

CLS Care Services Limited

Holcroft Grange Residential Care Home

Inspection report

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Date of inspection visit: 28/09/2015
Date of publication: 11/11/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection was unannounced and took place on the 28 September 2015.

The home was previously inspected in February 2014 when it was found to be meeting all the regulatory requirements which were inspected at that time.

Holcroft Grange is a care home located in Culcheth village. It offers accommodation and personal care for up to 40 older people. At the time of our inspection the service was providing accommodation and care to 38 people.

At the time of the inspection there was a registered manager at Holcroft Grange. A registered manager is a

Summary of findings

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.

During this inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of the report.

We found that medicines were not managed in a safe way.

We found that the provider had not consistently notified the Commission of incidents or allegations of abuse in relation to people using the service.

During the day of our inspection, people living at Holcroft Grange were observed to be comfortable and relaxed in their home environment and in the presence of staff.

People using the service and relatives spoken with were generally complimentary about the care provided at Holcroft Grange. For example, we received comments such as: "There is nothing I think is lacking, they know what I need. If I needed a doctor they would get one, if I need an optician I would ask for one"; "The menu is very good. There is a weekly menu board and the only set item is on Friday when there is fish"; "I am quite happy living here"; "I visited other care homes. This is as good as any and better than most" and "They are excellent, they do what they can within the budget. I suspect this is one of the best."

A number of people using the service and their representatives highlighted concern regarding the usage of agency staff within the home and the potential impact

this has on continuity of care. We raised feedback from people using the service regarding the use of agency staff with the manager who informed us that the service had a number of vacant posts which had been advertised and were in the process of being recruited to.

People using the service had access to a choice of wholesome and nutritious meals and a range of individualised and group activities. We saw that there was a programme of activities in place. On the day of our inspection we noted that the activity coordinator had facilitated a number of sessions including gentle chair exercises, sing-a-long to World War 2 songs and bingo which people using the service were observed to participate in and enjoy.

Records showed that people also had access to GPs; district nurses; chiropodists; dieticians; opticians and dentists etc. subject to individual needs.

The provider had developed a care planning model known as 'My Life Plan' which incorporated assessments of need, plans of care, evaluation records, a range of risk assessments and other supporting documentation to help identify and control potential risks to people using the service.

Systems had been developed to obtain feedback on the standard of care provided and to respond to safeguarding concerns and complaints.

Staff spoken with confirmed they were supported in their role and had access to induction, ongoing training and formal supervision and appraisal.

We have made a recommendation about the need to source or develop a needs analysis tool and staff deployment tool. This will help to demonstrate that the staffing levels are adequate and being kept under review.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People were not adequately protected from the risks associated with unsafe medicines management, as records were not satisfactorily maintained.

People using the service highlighted concerns regarding the usage of agency staff within the home and the potential impact this has on continuity of care.

Requires improvement



Is the service effective?

The service was effective.

The manager had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff had access to policies and procedures and training in respect of these provisions.

Staff had access to supervision and a range of training that was relevant to individual roles and responsibilities.

People living at Holcroft Grange had access to a choice of wholesome and nutritious meals and had access to a range of health care professionals.

Good



Is the service caring?

The service was caring.

We observed interactions between staff and people using the service were friendly, polite and unhurried.

Staff were noted to have knowledge and understanding of the preferred routines and support requirements of people living in Holcroft Grange and confirmed they had received training on the principles of good care practice as part of their induction training.

Good



Is the service responsive?

The service was responsive.

Systems were in place to ensure the needs of people using the service were assessed and planned for.

People received care and support which was personalised and responsive to their needs.

The service employed an activities coordinator to provide a range of individual and group activities for people living within the home.

Good



Is the service well-led?

The service was not always well led.

Requires improvement



Summary of findings

The service was not always well led.

Holcroft Grange had a registered manager in place to provide leadership and direction however the Care Quality Commission had not been consistently notified of safeguarding incidents.

A range of auditing systems had been established so that the service could be monitored and developed. There were arrangements for people who lived in the home and their relatives to be consulted about their opinions of the service.

Holcroft Grange Residential 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 checked whether the provider was 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 was unannounced and took place on the 28 September 2015.

The inspection was undertaken by two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service, in this case of older people.

It should be noted that the provider was not requested to complete a provider information return (PIR) prior to the inspection. A PIR 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.

We invited the local authority to provide us with any information they held about Holcroft Grange. We took any information provided to us into account.

During the inspection we met with the registered manager of Holcroft Grange and talked with 12 people who used the service, three visitors, three staff, one activities coordinator and the cook who was on duty. We spent time with people in the communal lounges and in their bedrooms with their consent.

We undertook a Short Observational Framework for Inspection (SOFI) observation during lunchtime. SOFI is a specific way of observing care to help us understand the experience of people who may experience difficulty talking with us.

We looked at a range of records including: four care plans; four staff files; staff training; minutes of meetings; rotas; complaint and safeguarding records; medication; maintenance and audit documents.

Is the service safe?

Our findings

We asked people who used the service or their relatives if they found the service provided at Holcroft Grange to be safe.

People spoken with confirmed that they felt safe and some people qualified this. For example, we received comments such as: “I feel safe here, I do. I have some help with a bath I use a chair and one person to help”; “There is the odd resident I feel like telling off but there is no bullying” and “We have a key to our rooms and a drawer with a key for jewellery.”

Likewise a relative reported: “Overall I think Mum is in a safe and comfortable environment”.

We checked that there were appropriate and up-to-date policies and procedures in place around the administration of medicines. We noted that a comprehensive policy entitled ‘The safe and secure handling and administration of medicines’ had been developed by the provider. We also noted that GPs had authorised the administration of homely remedies for some of the people using the service.

We looked at the arrangements for managing medicines in Holcroft Grange with a care team leader. A list of staff responsible for administering medication, together with sample signatures was available for reference. Likewise, photographs of the people using the service had been attached to medication administration records to assist staff in the correct identification of people who required medication.

Training records viewed confirmed that staff responsible for the management and administration of medication had received medication training and staff spoken with confirmed that they had undergone an assessment of competency prior to administering medication.

Medication was stored in a lockable room within a secure cabinet and trolley. Separate storage facilities were in place for the storage of controlled drugs and medication requiring cold storage. We observed staff to administer medication to people in an appropriate and safe manner.

We checked the arrangements for the storage, recording and administration of medication. We found a number of recording issues. For example, one person’s medicine administration record (MAR) had been handwritten and had not been signed by the person who entered the details.

There was also no record of the quantity or date medication was received or second signature to confirm the medication details, dosage and administration times had been checked against the prescription.

Likewise, we noted several unexplained gaps on different MAR charts viewed. Examination of weekly medication audits highlighted similar issues with medication records. Systems were also in place to record fridge and room temperature checks however records were not clear and indicated that the fridge temperature exceeded the correct operating temperature.

We found that the provider had not always ensured the proper and safe management of medicines. This included a failure to maintain appropriate records relating to the management of medicines.

This was a breach of Regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of our inspection, Holcroft Grange was providing accommodation and nursing care to 38 people. We checked staff rotas which confirmed the information we received throughout the inspection about the minimum numbers of staff on duty.

Care staffing levels set by the provider for Holcroft Grange were as follows. From 8:00am to 8:00 pm there was one care team leader and one senior care assistant on duty. Furthermore, from 8:00 am to 10:00 pm there were two care assistants on duty. From 8:00pm until 8:00 am there was one care team leader and a care assistant on duty. We were informed that the management team also operated a 24 hour on-call system to provide additional support and advice.

A number of people using the service and their representatives highlighted concern regarding the usage of agency staff within the home and the potential impact this has on continuity of care. We also received mixed feedback regarding people’s views on the appropriateness of staffing levels within the home.

We raised feedback from people using the service regarding the use of agency staff with the registered manager who informed us that the service had a number of vacant posts which had been advertised and were in the process of being recruited to.

Is the service safe?

The registered manager reported that the above staffing levels were the minimum number on duty and provided examples of how she had deployed additional staffing hours during weekdays.

We noted dependency assessments had been completed on a monthly basis for people using the service and that a system had been developed by the provider to calculate an average overall dependency number for people using the service. The system did not demonstrate how the dependency of the people using the service was being monitored against the staffing hours deployed. The manager reported that the dependency of the people using the service was low and that she had the authority to increase staffing subject to the changing needs of the people using the service.

We looked at four care files for people living at Holcroft Grange. We noted that a range of risk assessments had been undertaken which had been kept under regular review so that staff were aware of risks for people using the service and the action they should take to minimise and control risks to people's health and wellbeing. Records of accidents and incidents had also been maintained to enable the manager to maintain an overview.

We looked at a sample of four staff files. Through discussion with staff and examination of records we received confirmation that there were satisfactory recruitment and selection procedures in place which met the requirements of the current regulations. In all four files we found that there were application forms and pre-employment checks such as; two references, pre-employment medical disclaimers; disclosure and barring service (DBS) checks and proofs of identity including photographs. There was a checklist in place to monitor this process and notes of structured interview notes were available for reference. This helped protect people against the risks of unsuitable staff.

The registered provider CLS Care Services Limited had developed internal policies and procedures to provide

guidance to staff on 'safeguarding vulnerable adults' and 'speaking out at work' (whistle blowing). A copy of the local authority's safeguarding procedures was also in place for staff to reference.

Discussion with the registered manager and staff together with examination of training records confirmed that all staff had completed 'safeguarding awareness' training. This subject was also covered with staff as part of their induction training and was refreshed every three years.

The manager and staff spoken with demonstrated a satisfactory understanding of the concept of abuse and their duty of care to safeguard the welfare of people using the service. Staff spoken with told us they would escalate matter to the safeguarding team or CQC if they believed matters were not being dealt with.

Records held by the Care Quality Commission (CQC) indicated that there had been one whistleblowing concern raised in the past twelve months. This concern was reported to the local authority's safeguarding unit.

We viewed the safeguarding file for Holcroft Grange. A 'safeguarding referrals and outcomes monitoring' log had been developed to enable the registered manager to maintain an overview of each incident. Records of safeguarding incidents were available for reference and confirmed that any safeguarding concerns had been referred to the local authority's safeguarding unit in accordance with the organisation's procedures. Examination of records indicated that CQC had not been notified of some incidents.

Overall, areas viewed during the inspection appeared clean and well maintained. Staff had access to personal protective equipment and policies and procedures for infection control were in place.

We recommend that needs analysis and staff deployment tool be sourced / developed to help demonstrate that the staffing levels are adequate and being kept under review.

Is the service effective?

Our findings

We asked people who used the service or their relatives if they found the service provided at Holcroft Grange to be effective. We received positive feedback which confirmed people spoken with were of the opinion that their care needs were met by the provider.

For example, comments received from two people included: “There is nothing I think is lacking, they know what I need. If I needed a doctor they would get one, if I need an optician I would ask for one” and “The menu is very good. There is a weekly menu board and the only set item is on Friday when there is fish”.

Holcroft Grange provides accommodation and personal care for up to 40 people at ground floor level and rooms are for single occupancy. Facilities available for people using the service include 40 individual rooms (4 of which are en-suite), 2 lounge areas, 2 dining rooms, a hairdressing room and 4 bathrooms/shower wet rooms with relevant mobility aids. There is a secluded courtyard garden attached to a conservatory where people can sit outside with a further patio area attached to the sun lounge. People using the service were noted to have access to a range of individual aids to assist with their mobility and independence.

We noted that the corridors of Holcroft Grange had been assigned road names such as Primrose Close and Cherry Tree Close to help people orientate around the home. Likewise, the front doors to each person’s room had been allocated a room number and the name of each person was displayed on their respective door to help people identify their rooms. We saw that people’s rooms were also personalised with pictures, photographs, ornaments and other memorabilia.

We noted that some of the external and internal woodwork within the home was in need of repainting and / or repair. We raised this with the registered manager who assured us that action would be taken to improve the environment.

Examination of training records and discussions with staff confirmed staff had access to a range of induction, mandatory and other training that was relevant to individual roles and responsibilities.

Training records confirmed that new staff completed an induction programme developed by the provider which

was mapped to the Skills for Care Common Induction Standards (a comprehensive induction that takes account of recognised standards within the care sector). E-learning was also used to train and develop staff.

We received training information from the provider in the form of a colour coordinated training matrix and an e-learning report. This highlighted that staff had access to: moving and handling; fire; medication; safeguarding; infection control; first aid; dementia; food safety and other training. Medication and first aid training was only completed by senior staff designated with responsibility for these tasks.

The training matrix did not provide information on which staff had completed induction or National Vocational Qualification / Diploma in Health and Social Care training. A number of dates on the matrix were also recorded in advance of training sessions as the matrix was used as a planner. It was therefore not possible to gain an overview of the full range of training that staff had completed without reviewing each staff member’s training records.

Staff spoken with told us that they were supported to gain NVQ’s in care and to study for the level 2 or 3 Apprenticeship in Health and Social Care as was evidenced by some training database records.

We checked the training records and found that there was a high level of completion for mandatory training. We raised the development of the corporate training matrix with the registered manager and received assurances that this would be raised with senior management.

Discussion with staff and analysis of the supervision matrix confirmed staff had access to appraisals and supervision sessions throughout the year. We also noted that staff meetings were coordinated to share information.

There was a large and smaller dining area in Holcroft Grange where people using the service could eat their meals. People were also given the option to eat in their own rooms if they preferred. Meals were transported to each of the units via hot trolleys.

The menu for the day was on display in the dining room to help people make meal choices. We spoke with the cook on duty and noted that information on the preferences and

Is the service effective?

special dietary requirements of the people living in the home had been recorded for daily meals. The cook told us that she spoke to each person on a daily basis in the morning to ask for their preferences for lunch and dinner.

We noted that a four-week rolling menu was in operation which offered a choice of meal at each sitting. Menus viewed offered a wholesome and varied diet and the food we saw served at lunch and tea was attractively presented. Refreshments and snacks were also provided for people throughout the day.

We observed a lunch time meal being served. Tables were laid with mats, condiments and glasses. We observed that staff were available to offer encouragement and support to people requiring assistance and there was positive interaction between staff and people living in the home. Overall, there appeared a pleasant ambience during the mealtime. We noted that a discussion had taken place with people using the service about setting tables with a linen cloth and residents had indicated that they preferred mats.

The most recent local authority food hygiene inspection for Holcroft Grange was in February 2013 and the home had been given a rating of 5 stars.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards

(DoLS). The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. DoLS are part of this legislation and ensure where someone may be deprived of their liberty, the least restrictive option is taken.

We saw that there were corporate policies in place relating to the Mental Capacity Act 2005 and DoLS and that staff had access to training in this area.

Discussion with the registered manager and examination of records indicated that six mental capacity assessments had been completed for people living at Holcroft Grange. Records detailed that two people were subject to a DoLS authorisation at the time of our visit. Four additional DoLS applications had also been made, which the service was waiting to hear the outcome of from two local authorities.

Two of the staff we spoke with were uncertain about what DoLS meant for the care of people in the home and could not say who had an authorisation. We raised this with the registered manager who agreed to address this issue.

Care plan records viewed provided evidence that people using the service had accessed a range of health care professionals such as: GPs; district nurses; chiropodists; dieticians; opticians; dentists etc.

Is the service caring?

Our findings

We asked people who used the service or their relatives if they found the service provided at Holcroft Grange to be caring. Feedback received was positive and confirmed people spoken with were of the opinion that the service they received was generally caring.

For example, one person reported: “I am quite happy living here” and a relative stated “I have no issues with the staff here. They are always pleasant, the staff are brilliant. Nan is very happy here”.

The registered manager demonstrated a good knowledge of the people living at Holcroft Grange. Likewise, staff responsible for the delivery of care were observed to engage with people in a friendly and caring manner and were seen to be attentive to the individual needs of people living in the home. Staff were noted to have knowledge and understanding of the preferred routines and support requirements of people living in Holcroft Grange and confirmed they had received training on the principles of good care practice as part of their induction training.

For example, we observed one carer take the time to assist a resident to find a watch which had been misplaced and was causing the person distress. Likewise, another person told us that they had expressed a preference for female carers to assist with personal care and that this had been adhered to. A number of residents also told us that staff always knocked on their doors before entering their rooms.

We used the Short Observational Framework for inspection (SOFI) tool over lunch time as a means to assess the standard of care provided. We observed people’s choices were respected and that staff interacted with people in a polite and dignified manner. People using the service were seen to be relaxed and at ease in the company of each other and the staff responsible for the delivery of care.

Information about people living at Holcroft Grange was stored in an office behind reception. Relatives were encouraged to access the records. If a member of staff was not in the office this meant there was a risk of breach of confidentiality. We raised these issues with the registered manager who assured us that she would review the security of these records.

Is the service responsive?

Our findings

We asked people who used the service or their relatives if they found the service provided at Holcroft Grange to be responsive. Feedback received confirmed people were generally of the view that the service was responsive to individual need.

One person stated: “The staff here are wonderful. They look after my medication, accompany me to the Doctors and take me to Clatterbridge”. Likewise, another person asserted: “I visited other care homes. This is as good as any and better than most”.

Holcroft Grange employed a part time activity coordinator to develop and provide a programme of activities for people living within the home during the week which was displayed on a notice board in the main lounge for people to view. Activities scheduled for the week included: Line dancing; bingo; arts and crafts; table games; chair exercises; large floor games; sing-a-long with musical instruments; reminiscence; hand massage and nail manicure and baking.

On the day of our inspection we noted that the activity coordinator had facilitated a number of sessions including gentle chair exercises, sing-a-long to World War 2 songs and bingo which people using the service were observed to participate in and enjoy.

We spoke with the activities coordinator and noted that external entertainers, pets as therapy and ministers of religion also visited the home periodically. Likewise, external trips to different venues such as Knowsley Safari Park, the donkey sanctuary and visits to the local pub had been coordinated throughout the year. Records of

individual activities had been completed which provided an overview of individual and group activities. We saw that the activities coordinator was in the process of helping people to develop ‘My life story’ books to capture key information on the lives of people using the service.

We looked at the personal files of four people who lived at Holcroft Grange during our inspection. Each file contained copies of corporate documentation entitled 'My Life Plan' that had been developed by the provider (CLS Care Services Limited). Each life plan contained: an 'initial assessment and support plan'; dependency tools; key background and life experience information; admission checklist; consent forms; progress records; health history and medical records; information on the needs of people, the support required from staff and desired outcomes; variation forms; risk assessments and review notes.

Records viewed had been kept under review each month and updated when necessary. These records helped staff to understand the needs and support requirements of the people using the service. Staff told us that people were allocated a ‘keyworker’ and that they were given time to read people’s care plans and risk assessments to help them understand the needs and support requirements of people using the service.

We reviewed the customer feedback file for the service which contained a number of cards and letters with positive feedback. We also viewed a log of complaints received. Records indicated that there had been twelve complaints received in the last 12 months which covered a range of issues. All complaints had been responded to and the action taken was clear and appropriate. This confirmed that the views of people using the service or their representatives were listened to and acted upon.

Is the service well-led?

Our findings

We asked people who used the service if they found the service provided at Holcroft Grange to be well led. People spoken with confirmed they were generally happy with the way the service was managed.

For example, comments received from four people included: “The management.... that’s good they come and listen to you”; “At the residents meetings anything suggested they will do it if it’s sensible”; “If I had an issue I would speak to the manager, especially if it was about a matter of safety” and “They are excellent, they do what they can within the budget. I suspect this is one of the best.”

One relative stated: “I get on with the manager. For example, after Mum was in hospital we discussed the level of care she needed”.

Holcroft Grange had a manager in place who was registered with the Care Quality Commission. The registered manager was present during our inspection and was observed to be helpful and responsive to requests for information from the inspection team and from her staff.

We noted that a contingency plan had been developed to ensure an appropriate response in the event of an emergency. Furthermore, a range of quality audits were routinely undertaken throughout the year to enable the registered manager to monitor the service and identify areas for improvement. These audits focussed on a range of operational issues such as: life plans; health and safety; marvellous mealtimes; night visits; incident, accident and events; infection prevention and control and medication.

A comprehensive range of service and maintenance records were also in place to verify that services and equipment within the home was monitored and maintained to a satisfactory standard. We checked a sample of test and service records relating to the premises such as nurse call; fire alarm; fire extinguishers; electrical wiring; portable appliance testing; legionella; water temperatures and gas safety. All were found all to be in good order.

The provider commissioned a market research organisation to conduct a 'Your Care Rating'. The last survey was conducted during October 2014 and involved seeking the views of the people using the service or their representatives. The survey sought feedback on a range of issues including: 'staff and care'; 'home comforts'; 'choice and having a say' and 'quality of life'. An action plan with timescales had been developed in response to the feedback to ensure the ongoing development of the service. Overall, the home scored 909/1000 and scores had improved since the rating in 2013. 97% of respondees felt the food served was of good quality; 97% felt staff had time for people; 100% reported staff are sensitive to people’s feelings and 100% were satisfied overall.

We saw minutes of staff and residents meetings had taken place throughout the year to provide people with the opportunity to share and receive information. We noted that the activities coordinator was responsible for organising resident meetings and that they were well attended by residents and relatives. Topics discussed included the garden, outings and events, missing clothing, agency staff and food. The outcomes of meetings were not clear and this was highlighted in discussion with people using the service. We raised this feedback with the registered manager who assured us she would ensure action points were recorded and relayed at future meetings.

Staff spoken with also confirmed that they had received formal supervision and appraisals at variable intervals.

Key information on Holcroft Grange was available in the reception area and documents such as, ‘Your guide to living at Holcroft Grange was available for reference in the reception area.

The registered manager of Holcroft Grange is required to notify the CQC of certain significant events that may occur. We found that the provider had not always notified the CQC of any abuse or allegation of abuse in relation to people using the service. We have written to the provider regarding their failure to notify the CQC.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>People using the service were not adequately protected against the risks of unsafe medicines management as records were not satisfactory.</p>