Shaw Healthcare (Wraxall) Limited

The Granary Care Centre

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 14 March 2017 and was unannounced. It was carried out by one adult social care inspector and two mental health inspectors.

The Granary Care Centre is a care home providing care for up to 78 people living with dementia. Within the home there is a unit called Crofter's Lodge for people with complex needs. Crofter's Lodge can provide treatment for people detained under the Mental Health Act 1983. The Granary comprises two floors, the first floor is for residential care and the second floor is for nursing care.

The home is purpose built and all bedrooms are for single occupancy. During our inspection there were 14 people living on the first floor and 21 people living on the second floor in The Granary and seven people living in Crofter's Lodge.

There was not a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a temporary manager in post and they were managing the service until a permanent manager was recruited. The director of residential and nursing services told us they were in the process of recruiting a manager for The Granary and they had recruited a new manager for Crofter's Lodge.

We carried out an unannounced comprehensive inspection of this service on 10, 11 and 13 October 2016. Breaches of legal requirements were found because the service was failing to assess some risks to the health and safety of service users who were receiving care or treatment. Authorisation was not always sought around changing medicines where this was a legal requirement. Complete and contemporaneous records were not kept in respect of each service user, systems and processes were not operated effectively to assess, monitor and mitigate risks.

After the comprehensive inspection, we used our enforcement powers and served two Warning Notices on the provider. These are formal notices which confirmed the provider had to meet the legal requirements by 28 February 2017.

We undertook this focused inspection to check they now met these legal requirements. This report only covers our findings in relation to these requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link on our website at www.cqc.org.uk

We found action had been taken to improve people's safety although some areas of the service required some improvement.

The correct procedures were being followed where people who were detained under the Mental Health Act

1983 (MHA) had changes to their medicines and the correct authorisation for the changes were in place.

Risks to people were identified and measures were put in place to reduce the risks. There were effective systems in place to ensure pressure relieving mattresses were set at the correct pressure.

Improvements had been made which ensured records of the care delivered were completed. Some of the care plans needed to include clearer instructions for staff on how to support people with specific aspects of care. Staff were aware of how to support people and the manager had an action plan in place to update all of the care plans.

The systems for assessing, monitoring and improving the quality and safety of the service provided had improved.

We found the provider had made the improvements required to meet the legal requirements.

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

We found action had been taken to improve the safety of people's care.

Medicines were authorised to be administered to people in line with legal requirements.

Risks to people were identified and measures were in place to reduce the risks.

We could not improve the rating for safe from Requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service well-led?

Requires Improvement

We found some action had been taken to improve how well led the service.

Care plans did not always contain accurate clear information relating to the support people required.

Staff were recording information relating to people's needs.

The provider had systems in place to ensure the safety and welfare of people was being monitored and improvements were identified and addressed.

We could not improve the rating for well led from Requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

The Granary Care Centre

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.

This inspection took place on 14 March 2017 and was unannounced. It was carried out by one adult social care inspector and two mental health inspectors.

We undertook this inspection to check that improvements to meet legal requirements after our comprehensive inspection on 10, 11 and 13 October 2016 had been made. We inspected the service against two of the five questions we ask about services: is the service safe and well led. This is because the service was not meeting some legal requirements.

Before the inspection we reviewed the information we held about the service. We looked at the information we had received from the service including their action plans following the last inspection which detailed the improvements they intended to make.

During our inspection we spoke with the provider's director of residential and nursing services, the manager, the quality manager and ten staff including the Psychiatric consultant working on Crofters Lodge and three agency staff on shift.

We looked at the care records of nine people using the service. These included four people's medication administration records. We also looked at the provider's action plans, team meeting minutes and staff supervision monitoring forms.

Requires Improvement

Is the service safe?

Our findings

At the last inspection of this service on 10, 11 and 13 October 2016 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Some aspects of the service were not always safe as the provider was failing to always monitor and mitigate the risks for people. We also found the provider was failing to ensure the proper and safe management of medicines. During this inspection we found that improvements had been made to ensure the provider was compliant with this regulation.

The manager told us following our last inspection processes had been put in place to ensure staff were aware of risks relating to people. Staff confirmed they had attended a staff meeting to discuss the concerns we found at our last inspection and the action required to make improvements.

For people living in Crofters Lodge we found assessments had been completed where there risks relating to ligature points. A ligature point is anything, which a person could use to attach a cord, rope or other material for the purpose of hanging or strangulation. Each person living in Crofters had a ligature assessment in place. We observed the environment and saw the ligature points in people's bedrooms had been removed. We found there were still ligature points in the bathrooms and communal lounges, however these were mitigated by the ligature assessment and individual assessments on people files. This meant risks to people's safety were identified and measures were in place to reduce the risk.

For people who are detained under the Mental Health Act 1983 (MHA), the only way they may be allowed, lawfully, to go outside the hospital grounds is if the responsible clinician (RC) has granted leave of absence under section 17 of the MHA. People who were detained under the MHA had assessments in place for when they left Crofters Lodge. These included instructions for staff relating to time periods, who should accompany the person and how long and how far they should go. At the time of our inspection people had not used leave; therefore they were unable to assess the outcome of any leave. The staff we spoke with were aware of the processes for supporting people to leave Crofters Lodge. This meant assessments were in place to ensure people remained safe and should they wish they could be granted leave of absence from the service.

At our last inspection we found people were at increased risk of harm from the administration of inappropriate medicines. This was because the correct procedures were not always followed where people who were detained under the MHA had changes to their medicines as the correct authorisation for the changes were not in place. During this inspection we found changes to people's medicines had the appropriate authorisation by a Second Opinion Appointed Doctor (SOAD), in line with the Mental Health Act 1983 Code of Practice. We found that records of these medicines were up to date and filed with the Medicines Administration Records (MARs). This meant people's medicines were administered safely.

At our last inspection we found there were no systems in place to check pressure relieving mattresses were set at the correct pressure. During this inspection we found where people had pressure mattresses in place a record of the correct pressure was in each person's care plan. We saw staff checked and recorded the

pressure each day to ensure it was within the correct range. These meant measures were in place to prevent people from developing pressure ulcers.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection of this service on 10, 11 and 13 October 2016 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because accurate, complete and contemporaneous were not kept in respect of people's needs and the processes in place to assess, monitor and improve the quality and safety of the service provided were not fully effective. During this inspection we found that improvements had been made to ensure the provider was compliant with this regulation.

The provider had developed a action plan for the service following our last inspection. This covered all areas which required improvement, who was responsible for ensuring they were completed and the timescales. Since our last inspection the provider had kept in contact with us and provided us with updates on their progress against their action plan.

We looked at people's records where they required specific support from staff such as regular repositioning and monitoring of fluid intake. Each person had a folder in place containing the daily records that staff were required to complete once these specific aspects of care had been delivered. The staff we spoke with were able to tell us how often people should be repositioned and the amount of fluid people should receive. Records confirmed this was being completed in line with their care plans. Records demonstrated the team leaders and nurses checked the records daily to ensure they were being completed by staff.

We also looked at the records of personal care staff had supported people with and found these had improved. However, where people required support with stretching their limbs due to stiffness, the records of this were not always completed consistently and the care plans did not always include clear and specific guidance for staff. For example, one person had been seen by a physiotherapist in December 2016. The outcome of the visit was recorded in the person's record of appointments within their care plan but the information had not been transferred into the person's support. Also, it was not clear in the care how often the exercises should be carried out. This meant there was not clear guidance in the care plan for staff to follow.

We discussed this with the staff who described how they completed the stretching exercises and they said these were completed daily. We look at the person's records and the leg exercises were not consistently recorded in the same place, however we noted they were completed daily. We discussed this with the manager who told us following our last inspection all of the care plans had been reviewed. They showed us their action plan for updating the care plans into a new format and told us staff would be responsible for complete one of these a week and they (the manager) would be overseeing this.

At our last inspection we found staff were not receiving appropriate supervision (a one to one meeting with their line manager to discuss their performance and identify support and training required). During this inspection we found improvements had been made. The manager showed us records of staff who had received one to ones, 91% of the staff team had received these. Staff confirmed this. This meant people were supported by staff who received support to enable them to carry out their duties.

The provider had an environmental assessment policy in place. During this inspection we found the managers were following the policy. For example, managers had completed an environmental risk assessment to ensure the environment was safe. This meant systems and processes were being operated effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of people.

There was a temporary manager in post at The Granary Care Centre, the temporary manager had overseen the service in the past and worked as a project manager for the provider. Staff confirmed they were familiar with the manager and felt able to approach them with any concerns. One staff member told us, "[Name of manager] comes up to check we are ok, any issues we can go and talk to them." The provider had plans in place to recruit managers to The Granary and Crofter's Lodge. During our inspection the director of residential and nursing services told us they were in the process of recruiting a manager for The Granary and they had successfully recruited a new manager for Crofter's Lodge. This meant the provider was taking action to ensure there was a consistent management structure in place for the service.