Oldfield Residential Care Ltd

The Grange Residential Care Home

Inspection report

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Ratings

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

Overall summary

We inspected this service on 24 February 2015. This was an unannounced inspection. Our last inspection took place in September 2013 and at that time we found the provider was meeting the regulations we looked at.

The Grange Residential Home provides accommodation and personal care for up to 34 older people. At the time of this inspection 31 people lived at the home.

The service had a registered manager. 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.

Summary of findings

We found there were insufficient numbers of suitable staff to meet people's care needs and preferences. People experienced delays, had limited meaningful recreational or leisure activities and were left unsupervised for periods of time in the communal areas.

The safety and quality of the home was regularly checked and improvements made when necessary. However we saw that the home was in need of redecoration and refurbishment, some equipment needed replacement and upgrading.

Some people who lived at the home were unable to make certain decisions about their care. The legal requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) were not being followed. The MCA and the DoLS set out the requirements that ensure where applicable, decisions are made in people's best interests when they are unable to do this for themselves. Decisions were being made that may not be in people's best interests.

Staff were aware of how to reduce the risks of people coming to harm and knew where to report any concerns they may have. People's medicines were managed safely; staff were knowledgeable and supported people with their medication as required.

People told us they enjoyed the food that was provided however people experienced delays in receiving their meals in a timely way because of staff availability.

People had access to external healthcare professionals when they needed them to ensure their health needs were met. Records were updated with the advice from professionals so that staff were aware of any changes to the support people needed.

People told us the staff were kind and caring. We saw that staff were patient and considerate when interacting with people.

People were aware of how and to whom they could make a complaint. The registered manager told us how they would respond to a complaint in accordance with the provider's policy.

'Resident' and staff meetings took place on a regular basis. Minutes were recorded and we saw examples of where action had been taken when suggestions for improving the service had been made. Staff told us they felt well supported by the management and worked well as a team.

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 consistently safe. There were insufficient numbers of staff to meet people's individual needs and keep people safe. We saw periods of time when people were left in communal areas unsupervised.

Staff were aware of people's individual requirements and knew how to support people when they became anxious. Medicines were managed safely by well trained and knowledgeable staff. This meant people were protected from the risks associated with medicines.

Requires improvement

Is the service effective?

The service was not consistently effective. The provider did not follow the requirements of the Mental Capacity Act 2005 were being followed when important specific decisions were needed.

People told us they liked the food and had plenty to eat and drink each day. Healthcare professionals were contacted when concerns with people's health were identified.

Requires improvement

Is the service caring?

The service was caring. People told us the staff were kind and caring. We saw staff were compassionate, considerate and patient when supporting people with the care needs. Staff knew people sufficiently well to offer help and support when verbal communication proved difficult.

Good

Is the service responsive?

The service was not consistently responsive. Limited social and leisure activities were available due to the deployment, time and workload constraints of staff. Some people in the communal areas sat for long periods of time without stimulation or conversation.

Staff were responsive and delivered care and support to people in a knowledgeable way. People told us that nothing was too much trouble for the staff they only had to ask for anything they wanted.

Requires improvement

Is the service well-led?

The service was well led. People spoke confidently and affectionately about the registered manager. Staff felt well supported by the registered manager and we saw they had developed good relationships with people who lived at the home.

Systems were in place to assess the quality and safety of the service. The environmental checks were ineffective as they did not identify some areas where infection control or the comfort of people may be compromised.

Requires improvement

The 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 was planned to check 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 took place on 24 February 2015 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience. The expert by experience had personal experience of using or caring for someone who uses this type of care service.

We looked at the information we held about the service. This included notifications the home had sent us. A notification is information about important events which the provider is required to send us by law. We used this information to help formulate our inspection plan.

We spoke with 10 people who lived at the home and eight visitors. We did this to gain people's views about the care. We also spoke with the registered manager, the deputy manager, five members of care staff and the activity coordinator. This was to check that standards of care were being met.

Some people living at the home were unable to speak with us, so we spent time in the communal areas and observed the interactions between people.

We looked at eight people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included audits, health and safety checks, staff rotas, training records, incident, accident and complaints records and minutes of meetings.

We contacted the local authority commissioning officer for their views on the service.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe and comfortable. We received mixed comments about the levels of staff. Some people told us the staff helped them when they needed help; other people told us there were not enough staff. We observed care staff were busy and attended to the care needs of people as quickly as they were able to, but this meant that some people had to wait. A member of staff was not allocated to stay in the communal areas where the majority of people were during the day. Instead they made quick visits in between tasks. We saw some people were unable to receive support promptly because staff were not in the vicinity.

Staff told us that some people needed additional support to reduce the risk of them coming to harm. We met with two people whose support plans recorded, 'Observe whereabouts at all times'. These two people were left alone and unsupervised for long periods of time in the communal areas. We saw that one person who had very poor mobility attempted to stand and was at risk of falling. We alerted staff to the situation who took action to support the person.

Staff told us there were not enough staff to do their job properly. One member of staff told us: "I wish I had the time to apply the training we receive but we are so busy, we can only do what we can in the time we have". We saw they were busy and had very little time to sit and chat with people. Most people at the home were living with dementia and required varying levels of support. A member of staff had been employed to arrange and facilitate activities for the people who lived at the home. We saw they were supporting people with their care needs and helping people with their meals. One member of care staff told us: "We would be lost without [activity coordinator] helping us". We saw very little structured activity had been organised, some people received nail care but the majority of people sat for long periods in the communal areas of the home with little stimulation, people were either asleep or disengaged.

People told us they experienced delays with their meals due to there being not enough staff to support them. One person said: "We very often have to wait for our meals but when we get it is usually very good". We saw staff started helping people into the dining room but we observed a 45 minute delay before they were served their meal.

A visitor told us there were not enough staff and told us of some concerns with their relative's appearance at times. They said: "My relative was wearing crumpled trousers when we visited, we were very upset as they were always very smart and well dressed, and it didn't look as though they had help with their hair".

The registered manager told us they were able to request additional levels of staff when this was required but the operations manager from within the company determined the staffing levels for the home.

The evidence above meant that people were at risk of not receiving the care and support they required because there were insufficient numbers of staff. Therefore there had been a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 18.2 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff knew the safeguarding procedures and were able to describe the action they would take if they had any concerns regarding the safety of people. One staff member told us they had received training in keeping people safe and told us they would blow the whistle if they had any concerns. They went on to say they had never witnessed anything of concern. Information on safeguarding people and whistle blowing was displayed on notice boards around the home.

Staff told us that some people needed support to decrease the risk of them coming to harm. Risk assessments were completed when a risk had been identified, for example, when a person had poor mobility which increased the risk of them falling. We saw walking sticks and frames were provided to help people with their mobility and to support them with moving around.

Staff told us that some people became distressed and anxious at times and experienced periods of challenging behaviour. All staff we spoke with without exception told us what action they took to manage people's challenging behaviour: "Through diversion, distraction, change of face, go away and go back again later". Two people who at times became anxious and demonstrated challenging behaviour did not have a care plan or risk assessment for this but we saw staff were knowledgeable when supporting people through these episodes.

Senior staff administered medication to people in a competent and safe way. A member of senior staff was

Requires improvement

Is the service safe?

allocated each day for the administration of medication. We saw staff remove the tablets from the blister packs and put in disposable pots, they were then taken to the person individually. We observed staff supported a person with their medication. The staff member was very patient and knelt down to the person's level offering support and encouragement. The person did not take the medication, staff recorded that it was refused and discussed ringing the pharmacy for an alternative. We saw a risk assessment was in place for this person and the refusal of their medication.

Some people required creams and lotions to support them with skin care. Care staff told us they applied the creams when they were required. We saw numerous gaps in the records where the creams were to be applied daily. Staff confirmed the creams were applied as instructed but at times they 'forgot' to complete the charts as they were so busy.

Requires improvement

Is the service effective?

Our findings

Some people at the home were living with dementia and sometimes had difficulties with decision making. We saw that capacity assessments had been completed but had not been reviewed. Staff told us about a person that had the capacity to make a specific decision about their care and treatment. We spoke with the person they gave a comprehensive account about their past and present life. We saw that an important document had been signed by a relative on behalf of the person when a specific decision was required; the person had been assessed not to have capacity. The mental capacity assessment completed by staff recorded 'can the resident understand the decision to be taken – yes'. This meant that the personal preferences of the person may not be taken into account in the event of an emergency and decisions may be unlawfully made by people.

Staff told us and we saw that some equipment was in use to monitor the whereabouts of people when they were alone in their bedrooms. An alarm was fitted to the door which activated and alerted staff that the person was leaving their room. We did not see any record of discussion or best interest meetings in regard to the installation of these pieces of equipment. This meant that the provider may not be supporting people in the least restrictive way or in their best interests.

The evidence above meant that the provider was not working in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). 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.

Staff confirmed they had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and were aware of their responsibilities under the Act. We saw staff seeking people's consent before they assisted them with the needs during the day.

The registered manager told us no one at the home currently required a DoLS application. However following the recent training the registered manager told us that referrals were being made for everyone. This was because of safety reasons people were not free to leave, and they were subject to continuous control and supervision. The registered manager told us that if people expressed that they wanted to go out of the home every effort was made to accommodate the request.

People told us they had plenty to eat and enjoyed the food on offer. One person said: "The food is good, I like it". We saw a wide selection of hot and cold drinks available and were offered to people throughout the day. Some people required soft blended diets to help them with their daily intake. People were supported and encouraged to eat their meals, staff were available but some people had to wait for assistance. Care plans and risk assessments had been completed and corresponded with the diet offered to people.

Staff told us that some people required their fluid intake to be monitored each day to ensure they remained well hydrated. We saw staff offered hot and cold drinks to people at regular intervals throughout the day. Monitoring charts were completed whenever a person had a drink however there was no information in the care plans or risk assessments of the amount of fluid each person needed to consume daily for them to remain well hydrated. This meant effective systems were not in place to ensure these people's risk of dehydration was being properly monitored.

Staff told us that some people needed regular support from the district nurses to support them with wound dressings. The district nurses visited at regular intervals throughout the week. Visits to and from other health professionals were made when necessary, for example, opticians, chiropodists, doctors and mental health specialists. Records were updated following the advice from the specialists and we saw clear and comprehensive care plans had been completed for people who had specific health conditions.

Good

Is the service caring?

Our findings

In general we saw staff supported people with their care and support needs in a dignified and respectful way. Staff knew people well, their likes and dislikes and were able to support people with their needs when verbal communication was difficult, for example one person became restless. Staff told us that this behaviour meant the person needed the toilet and was becoming uncomfortable. There were two occasions when we saw a person's dignity was compromised. We spoke with staff and the registered manager about their working practices, they offered a solution.

Some people were living with dementia and needed additional support and equipment to help them with everyday life. A few visual prompts had been installed around the home, for example pictures and signage for bathrooms and toilets to help people with independently finding the facilities to use. There were a few empty memory boxes outside people's bedrooms and only one or two photos of people on bedroom doors. The registered manager told us the activity coordinator had started implementing the memory boxes but didn't have the time to complete them as they worked as part of the care staff team. Additional improvements and equipment would enhance the quality of life for people living with dementia and enable them to remain independent for as long as possible.

We received positive and complimentary comments from people regarding the home and the staff. One person told us the staff were very kind and hard working. Another person told us: "It's a decent place to live, I am very comfortable and the staff are nice". Some people were living with dementia and at times needed encouragement and reminders. We saw staff approached a person prior to lunchtime and whispered in the person's ear if they needed the toilet. This was done in a dignified way so as not to cause embarrassment. We heard the person say thank you to the member of staff for helping them, the staff member replied: "You are very welcome [person who used the service]".

Staff were provided with training in dementia care. We saw staff treated people with respect, patience and understanding. We heard one person was shouting 'nurse', staff went over and chatted and reassured them several times during the day. Another person became quite anxious because they did not have their glasses on. A member of staff found them and the person instantly became less anxious and chattier.

The majority of people spent their day in the communal areas. We saw people were free to walk about the home, we heard no one was asked to sit down or stay where they were. Staff assisted people with their mobility when it was necessary.

Some people preferred to stay in their bedrooms. We saw staff respected people's choices. One person told us that the staff 'popped in now and again' to make sure the person was comfortable and had everything they needed.

Requires improvement

Is the service responsive?

Our findings

People told us there were was 'not much to do' but they enjoyed the bingo and musical sessions that were arranged. A visitor told us that in their opinion the activities were restricted as the monthly budget from the provider was insufficient. A person told us that staff buy the prizes for the Bingo sessions themselves as the budget did not allow for this. Staff told us people and the home would benefit from an increase in the monthly budget this would enable more activities to be arranged.

During the morning we saw people watched daytime television. One person told us this wasn't to their taste and shortly afterwards went to sleep in the chair. Other people watched and enjoyed the programme. After finishing their care duties the activities coordinator provided people with hand and nail care. One person was very pleased with the colour of nail polish that had been applied. We saw two people who were living with dementia enjoyed 'cuddle therapy'. The use of dolls for some people may bring back happy memories of early parenthood, we saw the people to be enthralled and absorbed with this activity.

No structured activity was arranged for people during the afternoon. Most people watched the television, walked around the building or went to sleep. Care staff told us that during the afternoons and at weekends if time and work load constraints allowed, they tried to facilitate some recreational activity for people to enjoy. People had social aims and objectives care plans which recorded their preferences for recreational activities. These mostly mentioned 'enjoys Bingo'.

We met with one person; they told us they were unaware that they had a written plan of care. Their care needs had not been discussed with them and they had never been offered a copy of the plan. They said: "No I have never seen a plan but I suppose there are some records somewhere". Each person at the home had a care plan based on their individual care and support needs. There was no evidence of people or their representatives being involved in their care plans. We saw a record of relatives being kept informed when there were concerns with the person's well-being, for example, when the doctor had visited. Staff demonstrated they had a good knowledge and understanding of people's individual needs and the risk of not recording people's involvement was low.

One person told us that they received good care and support from the staff: "Nothing is too much trouble for the staff, they keep an eye on me and help me when I want the toilet or to go to bed". Staff told us about the care they provided to one person whose health had recently deteriorated and they required additional and more regular care. They demonstrated a good knowledge of the care and support provided. The care plan had been updated and corresponded with what the staff told us.

People told us they would speak with their families or the staff if they had any concerns with life at the home. One person said: "It's a decent place here; I wouldn't come again if I had a complaint". The registered manager told us they tried and resolved any issues or complaints that people may have as quickly as possible. They told us of a recent meeting that was held with some relatives of a person, they felt this had been very useful to resolving issues. The provider has a complaint policy and procedure, a copy was displayed on the notice board around the home. A record was kept of complaints, they were logged clearly and concisely and any action needed for resolution recorded.

Requires improvement

Is the service well-led?

Our findings

There was a registered manager in post. One member of staff said: "She [the registered manager] has the home at her heart". All staff without exception said they liked working at The Grange, and that the registered manager was supportive and helpful. Staff we spoke with were unhappy about the staffing levels and told us they had raised their concerns with the registered manager. The registered manager told us that they worked on the floor with people when she was needed to, and we observed the registered manager tried to encourage one person to have a shave. It was evident that good relationships had been developed and maintained between the registered manager and people.

Meetings with people who lived at the home were arranged every two to three months. Discussions about the care and food took place at the most recent meeting; information on activities was discussed and people were told 'funds are low at the moment so fundraising is on-going'. People commented in the meeting that in general the home was warm and clean. Minutes of the meeting were available for people who were unable or who did not wish to attend.

Staff told us that meetings were held at regular intervals or when issues were identified and needed to be discussed. A recent meeting discussed the need to have regular handover of information at the shift changes. We observed a handover of information at the beginning of the shift change. Information was brief and staff were requested to read the records before going onto the floor. Staff told us they did not have the time so they did not have the information they needed to fulfil their role effectively.

Individual meetings with staff and the registered manager or deputy manager were arranged throughout the year. This gave staff the opportunity to speak in confidence with their line managers about their work performance and their learning and development needs.

Satisfaction surveys were sent to people each year. The returned surveys were analysed and action taken when suggestions for improvements were made. Comments included: 'Has a home from home feel'. Other comments suggested, bedtime snacks to be supplied, more outings, carpets are a little dated. The registered manager had spoken with the provider regarding these suggestions.

Systems were in place to regularly monitor the quality and safety of the home. The registered manager completed these checks and discussed them with the operations manager during their visit to the home. The provider visited at regular intervals to check the quality of the service and the environment. However, we had a look around the home and saw that it was in need of updating, redecoration and refurbishment. Carpets in the communal areas and corridors were worn. Some bedroom carpets were soiled and needed replacing. The material on the seating of the commode lids, easy chairs and settees were worn ripped and torn and cannot be effectively cleaned to prevent the risk of cross infection.

Twenty people currently living at the home required a commode for night time use. The pots were hand washed by staff. Staff were at risk of splash back accidents and cross infection hazards because of this working practice. Some windows in bedrooms and communal areas had misted up; the seal in the units had disintegrated. We saw some beds and divan bases that were soiled and in need of replacement. The registered manager immediately arranged to have them replaced.

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	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Care and treatment of service users must only be provided with the consent of the relevant person. If the service user is 16 or over and is unable to give such consent because they lack capacity to do so, the registered person must act in accordance with the 2005 Act.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this Part.