Care Quality Commission

Community Integrated Care

Winsford Grange Care Home

Inspection report

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Date of inspection visit: 24th and 25th March 2015
Date of publication: 15/06/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on the 24th and 25th of March 2015. The provider did not know we were visiting for the first day but was aware that we were visiting on the second day. Winsford Grange is a purpose built care home registered to provide nursing care and accommodation for up to sixty older people. Care is provided over four units; two of which are for older people with nursing needs and the other two providing nursing care for people living with dementia. The service is set in its own grounds just outside the town centre of Winsford in Cheshire. It is close to local amenities. Nursing, care and ancillary staff are on duty twenty-four hours a day to provide support. At the time of our visit there were fifty-five people living there. The service has a registered manager who has been in post for a number of years. 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. The registered manager was not present for our visit as we had been advised that they were absent from the service at the time. The deputy manager was

Summary of findings

available during both days of our visit and was able to assist fully with the inspection. The deputy manager had been asked to take over the management of the service in the registered managers' absence given her experience of working in the service for many years. People who were able to told us that they were happy living at Winsford Grange and felt safe living there. This view was echoed by relatives. They told us that staff were very good at their jobs and had all their needs met. They told us that staff cared about them and that their health remained good thanks to the care and attention they received. People lived in an environment that was clean, hygienic, well maintained and designed to enable them to move independently. People received care that was personalised and met their needs effectively. People had care plans which were person centred. This included an acknowledgement of their health needs but also placed emphasis on their social history and interests. We saw that care practice matched the information included within care plans.

We found that the provider had not thoroughly assessed the capacity of individuals. The conclusion made by the provider that people lacked capacity had not included all people involved in the people's care. There was no evidence that the best interests of people had been fully discussed. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

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?

Good

The service was safe. People told us that they felt safe living at the service. Those people who were unable to tell us, appeared to be relaxed and at ease with the staff team. We found that staff were familiar with safeguarding procedures and had received training in this. The provider demonstrated that it would take action when safeguarding incidents arose. People lived in clean and hygienic premises and people were able to move safely and freely through their home. People who used the service had their health and safety promoted through the safe management of medicines.

Is the service effective?

Requires improvement

The service was not effective. We found that the service did not demonstrate a robust system for the assessing of people's capacity. This related to those instances where people were given medication covertly. We found that the staff team were well trained to perform their role and that this had been the experience of the people who used the service.

Is the service caring?

Good

The service was caring. People who lived at Winsford Grange and their families told us that they were happy with the way the staff supported them. We saw staff interacting with people in a dignified and friendly way; giving them information about how they would be supported in anyway given daily activity. The independence of people in daily tasks was respected and information was provided to people in a manner which was appropriate to their communication needs. People were provided with privacy and dignity at all times.

Is the service responsive?

Good

The service was responsive.

The service was responsive. Care plans outlined the social and health needs of people. The provider had employed an activities co-ordinator who provided a thorough and inclusive activity programme based on the wishes of all. Significant links had been maintained with the local community. Activities have sought to identify those at risk of social isolation and to minimise it.

Is the service well-led?

Good

The service was well led.

The service was well led. The registered manager was not present during our visit yet arrangements had been put into place to ensure that the service was being managed by an experienced and appropriate individual. People who

Summary of findings

lived there and the staff team felt that the management arrangements were supportive and that managers were approachable and fair. We found that the provider needed to gain the views of those using the service and their families more frequently through formal questionnaires.

Winsford 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 the 24th and 25th March 2015. We did not give the provider any notice of our visit on the 24th March but they were aware that we were going to visit the following day. The inspection was undertaken by an inspector from adult social care. Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The 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 also reviewed information we had received since the last inspection, including notifications of incidents that the provider had sent to us. We spoke with local authorities who commission care at the location who had no concerns or issues. A Healthwatch visit had taken place on the 30th June 2014 with no concerns identified. Healthwatch is an independent consumer champion created to gather and represent the views of the public. They have powers to enter registered services and comment on the quality of care provided. On the day of our inspection, we spoke with six people who lived at the home and three relatives. We spoke with the deputy manager and six members of staff. We spent time observing the support provided to people. We toured the premises and looked at all ten care plans as part of our assessment of the quality of support provided. We also looked at other records relating to the support provided. These included staff and training files, medication records and other health and safety audits..

Good

Is the service safe?

Our findings

People who used the service told us that they felt safe living at Winsford Grange. They told us that this included the security of the building as well as confidence that the staff team had their best interests at heart. This view was echoed by relatives. One said "I can leave the home knowing that my relation is safe" Interactions between the staff and individuals were positive, informal and dignified. We observed staff interactions on one unit that supported people with dementia. We noted staff were very observant to risks faced by individuals. One person was at risk of falling and we observed staff supporting them as they got up from their seat. This person complained about feeling ill and staff were there to support this person and enquire about their well-being as well as taking the safety of others into account. The attention to ensuring that this person remained safe was done in a calm and reassuring manner. We spoke to six members of staff. All confirmed that they had received training in safeguarding adults. This was confirmed through training records. They were able to make reference to systems in place for the reporting of any incidents. The service had information on how safeguarding alerts would be dealt with. Our records suggested that no safeguarding referrals had been made to the local authority since our last visit. Staff were clear about what constituted abuse and the need for immediate action. For this visit we focussed on two units; one which support older people and the other for older people with dementia. Both areas were clean and hygienic. Domestic staff were employed by the provider and they were seen during our visit cleaning areas of the building. All cleaning materials were locked away when not in use. Information was available to staff outlining the potential dangers and uses of cleaning materials. We saw that an infection control audit of the building was undertaken periodically. No action had been identified in recent audits. Hand sanitising dispensers were located at the entrance of each unit as well as in key areas such as toilets and bathrooms. We saw staff using these. The premises were well maintained and a system for reporting repairs to contractors was in place. We were told that there was a good response to any repairs needed. All areas were noted to be well decorated. Lounge areas were nicely furnished with easy access to outside garden areas. Bedrooms were well decorated and personalised. People told us about their interests and we noticed that bedrooms reflected these. We spoke to people using the service about the numbers of staff on duty at any time. We were told that there were always enough staff on duty and that staff responded quickly to any requests they had. A call alarm system was in place but this was only occasionally used and when staff were alerted; they responded quickly. We spoke to six staff. All with the exception of one considered that there sufficient staff on duty at all times. The person who did not share this view made reference to occasions when an extra member of staff would be helpful to reflect the needs of people from time to time. We looked at the staff rota and found that staffing levels were maintained at levels prescribed by the provider . We looked at how the service considered the risks faced by people in their day to day lives. We noted that potential risks posed by the environment had been taken into account and were reviewed regularly. We saw that risk assessments included those risks unique to each person. The unit supported people living with dementia had devised risk assessments which were mindful of the increased level of risk that these individuals faced. The service recorded accidents and incidents. We saw that these included an account of each incident and how it was to be prevented in the future. We looked at how the service promoted the health of people through the management of medication. People, who were able to, told us that they had been asked whether they wanted to manage their own medication but were happy for nursing staff to do this. They told us that they always received the medication they needed, had the purpose of the medication explained to them and that they were always given to them on time. On one unit we saw that medication was locked at all times and records suggested a robust system for the receipt and administration of medication. On this unit only a registered nurse deals with medication. Nursing staff told us that their competency to do this was checked annually and this was confirmed through records. We observed a medication round within the unit which supported people living with dementia. Medication was locked away when not in use and dispensed from a purpose- made trolley. We noted that the registered nurse was very mindful of the risks of distraction from people who used the service during this process and ensured that people were not at risk during the process. Medication was offered to people in a dignified manner with an explanation of what the medication was for. In addition to this we saw the registered nurse ask people if, for example, whether they needed any painkillers (prescribed when needed). Other plans were in place for staff to determine whether individuals required other

Good

Is the service safe?

medication when needed. These were reviewed on a monthly basis. We saw that there were instances where people received medication covertly. Covert medication refers to medication that is hidden in food or drinks. We spoke to two registered nurses about this. They stated that they understood their responsibilities under their professional registration in respect of this. Information was available about how covert medication was considered the only option for some individuals yet how this decision had been made was not robust. . We looked at three recruitment files relating to staff who had started work at Winsford Grange since our last visit. We found that appropriate checks had been made to ensure that the candidate was a suitable person to support vulnerable people. We spoke to two recently recruited members of staff. They outlined how the recruitment process had worked and considered that their recruitment had been fair and thorough. A disciplinary procedure is in place for any occasions when there was concern about staff practice. We saw this being used through the supervision process.

Requires improvement

Is the service effective?

Our findings

People who lived at Winsford Grange and their relatives told us that they thought the staff team were knowledgeable and had a good approach to their care. They felt that the staff team were always willing to put them at the centre of their work. Our observations noted that this was the case with staff responding to people in a calm and dignified manner. Particular attention was shown by staff to ensure that people's privacy was upheld. Staff told us that they considered training offered to them to be good and said that training was always available to them. We spoke to two registered nurses. Both told us that they received training specific to their role and training which was in line with their own professional development. Training records confirmed that regular training was provided to staff. Staff told us that they received regular supervision and annual appraisals. They were able to recall the last supervision that they had received and these dates coincided with supervision records. Records enabled us to see that staff had the opportunity to discuss their progress and development needs. Where disciplinary action was considered, we saw that a clear audit trail was available including the investigation into such incidents. We looked at the way the provider took the mental capacity act into account with particular regard to older people who had dementia. Staff were able to provide us with an account of what capacity meant and were aware of the deprivation of liberty standards that applied. These standards aim to make sure that people in care homes such as Winsford Grange are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that any provider only deprives someone of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them. In respect of capacity we looked at the management of medication. While medication promoted the needs of people, we saw that there was a need for improvements in decision making in regard to the use of covert medication. The covert administration of medication is the practice of hiding medication in food or beverages so that it will be undetected by the person receiving the medication. We saw on one unit supporting people with dementia that a sample of four medication records identified the need for people to receive medications covertly. There was no evidence in place that the decision to do this had been discussed between all those concerned in a best interests meeting. Documents authorising this approach had been signed by a Doctor but there was no evidence anyone else was involved. This meant that there was no evidence that people who used the service and their families had been consulted about one aspect of their care. In addition to this, we did not see clear evidence that the capacity of people had been assessed.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people who use services were not protected from inappropriate care as no suitable arrangements were in place for obtaining, and acting in accordance with, the consent of service users in relation to the care provided to them.

We looked at how new staff were introduced into their roles. We asked staff recruited since our last visit about how they were inducted into their roles. Two people told us that they had received a structured induction that had equipped them to carry out their role. A new induction system had been introduced since our last visit. This covered six days and focussed on issues such as safe practice, training, dementia awareness and how to deal with challenging behaviour. There were people living at Winsford Grange who occasionally displayed challenging behaviour. We saw that this had been identified in their care plans outlining potential triggers for behaviours. The emphasis for was to identify the triggers for these behaviours and to diffuse any incidents. Training records showed us that staff had received training in this and that it had been included within the induction process for new staff.

Good

Is the service caring?

Our findings

We spoke to the people who used the service and relatives. All told us that the staff were caring and felt that they were looked after. One relative told us that they could leave the home knowing that their relative was "in good hands". We observed the approach that staff took with people living in the unit for older frail people. We saw that staff spoke to people in a dignified and friendly manner. Staff took the privacy of people into account and were mindful of their needs. Staff took the time to explain to people how they were going to be supported and were very patient in their approach. Staff's work was centred around the wellbeing of people. We observed the staff approach on a unit which supported older people with dementia. Staff had the same caring approach but we saw that staff paid particular attention to the safety of people. One person required supervision at all times given that they were at risk of falling. This person required help at one point and was supported by two members of staff. Other staff who were not directly involved in assisting this person ensured that other people in the unit were supervised and were safe. We saw that there was a significant level of positive team work between staff members to ensure that people's welfare was promoted. Staff spent time sitting and interacting with people in a positive and friendly manner ensuring that they did not feel isolated and that they were safe. The provider had recognised the dependency needs of people and had employed a member of staff to work on a one to one basis with one person. This enabled other people in the unit to have their needs met as well as the particularly complex needs of another individual. Through our observations, we saw many examples of people being included in their support and being provided with information on how staff intended to support them. We noted that the service had links to advocacy services yet this tended to be as and when people needed them. We were told that advocacy services had been used in the past yet this did not apply to anyone at present. We observed one person who had limited mobility. We saw from care plans that this person preferred to be as independent as possible and we saw that staff promoted this. This person was reliant on a wheelchair yet was able to manoeuvre this themselves and this mobility was assisted by the design of the building such as the width of corridors and doorways. This person told us that they were able to be as independent as possible. Staff told us that the dependency needs of people were increased and that there had been an increase in the number of people who required to be supported in their bedrooms. This was the case particularly in the unit supporting people with nursing needs. Where end of life care was required, we were able to see in care plans that an assessment had been completed about future interventions staff needed to make in the future when and if the time came for end of life care to happen. This included not just the support required but took the wishes of people into account as they reached this stage in their life.

Good

Is the service responsive?

Our findings

People who were able to tell us their experiences told us that they felt that staff treated them as individuals and had enabled them to continue and express their interests. For those who were not directly able to tell us about their support, we spent time observing the care they received. Staff spent time talking to people and gained information about their past lives from them. One person was born in a particular part of the United Kingdom and spent time teaching staff about her native language and country. The person's background had been included in their care plan and their room included items which reflected this. Other people spoke to staff about their background and their working lives. Care plans outlined the particular health needs of people as well as a significant focus on their social needs and interests. Assessment information was in place from the agency that funded care as well as the providers own assessment. There was significant emphasis on the social interests of people, their previous professions and experiences when they were younger. This was then included within the care planning process. Following on from care plans, the provider sought to enable people to access activities that were on offer within the service. The provider employed an activities co-ordinator. We spent time speaking with this person to assess the arrangements in place for meeting the social interests of people. We found that there was a significant focus on providing activities both within the service and in the wider community. There was a recognition that the increasing number of people who were cared for in their rooms as the activities coordinator had taken this into account and responded to the challenge of preventing social isolation for these individuals. As a result, activities had been geared to these individuals through book reading, newspaper reading, talking books, radios, hand massaging and general conversations with others. The co-ordinator recognised the needs of those people who were living with dementia and had included activities centred on the needs of these individuals. Such activities had included the introduction of therapy pets into the service and people had responded positively to this. For others who wished to, the co-ordinator had access to a dedicated activities room. We spent time in this room and saw a lot of evidence suggesting that this facility was used to a significant level. We were provided with evidence of events that had been arranged with local community groups and churches. We saw that events to commemorate significant events had been taken into account. For example the service had sought to mark the 100th anniversary of World War One with a week long programme of activities. During the time, people who used the service had been able to re-kindle links with others, in particular, the military and other associations. We recognised that there were challenges in ensuring that the service continued to be resourceful to ensure that social links were maintained and social isolation eradicated. The service only had one activities co-ordinator. This person presented as a resourceful and enthusiastic member of staff.. A complaints procedure was available on display for reference. We looked at complaints records. The service received very few complaints since our last visit. We looked at our own records and found that no concerns had been made about the service since our last visit. People told us that if they did have a complaint to make, then they felt confident that the Registered Manager would listen to them and act on them. Complaints that had been made in the past demonstrated a timely response to the concern followed by an investigation and feedback to the complainant.

Good

Is the service well-led?

Our findings

People who lived at the service told us that they felt listened to and gave a positive account of how the service had been managed by the registered manager as well as the deputy manager of late. People told us that they "listen to us" and "We can go to the manager if there are any problems" This view was also echoed by relatives we spoke to. Staff told us that they considered the registered manager and the deputy manager to be supportive and felt that they could approach them with any issue and that they would be listened to sympathetically. The registered manager had been registered at this service for a number of years but she was not present during our visit. Arrangements had been made for the deputy manager to cover the manager's role during a time of absence. Both staff and people who used the service told us they were happy with this given that the deputy manager had been employed by the provider for a number of years. During the manager's absence, the deputy manager had been provided with support from the provider's area manager to ensure continuity of care. A manager on-call system was available to the management team. We noted that each unit had a team leader who was a registered nurse. The unit supporting older people with dementia was managed by a nurse registered in mental health. This meant that a management structure was in place to ensure accountability. We saw evidence of quality assurance with the service measuring the quality of the care it provided. We were told that no satisfaction questionnaires had been given to people who used the service and their families for four years. We saw evidence the registered manager undertakes regular audits. These included audits of medication, infection control, health and safety and supervision. These were found to be last completed in early 2015. We saw that community links were fostered by the provider. This was particularly noted within the activities programme. We found that the provider always gave us information about any adverse incidents that had affected the wellbeing of people who used the service. Our tour of the building noted that a current certificate of registration was on prominent display. We looked at how the registered manager sought the views of the staff team. We noted that staff meetings were held on a regular basis. These meetings ones specifically for care staff, nursing staff, senior staff and ancillary staff such as catering. The content of these meetings centred on bringing staff up to date with any developments within the organisation as well as other issues such as training, audits and general practice issues. We saw meetings were held on each residential unit. We noted that thanks and appreciation were extended to staff in the first instances for their contribution to the care of people. Other discussions centred on how best to support people from a practical point of view.

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 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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment The provider had not ensured that people who used services were protected from inappropriate care as no suitable arrangements were in place for obtaining, and acting in accordance with, the consent of service users in relation to the care provided to them This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.