

Grangemoor Care Homes

Grangemoor House 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

Grangemoor House Nursing Home is a residential care home that provides personal and nursing care for up to 30 people, over the age of 18, who have a mental health condition. The accommodation is provided in a single building, arranged over two floors, with communal facilities including dining rooms and lounges on both floors. At the time of our inspection, 26 people were using the service.

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

People were protected from the risks of ill-treatment and abuse. Staff had been trained to recognise potential signs of abuse and understood what to do if they suspected wrongdoing.

People received their medicines as prescribed by trained and competent staff.

The provider had assessed the risks to people associated with their care and support. Staff were knowledgeable about these risks and knew what to do to minimise the potential for harm to people.

People were supported by enough staff who were available to assist them in a timely way. Staff had received training which enabled them to support people safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People, and staff, felt Grangemoor House Nursing Home was well managed and were given opportunities to share feedback about the service. The registered manager and provider undertook regular checks to ensure the quality of care provided was good.

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 8 May 2019).

Why we inspected

The inspection was prompted in part due to concerns received about staff training and the reporting of incidents. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Grangemoor House 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Grangemoor House 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.

Registered Manager

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our visit the registered manager was not available. However, we did have phone contact with them following our site visit and we were supported by the area manager whilst at Grangemoor House Nursing Home.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return [PIR] prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and seven staff members including two carers, one senior carer, maintenance person, registered manager, area manager and operations manager.

We looked at the care and support plans for three people and multiple medication records. In addition, we looked at several documents relating to the monitoring of the location including quality assurance audits, health and safety checks. We confirmed the safe recruitment of three staff members.

After the inspection

After the inspection site visit, we spoke with people and staff on the phone. Additionally, we continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The provider completed regular checks on the physical environment to ensure it was safe for people to live in. This included regular fire safety system checks, any potential trip or fall hazards and legionella checks. Legionnaires' disease is a potentially fatal form of pneumonia caused by the inhalation of small droplets of contaminated water containing Legionella. At this inspection we saw some water temperatures were slightly above the health and safety executive's guidance. The registered manager acted immediately to return these temperatures to a safe level for people.
- People were supported to identify and mitigate risks associated with their care and support. The provider assessed risks to people and supported them to continue to lead the lives they wanted whilst keeping the risk of harm to a minimum.
- Staff received training to safely support people. One staff member told us, "We are not trained to physically restrain anyone. People can be upset and angry if they want. We all can be like that. We are trained to understand, redirect and defuse situations."
- We saw assessments of risks associated with people's care had been completed. These included risks related to diet, nutrition, skin integrity, trips and falls. Staff members knew the individual risks to people and what to do to safely support them.

The Mental Capacity Act 2005 [MCA] provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 Mental Capacity Act [MCA]. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards [DoLS]

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Preventing and controlling infection

- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. However, we saw several radiators throughout the building had started to show signs of rust. This hampered effective cleaning. We have signposted the provider to resources to develop their approach. The operations manager stated they were aware of these and they were part of the refurbishment

plan for Grangemoor House Nursing Home.

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was supporting visits in line with the Governments guidance.

Systems and processes to safeguard people from the risk of abuse

- People were safe from the risks of abuse and ill treatment. One person told us, "I feel quite safe here, no problems at all." Another person said staff helped them to keep safe when using internet services and to manage their finances to prevent, "Anything nasty happening."
- People were protected from the risk of abuse and ill treatment as staff members had received training on how to recognise and respond to concerns.
- Information was available to people, staff and visitors on how to report any concerns.
- The provider had made appropriate referrals to the local authority, in order to keep people safe.

Staffing and recruitment

- People were supported by enough staff to safely and promptly support them. One person said, "They [staff] are all fantastic. They always have time for you, and we have a laugh."
- The provider followed safe recruitment checks. This included checks with the Disclosure and Barring Service (DBS). Disclosure and Barring Service (DBS) checks and provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider told us they had measures in place to mitigate the risks associated with COVID-19 related staff pressures.

Using medicines safely

- People told us they received their medicines as prescribed. One person said, "I have my tablets every morning straight after my breakfast which is when I like them. I know what they are and what I need to take them for. If I need anything else, they [staff] will sort it for me."
- People had individual care and support plans which informed staff members what medicines were needed, when and why.
- The Provider completed regular checks of the medicines to ensure staff members followed safe practice.
- Staff members were trained and assessed as competent before supporting people with their medicines.
- Some people took medicines only when they needed them, such as pain relief. There was appropriate information available to staff on the administration of this medicine including the time between doses and the maximum to be taken in a 24-hour period.

Learning lessons when things go wrong

- The provider had systems in place to review any reported incidents, accidents or near misses. For example, the registered manager reviewed all incident and accident records to see if anything could be

done differently to minimise the risk of harm to people. This included referrals to social work teams or health care specialist to ensure people receive the right support.

- The provider had systems in place to address any unsafe staff behaviour. This included retraining or disciplinary procedures if required.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A registered manager was in post. We identified the provider had not submitted several notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. However, following analysis of these notifications we saw the provider had attempted to make the notifications but owing to an administration error these had not been sent correctly and therefore they were not received by the CQC. The registered manager had reviewed their system for sending notifications and we confirmed these were being received as expected.
- We confirmed with the registered manager, in the absence of the notifications received by the CQC, they had made appropriate referrals to other organisations. For example, they had made the local authority aware of any safeguarding concerns.
- We saw the last rated inspection was displayed at the home in accordance with the law.
- The provider and management team had effective quality monitoring systems in place. These included, but were not limited to, checks of people's care plans, medicines and the physical environment.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they felt Grangemoor House Nursing Home was well managed and felt their input and opinions were valued. One person said, "I think [registered manager] is fantastic. They are there whenever I need them, and they are funny and will sort any problem I have."
- Everyone told us they were asked for their opinions on a regular basis. One person told us they thoroughly enjoyed music and really looked forward to discos. They now have regular discos where they can, "Get down and boogie." They felt their suggestion had been listened to and the management team had acted which they found personally valuing.
- Staff felt their opinions were valued and they were able to contribute to the care and support at Grangemoor House Nursing Home. Staff had regular meetings where they could freely discuss all aspects of their work and the support they provided. One staff member said, "We can always suggest anything and its listened to. We are all open and honest about things."
- People and staff found the management team and provider approachable and supportive.
- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the management team and

provider should they ever need to raise such a concern.

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 registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

Continuous learning and improving care

- The management team kept themselves up to date with changes in adult social care. This included regular updates from the CQC and leading organisations in health and social care.
- The management team also kept themselves up to date with changes in guidance from the NHS and Public Health England in terms of how to manage during the pandemic.
- The registered manager also attended local managers forums where they were able to discuss developments in care and discuss latest guidance to ensure they were up to date.

Working in partnership with others

- The management team had established and maintained good links with other health care professionals. For example, GP, district nurses, dieticians and social work teams. Any advice or recommendations were recorded in people's individual care plans. Staff were knowledgeable about changes in people's health care needs.