

Ultima Care Centres (No 1) Limited

# Ormesby Grange Care Home

## Inspection report

Ormesby Road  
Middlesbrough  
Cleveland  
TS3 7SF

Tel: 01642225546  
Website: [www.fshc.co.uk](http://www.fshc.co.uk)

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## 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

The inspection took place on 8, 9 August 2017. The inspection was unannounced.

Ormesby Grange Care Home is based in a residential area of Berwick Hills, Middlesbrough. The home provides personal care and nursing care for older people and people living with dementia. The service is situated close to the local amenities and transport links. The service is registered for up to 114 people and on the day of our inspection there were 48 people using the service.

At the time of our inspection the service did not have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

We identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported with their medicines however we found that medicines were not always stored and managed safely.

The premises were well presented and clean, however we found that treatment rooms needed cleaning.

Staff had not all received supervisions and appraisals with the management team, this would be where they had the opportunity to discuss their care practice, wellbeing and identify further training needs.

People were supported by enough staff to meet their needs, although we received mixed feedback from relatives and people who used the service regarding staffing levels.

People had care plans in place that were currently being updated and some didn't include person centred information regarding how people liked their care, their preferences and dislikes.

People took part in occasional planned activities and we saw evidence of this. However during our inspection we didn't observe many activities taking place. Throughout the inspection we saw that people who used the service, relatives and staff were comfortable and had a positive rapport with the staff.

People were supported by attentive staff with caring attitudes. We spent time observing the support that took place in the service. We saw that people were always respected by staff and treated with kindness. We saw staff communicating with people well.

The atmosphere of the service was busy and welcoming. People who used the service and their relatives told us they felt at home and visitors were always welcomed.

Care plans contained risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. The care plans showed that people's health was monitored and referrals were made to other health care professionals where necessary, for example: their GP, dentist or optician.

Staff training records, showed staff were supported and able to maintain and develop their skills through training and development opportunities that were accessible at the service. The staff confirmed they attended a range of valuable learning opportunities. Although some were in need of refreshing, courses were already booked for staff to attend. This was managed by an online system.

Records showed us there were robust recruitment processes in place.

People were encouraged to eat and drink sufficient amounts to meet their needs. They were offered a varied selection of drinks and snacks. The daily menu was reflective of people's likes and dislikes and offered varied choices and it was not an issue if people wanted something different.

A complaints and compliments procedure was in place. This provided information on the action to take if someone wished to make a complaint and what they should expect to happen next. The compliments we looked at were complimentary to the care staff,

People had their rights respected and access to advocacy services if needed.

Audits by the temporary manager did not always pick up on inaccuracies in records.

We found a quality assurance survey was taking place with stakeholders using questionnaires.

The service had also been regularly reviewed through a range of internal and external audits for example the local authority. We saw that an action plan was in place to improve the service or put right any issues found.

People who used the service and their representatives were regularly asked at meetings for their views about the care and service they received.

You can see what action we told the provider to take at the back of the full version of the report.

## 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** ●

This service was not always safe.

Medicines were not always managed safely.

Medicines were not stored appropriately.

People had individualised risk assessments in place to support them to take risks safely.

Staffing levels had improved to ensure people were supported by the sufficient numbers of staff.

### Is the service effective?

**Requires Improvement** ●

This service did not support staff effectively with supervision and appraisals.

Staff training was in place and current.

Peoples nutrition and hydration needs were met and people were complimentary about the food.

People were supported to access healthcare professionals.

### Is the service caring?

**Good** ●

This service was caring.

People were supported by staff who were respectful, patient and attentive.

People who required advocacy were able to access support when required.

Choice and independence was encouraged by staff and valued by the people who used the service.

### Is the service responsive?

**Requires Improvement** ●

This service was not always responsive.

Activities were organised for people but people wanted to be engaged more in the planning process.

Peoples care plans didn't always contain person centred information to help support them in the best way.

People knew how to raise issues and concerns if required.

People and their relatives were encouraged to share their views on the service.

### **Is the service well-led?**

This service was not always well led.

The service did not have a registered manager in place.

Audits did not always identify incorrect records

Records were not always reviewed or up to date.

Quality assurance feedback was taking place to collect people's views on the service.

The service had an action plan in place to deliver improvements.

**Requires Improvement** 

# Ormesby Grange Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8, 9 August 2017 and was unannounced. This meant that the service was not expecting us. The inspection team consisted of one adult social care inspector, two pharmacy inspectors, a specialist advisor in nursing and two experts by experience that had a professional background in various areas including, older people and dementia.

At the inspection we spoke with 13 people who used the service, 10 relatives, the operations manager, temporary manager, one agency nursing staff, 14 care staff, kitchen staff, domestic staff and the activity co-ordinator. During the inspection we were able to speak with a visiting professional from the community nursing team.

We asked the provider to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However they did not complete this for us.

Before we visited the service we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service; including the local authority commissioners.

Prior to the inspection we contacted the local Healthwatch who is the local consumer champion for health and social care services. They gave consumers a voice by collecting their views, concerns and compliments through their engagement work.

During our inspection we observed how the staff interacted with people who used the service and with each other. We spent time watching what was going on in the service to see whether people had positive experiences. This included looking at the support that was given by the staff, by observing activities, practices and interactions between staff and people who used the service.

We also reviewed records including; four staff recruitment files, 15 medicines records, safety certificates, five care plans and records, four staff training records and other records relating to the management of the service such as audits, surveys, minutes of meetings, newsletters and handover records.

# Is the service safe?

## Our findings

People who used the service told us they felt safe living at Ormesby Grange, they told us; "It is safe here people have to use a code to get into the building or ring the bell, no one can just walk into the home" and "I do feel safe here."

We looked at the systems in place for the management of medicines. We looked at 15 medicines administration records (MARs) and looked at storage, handling of medicines and stock requirements.

Medicines were stored securely and appropriate members of staff held the keys. However, the treatment rooms were not clean and the nurse's medicines trolley required cleaning. Oxygen in both treatment rooms was not secured to the wall using the chains provided. Waste medicines were not stored securely as they were stored in bags on the floor, bins were overflowing and full bins were not signed and dated. Medicines fridge temperatures were recorded daily; however the maximum and minimum temperatures were recorded as the same each day indicating the thermometer had not been reset. We highlighted these concerns with the temporary manager who ensured the rooms were cleaned and oxygen was stored appropriately during the inspection.

Controlled drugs were kept securely at the home; however, records of receipt were not documented as per the home's policy. We found that balance checks were recorded weekly as per the home's policy. The home required medicines which aid sleep to be recorded in the CD register, we found for one of these medicines the records did not match the administrations. Audits by the temporary manager did not always pick up on inaccuracies in records. We asked the temporary manager to investigate this during the inspection.

Medicines, which were to be taken as and when required, did not always have protocols to guide staff as to when and how these could be administered. These were not always dated, reviewed or updated when changes had occurred. The home's policy stated when as required medicines were administered the reverse of the MAR should be used where necessary and a note made in the daily records however we found that these records were not consistently completed.

We saw that some residents required topical medicines to be applied by care staff. Topical medicines administration records were not in place for all people. For those that were in place they were not always double signed to ensure they had been completed correctly. Records were not always completed to indicate administration had occurred and some records did not match to the signatures on the MAR charts.

The service used transdermal patch application records alongside the MAR chart to record the use of patches for pain relief. The service's policy stated that administration should be witnessed, however we found that records were not always countersigned. We found that one person did not have a record and other people's records were not completed for each patch change, or were completed but the manufacturer's instructions were not followed. This meant there was a risk of skin sensitisation because each patch had not been rotated in line with the manufacturer's recommendations.



We found that the quantities of medicines in the nursing trolley did not always match with the administration signatures. One person did not have enough medicines to receive the doses required for the MAR cycle and no entry was made to identify where the missing tablet was or if more had been ordered. A second person who was prescribed a medicine to prevent urinary tract infections had 22 doses signed as administered. However, the amount remaining indicated the medicine had not been given as prescribed.

One person was prescribed an antibiotic; the label stated "can be given covertly". An appropriate best interest decision had been made and guidance was in place to assist with the covert administration, however we found that only five out of 16 doses had been administered over the four day period. No records were made explaining why the medicine had been refused or why they were not given covertly. No actions had been recorded to seek advice regarding the missed doses or follow up for the person.

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

Medicines administration records for people who used the service were personalised and all had a picture and allergy information provided on their cover sheet to aid staff when administering medicines.

We saw that three people took their own medicines and the service had appropriate risk assessments in place and these had been reviewed. One person's care plan was very specific to their needs and the home had put systems in place to assist this person's independence as they were visually impaired but wished to look after their own medicines.

We spoke with people who used the service and their relatives regarding staffing levels and we received a mixed response. People told us; "I have to wait if I want to go to the toilet" and "I feel safe here but there is not as many staff as there was, numbers are down a bit," and "I'm very comfortable here. They take care of you. Definitely, need more staff though. They have to race around to get you ready in the morning. Breakfast time is terrible, it's not fair on the girls. I don't usually have to wait too long for the buzzer to be answered at night." Relatives told us; "[Name] needs two carers she sometimes has to wait to go to the toilet and then that only leaves one staff" and "Things seem to be better now with the staffing."

We spoke with staff and asked them about the staffing levels they told us; "Things are better now there are more staff on in the morning and its better." And "Yes more staff would be good but I get on with my job." And "I think we have enough staff, I wouldn't of said that before, things are better now." And another said; "The staffing levels are right now."

We observed call buzzers throughout both days of the inspection and staff response times to people who use the service and these were responded to each time within a one minute time frame.

We discussed staffing levels with the management team and they told us how they had introduced a new dependency tool to calculate the staffing levels and as a result had introduced more staffing for the dementia area and more staffing on a morning to cope with busy times. We looked at rotas that confirmed this.

Staff rotas showed us that there was a consistent staff team. However the nursing staff were provided by a nursing agency who were brought in to cover nursing staff absence. The temporary manager showed us the arrangements they had in place to recruit nursing staff and a new clinical lead imminently.

Staff had received training in respect of abuse and safeguarding. They could describe the different types of

abuse and the actions they would take if they had any concerns that someone may be at risk of abuse. The service had a notice board dedicated to safeguarding on display for staff and visitors. We saw records that demonstrated the service notified the appropriate authorities of any safeguarding.

Staff files showed the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, two previous employer references and a Disclosure and Barring Service (DBS) check, which was carried out before staff commenced employment and periodically thereafter. The DBS carry out a criminal record and barring check on individuals who intend to work with children or vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. We also saw proof of identity was obtained from each member of staff, including copies of passports and birth certificates.

Peoples care plans contained individualised risk assessments that were reviewed regularly and enabled people to take risks in their everyday life safely. For example; moving and handling, physical and social aspects of care, Malnutrition (MUST), Continence and dressing.

There were effective systems in place for continually monitoring the safety of the premises. These included recorded checks in relation to the fire alarm system, hot water system and electrical appliances. We also saw records that equipment such as hoists and scales were checked regularly to ensure they were working safely.

We looked around the home and found that most areas were clean and well presented. Personal protective equipment (PPE), paper towels and liquid soap were available throughout the home. We also witnessed care staff using PPE appropriately, for example when serving food and administering medicines.

## Is the service effective?

### Our findings

Supervision and appraisals did not always take place with staff. These are one to one meetings to enable staff to review their practice. Supervision files showed that four staff hadn't received any supervision and 28 staff had only received one. The service policy states that staff should expect to have six within a twelve month period. When we asked staff about their supervisions they gave us a mixed response, staff told us; "I don't know how many we are supposed to have." And another told us "I can't remember when I last had one." And another told us; "I have just had one recently." This meant that not all staff received the appropriate support and supervision as is necessary to enable them to carry out their role.

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

People were supported by a range of community professionals including; social workers, GPs, speech and language therapy and the community nursing team. People were also supported to attend medical appointments.

We spoke with the visiting community nurse who told us; "The home is clean and running well. The staff offer a good standard of care, I have no concerns regarding recommending the home'

Staff took part in a wide range of training opportunities and the training list showed us the range of training reflected the needs of the people who used the service. For example; dementia awareness. We were shown evidence that staff training was coming up to expire and refresher sessions were planned. This was monitored by an online system that connected to the care staffs time sheets on a clocking in system that alerted staff when their training was due to expire.

The environment was clean and homely, with some dedicated areas on the first floor with memorabilia on display capturing the attention of people living with Dementia. We observed that some initial work had been carried out to make the environment more dementia friendly for example different coloured door frames and some signage however more was required to promote an accessible environment for people living with dementia. When we spoke with the temporary manager they told us that they had further plans to improve in this area and were planning to include better door signage for people's bedrooms with photographs.

People's nutrition and hydration needs were met. We saw people enjoying their lunch in both dining rooms and in the lounge areas. There were enough staff present to support people who needed extra support to eat. The atmosphere was relaxed and not rushed as there was two sittings and this was well received as a positive dining experience.

Special diets were catered for including; soft foods for people who were not able to have solid foods, diabetic and people who needed food fortifying with extra calories. Soft foods were presented in an appetising manner. We spoke with one of the kitchen chefs who had knowledge of people's needs, and preferences.

People were complimentary about the food provided and the range of choices available; one person told us; "There are two choices at meal times, I'd like to see more. There's nothing wrong with the food." Another person told us; "The food is quite good here, no complaints. If you don't like something, you can pick something else." Another said, "I always enjoy my meals here. They are all good and you have a choice of food."

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. There were a number of people who used the service with a DoLS in place. Staff had received training on DoLS and some were able to give us examples of who had them in place and why. These were also monitored by the temporary manager.

People were asked to give their consent to care, before any treatment or support was provided by staff. Staff considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests and where necessary involved the right professionals including GPs, social workers and community nurses.

# Is the service caring?

## Our findings

People who used the service and their relatives told us the staff were caring, supportive and attentive at all times. People told us "The staff are all kind and they look after us well." And "There are some lovely staff here and everyone is very helpful." Another person told us; "They look after you alright, the staff here are friendly."

We spent time observing people and there was a relaxed, atmosphere. Relatives told us they were always made to feel welcome by staff. One relative commented; "The staff always treat [name] with respect, not as a number." And another relative told us; "The staff are lovely, they are kind and caring. I have never seen anyone not being nice to residents." And another told us; "The staff are always helpful. For example, they put my [name] make-up on for a family wedding recently."

The visiting community nurse we spoke with told us; 'The staff here are very respectful of the residents'

People who used the service had access to advocacy services but no one was using them at the time of our inspection. When we asked staff how they would support someone to access advocacy support some were unsure and some were not knowledgeable about advocacy. We brought this to the attention of the temporary manager who assured us that this would be addressed at the next team meeting to refresh staff knowledge on what advocacy services were available to people and how this can support people's rights.

People who used the service told us they had been supported to maintain relationships that were important to them. They told us family and friends were able to visit at any time. We saw relatives that visited regularly during our inspection.

People's dignity was respected by staff, they knocked on bedroom doors before entering and asked permission before administering medicines or carrying out moving and handling. Staff told us; "We make sure people are covered up." and "Bedroom curtains are closed until personal care is finished and the person is dressed."

Relatives we spoke with also told us, "Staff always tell [name] what they are going to do" and "Staff always close the doors and curtains when they are bathing [name]," another relative told us; "Staff always make sure that the door is shut and the curtains closed if they are doing any personal care"

People were supported to maintain their independence where ever possible and we saw this in action during meal times when people were encouraged to do things for themselves. When we spoke with staff they were able to give us other examples and told us; "It comes natural for people to be independent and we are there if they need a hand, we let them try first then assist."

At the time of our inspection no one was in receipt of end of life care. We saw that people were supported to plan for end of life care and some people who wanted them had advanced care plans in place taking into account their preferred arrangements and religious beliefs.

The local churches visited the service regularly to engage with the people who use the service.

## Is the service responsive?

### Our findings

The service had an activities co-ordinator in place and a mix of planned activities depending on people's preferences. During our inspection we saw that there were activities planned and had taken place, we saw photographs and people told us what took place however we didn't observe many activities happening during our inspection.

We spoke with people and their relatives and we received mixed feedback regarding the activities they told us; "I do the bingo and quizzes, but they only have one activities coordinator now and she's taken too much on, now she's between floors. I watch TV and read." Another person told us; "I am bored to tears." And another person told us; "They used to ask for suggestions around activities, but they don't ask now. They had a good singer once, he entertained us all afternoon." Another said, "The hairdresser comes every Tuesday, she's very nice." One relative told us; "There is a coffee morning, bingo and [name] gets her hair and nails done," and another told us, "Little stimulation, [name] just sits in her room every day. They don't encourage [name] to do anything."

We spoke with the activities co-ordinator who told us how they work on collecting information on peoples life stories with as a one to one activity. They also told us about the selection of activities on offer including: baking, arts & crafts, bingo, shopping trips, dominoes, musical bingo, movie days, exercise in chairs and singalongs. They also told us; "There are no regular meetings with residents, instead I just asks for suggestions. We used to have quarterly meetings with other home activity coordinators. These have continued, but I haven't managed to attend one yet."

People were able to attend relative and resident meetings and we could see that these had taken place however activities had not been discussed. We discussed activities with the management team and they explained that more activities were planned and more would be taking place including dementia friendly activity boxes and memorabilia.

We looked at care plans and we found they were not always person centred enough to give in depth details of the person. Person centred is when the person is central to their support and their preferences are respected. Some care plans contained 'My needs at a glance' information that reflected people's preferences, how they liked their support, their needs and background information. However this was not consistent. For example we spoke with staff about one person's specific preferences regarding dressing and when we asked staff to show us this information in the persons care plan it wasn't recorded. We raised this with the temporary manager who explained they were in the process of changing care plan formats and not all had been completed and that this would be addressed immediately.

People and their relatives were involved in their care. One relative told us; "The staff always get in touch they ring if [name] has had a fall. They put a sensor on the bed so they know when she gets up now in the middle of the night. It was fitted within 24 hours of talking about it."

People who used the service and their relatives knew how to make a complaint or raise issues. Everyone we

spoke with was aware of how to raise concerns or make a complaint if they needed to One person told us; "I know who to go to if I want to complain."

Information was available to show how complaints had been managed, resolved and recorded appropriately. We also saw the service had received several compliments and these were shared with staff members.

This showed us that the complaints procedure was well embedded in the service and staff and visitors were confident to use it when needed. When we looked at the complaints and compliments file we found that there were a number of compliments. Where the service had received complaints we saw they had been addressed by the manager appropriately and outcomes were recorded.



## Is the service well-led?

### Our findings

The home did not have a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. We saw that the service had a management team in place that consisted of a temporary manager, a deputy manager and a support manager from another service.

The temporary manager ran a programme of audits throughout the service and these were carried out regularly. However we found that some audits had not addressed accuracy issues in records. For example we found medicines recording errors, one person's weight record was incorrect and one person's personal evacuation plan had not been updated to reflect their current mobility needs as these had changed considerably. This meant that people's care records were not updated to reflect their needs.

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

People who used the service and their relatives shared their views regarding the management team in place and one person told us; "Could be better, but that's just my opinion, it could be happier." Another told us, "The deputy manager is good, it's definitely their vocation." One relative told us; "The deputy manager is approachable, if [name] is not well she phones me at the drop of a hat which I like."

When we spoke with staff regarding the management team one staff member told us; "I just get on with my job, the changes in management haven't gotten in my way. When the temporary manager came in we had a meeting to make us all aware of the changes." And another told us; "The senior management are very nice. The deputy is a good listener and will help you if she can. I enjoy working here. Morale has picked up, it had dipped for a while. It also helped having management in over the weekend. I don't have any concerns."

Regular team meetings and management meetings were organised by the temporary manager to communicate with team members and we could see from the minutes that these were well attended, recorded and valued by staff.

There were clear lines of accountability within the service and external management arrangements with the provider. Quality monitoring visits were also carried out by the provider and these visits included; staffing, health and safety, premises and facilities.

The service had also been regularly reviewed through external audits for example the local authority. We saw that an action plan was in place to improve the service or put right any issues found for example not discarding medicines pots these were replaced with disposable ones.

The temporary manager showed how they adhered to company policy for risk assessments and general issues such as trips and falls, incidents, moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result in harm were in place. This was used to avoid any further incidents happening. We saw that changes had been made to the morning staffing routines and levels in

response to falls analysis. This meant that the service identified, assessed and monitored risks relating to people's health, welfare and safety.

The most recent quality assurance survey was still on going at the time of our inspection therefore the results were not available. These were collected regularly using a questionnaire to collect feedback from people who used the service, visiting professionals, staff and relatives. Relatives we spoke with confirmed they had been asked to complete one and people told us that they had also been supported to complete one just prior to our inspection.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The temporary manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

Policies, procedures and practice were regularly reviewed in light of changing legislation to inform good practice and provide advice. All records observed were kept secure and were maintained and used in accordance with the Data Protection Act.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Medicines were not always stored, managed or administered safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider did not have effective systems in place to assess and monitor the service. Audits had not identified all of the issues found during inspection.</p> <p>Records relating to the care and treatment of people using the service were not always accurate or complete.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Staff had not been provided with support through regular supervision.