBS). DBS checks help employers make safe recruitment decisions.

Preventing and controlling infection

- The home's continuous improvement plan showed that the new manager had identified ways in which the service could improve its prevention and control of infection systems and dates were in place for these to be achieved by. Risk assessments and procedures had been introduced in response to the Covid 19 pandemic.
- Throughout the inspection staff were observed to be wearing face masks as per the latest government guidance. PPE such as disposable masks, visors, gloves and aprons, were available for staff and visitors to the service to use.
- Staff were trained in infection control and had also received specific Covid-19 training to help ensure they understood the risks and adhered to infection control processes in line with Covid-19 guidance.
- The provider had ensured that, where safe and practicable, relatives could continue to visit their loved ones. Recent guidance was being followed and the service had suspended visiting whilst a full height/width screen could be made available to replace the existing visiting room partial screen. Compassionate visits for those unable to use the visiting room, such as people approaching the end of their lives, were facilitated safely. One relative said, "I've already had emails from the manager this morning about the screen having to be fitted. Very good at keeping me informed. I did garden visits in the summer, just had to ring, and ask can I visit, and staff would arrange."
- All areas of the home were clean and regular cleaning tasks were completed in line with set schedules. Cleaning tasks completed fully considered high risk areas.
- People and relatives all confirmed staff used PPE and washed their hands appropriately. Staff said they had access to plenty of PPE and described how and when they used this.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good.

This meant the service was well-led.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care.

- The service had a comprehensive quality improvement plan since the last inspection. This showed that the new manager had reviewed all aspects of the service and identified areas where the provider's policies and procedures had not been followed and initiated actions to ensure all necessary improvements were made. The areas covered included the environment, infection control, medicines management and accidents and incidents.

- Staff performance was closely monitored by the management team through one to one meetings and observational supervisions. The manager and senior staff worked closely with staff, completed spot checks and observed staff perform their daily tasks. Where necessary action was taken to address issues identified during these checks.

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

- Each morning a meeting was held with staff from all sections of the home including, management, nursing, care, catering, housekeeping and support staff. This helped ensure that all staff were kept up to date with anything occurring in the home and could ask questions or express views as necessary.

- People and relatives were positive about the home. One relative said, "Since the new manager has taken over, things have greatly improved. There is still work to be done but I'm feeling more confident now."

People knew who the new manager was and were positive about her. One person said, "She seems a nice lady, on the ball." Everyone said they would recommend the home to others in need of similar care.

- The manager had clear expectations that staff would provide high-quality care in a caring and compassionate way. Staff spoke positively about the people they cared for and demonstrated a commitment to treating people in an individual, person-centred way. Relatives confirmed this and one said of staff, "Very attentive, they are interested in him. He is very chatty now, there is good interaction with staff and he is not lonely now." One staff member said they, "Loved working at the home and this year the residents feel like my family."

- All staff said they would be happy for a family member to be cared for at the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. The manager had identified that this process had not been followed for accidents and

incidents which had occurred prior to them commencing employment at the home. They had retrospectively taken appropriate action to investigate and provide a written apology and explanation to the person or family members.

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

- Survey questionnaires relating to how people were feeling in relation to the care they received throughout the pandemic had been completed by people at the service. These were completed in August 2020 and showed that people were happy with the service and felt safe.
- Virtual meetings had also been completed with relatives. These gave relatives the chance to 'meet' the new manager and be updated about any proposed changes as well as raising any issues or questions they may have. Minutes from these meetings were available for relatives who were unable to attend the meeting.
- Meetings had also been held with various staff groups. Where necessary actions were identified and followed up at subsequent meetings.

Working in partnership with others

- External health and social care professionals were positive about their interactions with the manager who they identified as open and responsive. One said the manager was "Brilliant, very person centred" and "always says it as it is."
- The manager had regular contact with the provider's senior management team who provided internal and external updates. Throughout the inspection a member of the provider's senior management team was present to support the manager.