Four Seasons (Bamford) Limited

Romford Grange Care Home

Inspection report

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Romford
Essex
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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**

Summary of findings

Overall summary

We carried out an unannounced focussed inspection on 7 July 2016. After that inspection we received concerns in relation to staff shortages, poor infection control practices and care not being delivered safely. As a result we undertook a comprehensive inspection on 17 August 2016 to look into those concerns. At the previous inspection in July 2015 the service was rated requires improvement under safe because improvements to medicines management and cleanliness were not yet sustained.

Romford Grange Care Home is registered to provide accommodation for 41 people who require nursing or personal care. The home provides services to adults who have a physical disability, people with dementia care needs, older people who are physically frail and those in need of nursing care. On the days of our visit there were 38 people using the service.

There was a registered manager in place. 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 service was not always well-led. Although a lot of progress had been made to implement changes and manage poor performance, there was still a divided culture with some staff resistant to change. We have made a recommendation about motivating staff and team building.

Quality monitoring systems were in place. However we identified shortfalls with the cleanliness, maintenance of premises and record keeping.

People were supported to eat but were not always supported to drink sufficient amounts. We have made a recommendation about hydration.

The premises and equipment were not always clean or well maintained.

Care plans included people's preferences and involved people and their relatives as much as possible. We saw people participate in various activities such as doing puzzles, playing bingo and gardening. We noted that people in their rooms did not receive much stimulation compared with those who chose to stay in communal areas and recommend more effort is made to address this.

There were robust recruitment procedures in place in order to ensure that only people who had undergone the necessary checks were employed.

However we noted that people were supported by staff that were not always able to support them effectively. Which meant people sometimes received inappropriate care that did not meet their needs.

People told us that they were happy living at the home and that their wishes were respected. Staff were aware of the procedures in place to protect people from harm. They were able to demonstrate understanding of emergency procedures including fire and accident reporting.

Staff had attended relevant training and were aware of how to apply the Mental Capacity Act in their daily role. They were supported by means of regular supervision and annual appraisal. Staff meetings were held to enable them to share their views.

Medicines were managed safely. Any complaints made were acknowledged and responded to in accordance with the service's policy.

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

The service was not always safe. Staff skills needed to be improved. The premises needed to cleaned and properly maintained.

People told us they felt safe living at Romford Grange. Staff understood and recognised how to identify and report any form of abuse.

Medicines were managed safely by staff who had been assessed as competent.

There were robust recruitment systems in place.

Is the service effective?

Good

The service was effective. Staff were supported by regular supervision, annual appraisal and regular training.

Staff were aware of the Mental Capacity Act and applied it in practice. They told us that before care was delivered they always sought people's consent.

People told us they enjoyed the food. Staff were aware of people on special diets and their preferences.

People were supported to access healthcare professionals in order to enable them to manage any chronic or acute illness.

Is the service caring?

Good

The service was usually caring . People told us that their wishes were respected. However, we observed instances where people's dignity was not preserved.

Staff were aware of people's religious and cultural preferences and could explain how they met these.

Staff provided caring support to people at the end of their life.

Is the service responsive?

Good

The service was responsive. Care plans were comprehensive and included people's social and medical history. People's, preferences were noted and implemented in their daily care.

People told us they enjoyed the activities. There were activities to suit people's preferences. However, more could be done for people in their rooms and people living with dementia.

Complaints were acknowledged and responded to in a timely manner and used to improve practice.

Is the service well-led?

Requires Improvement

The service was not always well-led. People, relatives and staff gave us mixed reviews about the management. We have made a recommendation about team building.

Records did not always reflect an accurate picture of care delivered.

There were systems in place to monitor the quality of care delivered. Although these systems had picked up record keeping and maintenance issues they were not yet fully addressed at the time of our inspection.

Romford 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 checked 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 7 July 2016 and 17 August 2016 and was unannounced. The inspection was completed by one inspector.

Before our inspection, we reviewed the information we held about the service. We spoke with the local contracts and commissioning team and the local Healthwatch. We also reviewed notifications and safeguarding alerts. We also received anonymous information and concerns about cleanliness and staffing and a complaint from a relative, which were addressed at this inspection

During the inspection we spoke to ten people using the service and seven relatives. We spoke to the registered manager, two nurses, one domestic staff one housekeeping staff and seven care staff. We observed care during meal times and medicine rounds. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at five care records including daily care records, risk assessments and care plans. We looked at four DNAR forms and five staff supervision records and training records. We also looked at quality assurance audits.

Requires Improvement

Is the service safe?

Our findings

We found that the service did not always have staff, with the right mix of skills, competence or experience to keep people safe. Staff absence was not always covered due to sickness which left some staff tired. We looked at rotas and saw that staff numbers had been increased with two nurses on each shift and six or seven care staff on duty l during the morning shift. However, we noted that although there were enough staff around, their skills and competence needed to be developed. For example, people's hearing aids were not always put in properly, people who were bed bound were not always left with call bells within reach and therefore would not be able to call for assistance. Also tables with drinks were not always left within reach especially for people who stayed within their rooms.

We also saw an example of a lady who was at the dining table for most of the hot afternoon who was not really prompted to drink until the relatives came and assisted them with the drink and a second drink as the person was very thirsty. We also witnessed a staff member on two occasions say to a person and their relative "I cannot not help you as I am one to one." However, we also saw this same staff member take people out to the garden for a smoke leaving the person who they were supposed to be looking after alone. In addition, the main lounge and dining area was left without a member of staff on several occasions, which left people without access to help. This was unsafe practice and left people at risk not getting appropriate help when required.

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

We saw that the premises and equipment were not always clean or properly maintained. Prior to the inspection we had received two complaints about the cleanliness from relatives and during the inspection three relatives also confirmed that cleanliness in bedrooms was sometimes an issue. We noted that the downstairs toilet, skirting boards and radiator pipes throughout needed painting. We spoke to the registered manager about this and we were shown a maintenance plan which included repainting. After the inspection, we were sent photographs to show that the downstairs bathroom had been redecorated. However, we noted that in some people's rooms there was dust and food remains behind the beds, under their chairs. Similarly some chairs in people's rooms also had food residue and some flooring within rooms did not look clean. Although, there were cleaning schedules in place these were currently not ensuring that every room was kept clean. Similarly equipment such as hoists was visibly dirty in some areas.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We had also received anonymous concerns about people staying in wheelchairs for prolonged periods and wheelchairs in use without foot plates. On 7 July and 17 August we did not see any wheelchairs without footplates in use and staff confirmed they did not use wheelchairs without footplates. We did see people in wheel chairs but they said it was their choice with one preferring to go out to the garden at regular intervals.

People told us they felt safe. One person said, "Yes I feel quite safe and secure here." Another person said, "I have no concerns about safety. Everyone is very nice to me." Relatives also confirmed that security to get into the home was good as they had to be let in and sign in. One relative said, "I would recommend this home any day. It is one of the best as far as I am concerned as they look after {person} very well." Staff had completed training on safeguarding vulnerable adults and were able to explain the different types of abuse and the procedures in place to report any allegations of abuse. We reviewed recent safeguarding notifications and found that appropriate steps had been taken to reduce the risk of the incidents happening again.

Risks assessments were in place to ensure any risks to people were mitigated. These included, moving and handling, falls, skin, continence and behaviours. For each risk identified there were clear steps to follow in order to mitigate the identified risks. Regular health and safety checks were also completed including checks at night to ensure people were safe. One person said, "Yes staff pop in regularly at night to check how I am doing."

Staff were aware of the procedures to follow in an emergency and told us that regular fire drills occurred in order for them to know the procedure should a fire occur. Five out of the seven care staff we spoke with were aware of the fire evacuation procedure and all knew where the fire exits were. They were aware of the incident and accident procedures in place and showed us how they completed body maps and where they located the forms to complete should an accident occur. We found that falls and pressure sores were monitored and pressure relieving mattress and cushions were in use in order to prevent pressure damage. In addition, floor mats and sensor mats were in place for people who had regular falls.

There were safe recruitment practices in place in order to protect people from unsuitable staff. Staff told us that before they started work they were asked for two references, their qualifications and a disclosure and barring check to ensure they were suitable to work in a health and social care environment. We saw that disciplinary procedures were in place where staff had not followed the service's procedures or where they had put people at risk of harm.

Medicines were managed safely by registered nurses. We checked controlled drugs and found no discrepancies. We also reviewed medicine administration records and found no discrepancies. Where covert medicines were in place, appropriate authorisations were in place agreed by the GP and the pharmacists. Safe procedures were in place to manage people on specific medicines that needed blood tests or heart rate checks before administration. Staff were aware of the procedure to dispose of medicines. Where medicines were in the form of patches there were records in place to indicate where the patch was applied to ensure that the next person giving the patch would take off the previous patch before applying the next patch.

Good

Is the service effective?

Our findings

People were supported to maintain a balanced diet. We saw that people who needed assistance to eat were assisted in a timely manner. Staff were aware of people's food allergies and people on special diets. Those who were supported to eat via enteral feeding (support nutrition via a tube that goes into the stomach", had an appropriate nutritional support prescription which was followed by staff. Weights were monitored and where weight loss or excessive weight gain was noted appropriate referrals were made. Any advice given was implemented in order to try and maintain a balanced diet. However, we noted that although people were offered drinks and they were left by them they were not always prompted to drink. This did not always ensure that people were protected from the risk of dehydration. We recommend best practice guidelines be sought and implemented in order to maintain people's hydration.

People told us they were supported by staff who knew their needs. One person said, "Yes staff help me a lot and seem to know what they are doing." Another said, "I have no complaints about the staff. They do their job well." However, some relatives thought some of the staff lacked attention to detail. For example, taking people's box of tissues or fruit and sweet supply with them when they took them to the lounge or rinsing their tooth brushes after use. This meant people could only access their supplies when they went back to their rooms

Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff were aware of their roles and responsibilities and told us they never forced people and always sought their consent before delivering care. Staff had attended Mental Capacity training and told us they would always report to the nurses should they notice changes in people's capacity to make decisions. Care records had capacity assessments in place which were for specific decisions.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found staff were aware of people for which the service was in the process of obtaining DoLS for. We saw that the registered manger had sought authorisations where required and was awaiting some decisions from the local authorities.

Staff had regular training with practical training offered for moving and handling and online training was offered for other areas such as infection control and health and safety. We reviewed the training matrix which flagged up any overdue training and we saw letters written to staff asking them to complete their training as soon as possible. Although most training was on-line there was an opportunity to take a competency test at the end to ensure staff had understood the learning. Some staff were better suited to this method than others who preferred classroom based training where they could answer questions. We

recommend further guidance is sought regarding to varying training delivery methods.

Staff were supported by means of regular supervision and annual appraisal. Some staff felt supported and others thought there could be more staff meetings to discuss any issues or concerns. We saw that there had not been many staff meetings since January, however staff had received regular supervision where they also had the opportunity to reflect on practice or feedback any areas of concern. There was opportunity for staff to develop should they wish to do so with some staff being promoted to team leader positions. Nurses had the opportunity to continue professional development and were aware of the revalidation process. There were systems in place to ensure the registered manager checked the registered nurse's register annually to ensure that registered nurses Pin numbers had not expired.

People were supported to access health care services where required. Staff and people told us that the GP visited once a week and could also come when required. We saw evidence in people's files that they had been reviewed by GPs regularly. We also saw that other professionals such as dietitians had also come to review people. We saw chiropody and dentist visits in people's records. Staff also escorted people to hospital appointments when required. Those with chronic illnesses were supported to see their specialist team's annual diabetic health checks were completed. The flu jab was also offered to people who consented to receiving it. Therefore people's health was monitored to maintain their wellbeing.

Good

Is the service caring?

Our findings

People and their relatives told us that they were cared for by staff who were polite and kind with the exception of two relatives who thought some staff showed more compassion than others. One person said, "The staff are very good to me." Another said, "Yes, they are all very kind." A relative said, "[Person] calls it home here. [Person} loves the girls. We love it here. Can't fault it. Wouldn't put [person] here otherwise." We observed that most staff were polite and pleasant to people with the exception of one incident already mentioned in the safe section.

People were treated with privacy and dignity most of the time. Staff told us they would ensure the door was closed during personal care and address people by their preferred name. One person said, "I think they treat me with respect." During our second visit we saw an instance that did not preserve a person's dignity or show compassion. A staff member was seen assisting a person to eat in their room whilst the smell of the person's incontinence still lingered in the room. We also noted that although people looked clean some people's hair was not brushed and another lady was not dressed properly with a mis-match of clothes on including a trousers and a dress on top. This did not preserve people's dignity. We recommend further advice is sought on training some staff about maintaining people's dignity and respect

We observed staff ask people discreetly if they wanted to use the bathroom. We saw staff communicate with people before moving them or taking them to change incontinence pads. People were encouraged to be independent where possible. We saw people having their food cut up then encouraged to eat by themselves. Staff told us and people confirmed that during personal care they were enabled to do as much as they could for themselves such as wash their face. One person said, "I feel included in the whole process which makes me feel it's' still worth living." Another person said, "They are patient with me and let me do as much as I can."

Staff provided caring support to people at the end of their life and to their families. This was in conjunction with the GP. Nursing staff had received training to enable them to effectively administer pain relieving medicines to people at the end of their life. This helped to ensure that people were comfortable and as pain free as possible. They gave examples of how they would try to fulfil people's needs and wants such as getting them their movies, music or food. The deputy manager delivered end of life surgeries every Thursday to encourage people and their relatives to talk about last wishes. We saw that advanced directives were clearly documented and people who chose to stated exactly how they wanted their funeral to be directed and if they wanted to pass away at the service. Do not attempt resuscitation (DNAR) decisions were made as a joint decision involving the person their relative the GP and the nurses and a board in the nurses room was used to quickly identify people that had a DNAR decision.

Staff told us that they would not divulge any information about people to third parties without first confirming with the person and the nurse. Information about activities, and how to make a complaint was displayed within the home. There were also notices about recent and upcoming events and meal times. People told us that if they needed any information they would ask. Staff told us they would signpost people to advocates if they needed any help with financial matters.

Good

Is the service responsive?

Our findings

People told us that staff on the whole responded to their needs in a timely manner. One person said, "They are usually there when I need them. I can't say they have never come when I have called." Another said, "They are always here when I need them." Most people could not remember if they had been consulted during the care planning process but confirmed that they were asked on a daily basis what they wanted to do and how and when they wanted their care delivered.. One person said, "! see them write all the time. They ask if I've been to the toilet."

Care plans were reviewed regularly and updated to reflect people's changing needs. They included people's social, emotional and medical history. There were individual health goals in each care plans and preferred wake up and sleep times. Night time routines were clearly documented and staff were aware of people's preferences such as who prefers their light on and who prefers their door. On the second visit, it was a very hot day, so the chef gave out lollies mid-afternoon to keep people cool. People confirmed that this happened often and that an ice cream van visited weekly. One person said, "It's the little things that count. I look forward to that ice cream van every week."

People told us they had visitors when they wished and that they chose where they wanted to receive their visitors. One person said, "My grandchildren visit me when they can." Another said, "My husband comes all the time." On the day of the visit there were visitors coming in and out of the service some chose to stay in communal areas, others went to the room whilst others stayed in the garden, "One relative said, "I am here every day and I can stay as long as I like." Another said, "I am not aware of any visiting restrictions and I am usually welcomed or acknowledged when I arrive." One person had gone for a picnic with their family, another person went to the local café with their family.

People and their relatives told us they would talk to the staff on duty if they had any concerns before proceeding to the registered manager. One person said, "So far so good, but if I have any concerns I know where to go." Another said, "I do speak if I am not happy and they do their best to grant my request. For example, they have made an effort to cook my food to my taste."

Prior to the inspection we had received a complaint about the cleanliness of a person's room. We reviewed complaints and saw that they were acknowledged and a response was sent. Where possible the complaints were resolved amicably. We noted two complaints were still ongoing until an amicable resolution was found. One of which related to a hearing aid that needed replacing in order to ensure the person could fully participate in all aspects including activities.

Seven out of ten people said they were happy with the activities. The other three were not interested in joining in as they preferred reading or staying in their own room but would welcome a one to one chat. One person said "I like to take part in all that's going on". Another say, "I prefer my own company but do like to talk to someone now and again." Each person was assessed by the activities coordinator when they came in on order to get an idea of their individual likes and dislikes. Activities mainly occurred in the main lounge and included puzzles, bingo, one to one chats, gardening and manicures. An activities helper had helped

with the garden and we saw them help serve the afternoon tea. However, we saw that for people in their rooms and those living with dementia, there were not enough activities to keep them engaged. This meant some were unoccupied for prolonged periods of time. We recommend that the service seeks further support regarding activities for people living with dementia.

Requires Improvement

Is the service well-led?

Our findings

The service was not always well-led. People, relatives and staff gave us mixed reviews about the management with some saying it was very good and others saying there was room for improvement. One relative said. "I feel I have to push to get things done. Things do eventually get done but I wonder what will happen to people without relatives to push for them. Another two relatives echoed the same views about having to speak up on behalf of their relatives care needs. The other three relatives all thought the management team were good and they were kept up to date.

The registered manager had been in post for over 18 months and was taking the necessary steps to ensure sickness and performance management took place for staff who were not able to perform their roles well. They notified us of any safeguarding or concerns in accordance with the CQC registration requirements. We saw that a lot of changes were implemented with regular support from the area manager. However, we found that there was a lot of resistance to change. Half of the staff group we spoke with felt supported by the registered manager and the other half did not welcome the changes. There was still more work needed in order to improve the culture within the staff group and promote team work. We recommend that the service seek support and training, for the management team, about motivation and team building.

We found that care plans were mostly up to date. The service was in the process of introducing new comprehensive care folders. However, records such as fluid balance charts, fluid diaries and turn charts were not always up to date and did not always reflect people's care needs. For example three out of five turn charts we reviewed did not state the frequency of turns required, making it difficult to know if the person was receiving turns at the recommended intervals. In addition, pressure mattress settings were not always noted in the folders within the rooms to enable staff to know the proper pressure relieving mattress settings required. Secondly, five out of six fluid charts we reviewed were not completed properly as they had lots of gaps with one showing a daily intake of 280mls and output of 300mls which was below three minimum standards and according to staff and our observations not an accurate reflection of fluid received by people.

The current quality assurance process had picked up maintenance and record keeping issues but these had not yet been fully addressed at the time of inspection. Furthermore the cleanliness of rooms was still to be addressed.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We saw that resident and relatives meetings were in place. Regular electronic feedback was collected. We saw staff could also give their feedback electronically about job satisfaction, team working and management. There was also a weekly action summary completed by the manager in response to any issues raised by people, staff or relatives on the electronic feedback system.

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 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 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not always provided safely. Persons providing care or treatment to service users did not always have the competence, skills and experience to do so safely. Regulation 12 (2) (c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Premises and equipment used by the service provider was not always clean and properly maintained. Regulation 15.1(a), (e)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Records especially fluid balance charts and turn charts were not always accurate, complete and contemporaneous. Practice was evaluated but still needed to be improved. Regulation 17 2 (c) (e)