

CLS Care Services Limited

Florence Grogan House Residential Care Home

Inspection report

Shelley Road

Blacon

Chester

CH1 5XA

Tel: 01244 390177

Website: www.services@clsgroup.org.uk

Date of inspection visit: 25 and 26 August 2015

Date of publication: 23/10/2015

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

This was an unannounced inspection, carried out on 25 and 26 August 2015.

Florence Grogan House is a residential care service over two floors, which provides accommodation and personal care for up to 40 people including 10 people living with dementia. Access to the upper floor is via a passenger lift

or stairs. Local shops and other amenities are a short distance away from the service and there are good public transport links close by. At the time of our inspection there were 37 people living at the service.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

We last inspected this location in August 2013 and we found that the registered provider met all the regulations we reviewed.

At this inspection we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

We found that improvements were required in how people's care and support needs were assessed and planned. Care plans we reviewed lacked detail and were not personalised about how to meet the person's needs.

Policies and procedures were in place to guide staff in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager had knowledge and understanding of the Mental Capacity Act 2005 and their role and responsibility linked to this. Not all staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) but were able to show a basic understanding of the key principles when asked. Care plans did not identify how decisions for people who lacked capacity, were made in their best interests.

We have made a recommendation about recording decisions in line with the MCA code of practise.

People received their medication as prescribed and staff had completed competency training in the administration and management of medication. Two people's medication administration records (MAR) had not been appropriately signed or coded when medication was given.

Systems were in place to check on the quality of the service but records we saw were not regularly completed in line with the registered providers own timescales. We were not notified as required about some incidents and events which had occurred at the service.

People were safe and staff understood what is meant by abuse and they were aware of the different types of abuse. Staff knew the process for reporting any concerns they had and for ensuring people were protected from abuse. Family members told us they had no concerns about their relative's safety. They commented; "I know that my family member is safe and that if there are concerns they will contact me and let me know. They all treat [my relative] with respect and as if she is one of their own family members". Staff told us they would not hesitate to raise concerns and they felt confident that they would be dealt with appropriately.

Robust recruitment processes were followed and there were sufficient qualified, skilled and experienced staff on duty to meet people's needs.

Staff were caring and they treated people with kindness and respect. People were happy with the care that they had received. They told us that staff always treated them as individuals and were mindful of their privacy and dignity and helped them to maintain their independence. Relatives and visitors told us that they had no concerns about the care that they observed. They said they had always been made to feel welcome and they felt that the service was homely.

Staff worked well with external health and social care professionals to make sure people received the care and support they needed. People were referred onto to the appropriate service when concerns about their health or wellbeing were noted.

Staff received support through supervision and team meetings which enabled them to discuss any matters, such as their work, training needs or areas of development. There was a programme of planned training which was relevant to the work staff carried out and the needs of the people who used the service.

The premises were accessible, clean, safe and free from unpleasant odour and staff were able to describe their responsibilities for ensuring people were protected against any environmental hazards.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Risks to people's health safety and welfare were identified and assessed. We found that medicines were not always managed safely.

People felt safe at the service. Staff knew how to recognise abuse and how to respond if they discovered abuse had occurred.

The process for recruiting new staff was safe and thorough. People were cared for and supported by the right staff who had received training appropriate to the work they carried out.

Requires improvement



Is the service effective?

The service was not always effective

Policies and procedures in relation to the MCA and DoLS were in place and accessible to staff. Staff had a basic awareness of their responsibilities under the MCA and DoLS. However information relating to consent was not always recorded in care plans.

People received the support they needed to eat their meal because the mealtime was not rushed and meals were appropriately presented.

An ongoing programme of training was provided for all staff and they received appropriate support within their roles.

Requires improvement



Is the service caring?

The service was caring.

People told us that staff treated them as individuals and were respectful of their privacy, dignity and independence. We saw that staff were patient and caring in their approach towards people.

Staff knew people well and were able to respond quickly to a person's needs. Staff took time to talk with people in a respectful manner.

People were supported and encouraged to make their own choices and decisions and staff understood the importance of this.

Good



Is the service responsive?

The service was not always responsive.

Care plan records did not reflect the care that was required. People's health and care needs were not always assessed and reviewed by the provider.

People were provided with equipment they needed to help with their mobility, comfort and independence.

Requires improvement



Summary of findings

There was a complaints system in place and accessible to all. Complaints were listened to and promptly dealt with.

Is the service well-led?

The service was not always well led

The provider had quality assurance systems in place to monitor the service provided which were not always completed in line with the providers timescales.

The registered provider had not notified CQC of significant and notifiable events which had occurred at the service.

The service had a manager who was registered.

Requires improvement



Florence Grogan House 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 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.

We visited the service on 25 and 26 August 2015. Our inspection was unannounced and the inspection team consisted of one adult social care inspector.

During our visit to the service we spent time speaking with five people who used the service, three family members and three visitors including health professionals. We also spoke with four care staff and the registered manager.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed care and support in communal areas and staff interaction with people during a mealtime. We looked at people's care records and also records relating to both staff and the management of the service.

Before our inspection we reviewed the information we held about the service including notifications of incidents that the provider had sent us since the last inspection, complaints and safeguarding. We also contacted local commissioners of the service, the local authority safeguarding team and Healthwatch who visited the service on 5 February 2015 to obtain their views. No concerns were raised about the service.

Is the service safe?

Our findings

People told us they were happy and felt safe at the service. One person commented, “I feel very safe here, they treat me very well”. Family members raised no concerns about their relative’s safety and they told us they were confident about raising any concerns if they had any. Family member’s comments included, “It’s knowing that I can walk away and be confident [my relative] is safe” and “I have no doubts at all that [my relative] is safe and well cared for”.

We had concerns during our inspection regarding the medication administration records and with the disposal of controlled drugs.

When we looked at two people’s medication administration records (MAR) we found they had gaps where signatures had not been completed to demonstrate that the person had been given their prescribed medication. The records were inaccurate, for example the codes used to identify why a person did not receive their medication were not used correctly. This meant that staff could not identify whether medicines had been given or not been given to people on those occasions. Whilst the registered manager’s medication audit completed in January 2015 and April 2015 had identified missing signatures on MAR as a concern, we still found gaps during our inspection.

Two people’s medication records did not display a recent photograph to help staff identify the person prior to administering medication in line with the registered provider’s policy and procedures. Observation showed that staff knew who people were however a visual record would be of benefit to any new staff or agency staff that visited the service.

Procedures were in place for the use of controlled drugs which included regular checks on stocks; however controlled drugs for one person had not been audited since January 2015. The medication was checked at the time of the inspection and was accurately recorded. We were informed by staff that the medication was no longer in use but had not been returned to the pharmacist in a timely manner. The registered manager said it would be returned immediately to the pharmacy. NICE guidelines Managing medicines in care homes (2014) states there should be ‘prompt disposal of medicines including controlled drugs when no longer required’.

People’s medication was safely stored and administered by suitably trained staff. A member of staff told us that they had completed their competency check to ensure they managed medication correctly and was reviewed annually and records confirmed this. Staff had access to policies and procedures and codes of practice in relation to the management of medicines.

Medication that was required to be kept refrigerated was stored in a locked separate fridge. All relevant fridge temperature checks were up to date and had been recorded.

Risk assessments were carried out for people. Where appropriate a risk management plan was put in place to minimise the risk of harm to people who used the service and others. These covered areas such as tasks and activities which people were involved in and risks associated with the use of equipment and the environment.

Staff were aware of their responsibilities for ensuring people were safe and they knew how to report any concerns they had about people’s safety. We spoke with four staff who told us they had completed safeguarding adults training and records confirmed this. Staff knew what abuse meant and they described the different types of abuse. Staff had a good awareness of the registered provider’s and local authority safeguarding procedures. Records showed that safeguarding concerns had been addressed in partnership with the local authority. The staff room had a poster displayed reminding staff of what to do in the event of witnessing any abuse and who to contact.

The provider had a whistle blowing policy which staff were familiar with. Staff told us they would not be afraid of reporting any concerns they had about the service and were confident that their concerns would be dealt with in confidence.

There were enough staff on duty to meet people’s needs and they received care and support in a timely manner. Staff were always available and provided people with the care and support they needed. We saw that staff visited people who stayed in their bedrooms regularly to check they if they needed anything. One visitor told us, “There is always a member of staff available when you need them,

Is the service safe?

they have a skill of being able to know when someone needs a bit of help or needs cheering up”, “The staff are never far away, they always make sure people are not left alone too long”.

The registered provider had procedures in place for recruiting staff. We viewed recruitment records for four staff and saw that a range of checks had been carried out to assess the suitability of applicants prior to them being offered a position. This included completion of an application form which required the applicant to provide details of their skills, experience and previous employment. References obtained from applicants previous employer and a Disclosure and Barring Service (DBS) check were obtained prior to applicants starting work at the service. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. This ensured staff were suitable to work with vulnerable people.

We saw that emergency equipment was located around the service which included firefighting and first aid equipment. Regular checks had been carried out on all equipment to ensure they were in good working order. Records confirmed that staff had completed health and

safety training and regular updates were accessed in line with the registered provider’s policy and procedures. Induction and general training completed by staff included moving and handling, first aid, safeguarding vulnerable adults, dementia and fire awareness. Staff told us that the training was very good and that they were supported with their professional development by the registered provider.

People were provided with equipment which they needed to help with their comfort, mobility and independence. Records showed equipment people used was appropriately obtained following assessments of their individual needs. Staff encouraged people to use mobility aids such as walking frames to support their independence during the course of our visit.

All parts of the service were clean and hygienic. Cleaning schedules were in place and these were regularly checked to ensure they were effective. Hand gel and paper towels were available next to hand basins and there was a good stock of personal protective equipment (PPE) such as disposable gloves and aprons. Staff were knowledgeable about their responsibilities for managing the spread of infection. Regular audits were completed to monitor infection control practices within the service.

Is the service effective?

Our findings

People told us that they saw their GP when needed and had had regular appointments with their optician, chiropodist and dentist. Community nurses who visited the service were complimentary about the care and support people received and were confident that staff would recognise a change in a person's needs and contact them for advice if needed.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the management team. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager had a good understanding of the Mental Capacity Act 2005 (MCA) and deprivation of liberty safeguards (DoLS). They knew what their responsibilities were for ensuring that the rights of people who were not able to make or to communicate their own decisions were protected. Records showed that thirteen support staff had attended MCA and DoLS training in 2009. Through discussion staff had a basic understanding and awareness of the Act and stated that the registered manager takes the lead in this area and informs staff of any changes to care and support needs.

We recommend that the registered provider reviews their current practice to ensure that decisions are made and recorded in line with the MCA 2005 code of practice

Some people who used the service were unable to make important decisions about their care due to them living with dementia. The principles of the Mental Capacity Act 2005 Code of Practice had been followed to assess people's ability to make a particular decision. However information relating to consent was not recorded in care plans we reviewed and where appropriate details of relevant others, who needed to be consulted about decisions on behalf of people, were also not recorded.

We noted that three DoLS authorisations had not been notified to us in accordance with legal requirements. Two people had since been discharged from the service and one person still resided at Florence Grogan House. These must be provided so that we can take follow up action if required.

People told us they enjoyed the food at the service. One person said, "It's lovely, we get a lot to eat and we are able to choose what we would like. The chef comes to see me and asks me what I would like to eat". One family member told us, "[my relative] seems to really enjoy the food and has put on weight since coming to live here, so that's a good sign for us and [my relative] can be a fussy eater".

The dining experience for people was relaxed, well supported and people's meals were attractively presented. Meals looked balanced and healthy and people were given their choice of meals or alternatives were made available if they did not like the options available. Both the kitchen staff and care staff had up to date information about people's dietary needs and the support they needed to eat and drink. For example, staff knew which people required a diabetic diet and which people required their food softened to reduce the risk of choking. Meals looked appetising and colourful.

The lunch time meal was unrushed and people received the support they needed to eat their meal. Tables were set with appropriate equipment and condiments were available for people to use. Care staff engaged in a dignified and respectful way with two people who needed additional support and encouragement to eat their meals. Clear explanations and visual choices were offered to people and conversations were familiar to the experience, for example one care staff member reminiscing about how she had vegetable soup in the winter times to warm her up. An accurate record was kept of meals served.

Parts of the environment were dementia friendly. For example, there were contrasting colours on hand rails, personalised memory boxes outside bedroom doors and good lighting. These helped aid the orientation of people living with dementia.

All staff told us they completed induction training when they first started work at the service. They also told us they were provided with ongoing training relevant to their roles and the needs of the people who used the service. Training completed by staff included moving and handling, first aid,

Is the service effective?

safeguarding vulnerable adults and dementia care. A record of completed training was kept for each member of staff. The records showed staff had completed relevant training and that they were given regular opportunities to discuss with the manager, training needs and other matters relating to their work. This included formal one to one sessions and regular staff meetings. There was evidence that training had been arranged for September 2015. Comments made by staff included, "We always have lots of training taking place, I feel like I have better skills to do my job now", "The company are helping me with my learning as I have told them where I need to develop my skills and they are supporting me to progress".

Staff were knowledgeable about the care and support people needed. Staff explained their role and responsibilities and how they would report any concerns they had about a person's health or wellbeing. Appropriate referrals for people were made to other health and social care services. Staff identified people who required specialist input from external health care services, such as speech and language therapists and district nurses and where appropriate staff obtained advice and support. They also explained what their responsibilities were for monitoring people's care, for example people's weight and emotional wellbeing. We saw that people had a care plan for their identified healthcare needs.

Is the service caring?

Our findings

People told us that the staff provided them with good care and support. One person commented; “The staff are lovely and very good to me” and another person said, “All the staff are lovely and kind and treat me like an individual, they know when I’m not feeling my best and always cheer me up”. Family members told us their relatives received all the care and support they needed and in a way that they preferred. Their comments included; “The staff really care and they are very patient when supporting [my relative] they know exactly what [my relative] needs”. Visiting community nurses told us they thought the staff were caring and attentive to people’s needs.

Staff promoted personal choice at all times when they were engaging with people. Staff offered people choices with regard to food and drink, places to go and asked people where and how they wanted to spend their time. Our observations showed that staff considered people’s different communication styles when providing care and support for example visual choices were offered to people.

Staff provided people with care and support in a dignified way. Staff spoke with people in a respectful manner and they offered reassurance and encouragement to people who needed it. People received personal care in private and people’s choice to spend time alone in the privacy of their own rooms was respected by staff. Staff knocked on doors and waited before entering people’s bedrooms. There were a number of small lounges available for people and their families to spend time in private if they wished.

There were positive interactions between staff and people who used the service. Staff took time to sit with people and they shared banter which people appeared to enjoy.

Discussions staff held with people demonstrated that staff knew people well. Family members told us they often saw staff sitting with their relative, “Having a good natter and giggle”.

People told us their independence was actively promoted which was very important to them. “They support me to do as much for myself as I can, sometimes I have a bad day but they always get me motivated”. People were encouraged to carry out tasks around the service. One visitor told us, “One lady was picking a few bits off the carpet, the staff saw this and immediately went and got her a Eubank, she was over the moon to be able to help”.

The staff had a good understanding of people’s needs including their preferences, likes and dislikes, hobbies and interests. For example, staff knew what interested people to help engage in conversation and what music people enjoyed which created opportunity for social interactions.

People were dressed appropriately for the time of year and looked well presented. A family member told us “[my relative] always looks clean and tidy whenever I visit”. Families told us they are always made welcome and could visit their relatives at any time and that they could stay for as long as they wished.

There was clear information available about what people should expect from the service and guidance on how they can raise any concerns should they need to. One person visiting the service confirmed that the move for her family member had been very good and they felt supported with the information they were provided both before, during and after the move.

There was no information readily available for people on how to access local advocacy services. However we noted that some people were supported by staff to access advocacy support when required.

Is the service responsive?

Our findings

People told us they received the care and support they needed and that they felt staff knew them well. People's comments included; "They always help me when I ask" and "The girls are very willing to help". We saw staff spent time chatting with people and responding to people's needs and requests for assistance to use the bathroom and for refreshments. A visitor told us that staff were attentive to people's needs and that staff knew people's habits and routines.

People's needs were assessed and care plans were clearly titled which showed the area of need. Whilst we observed people receiving personalised care and support, care plans did not always reflect this. Care plans we reviewed lacked detail and were not personalised about how to meet the person's needs. On review of records we found documents that had not been completed for people including information relating to consent, past experiences and life history.

Regular reviews of risk management plans were completed, although there was no evidence to show that changes to people's care and support needs, for example, new risks, had been appropriately recorded. Comments such as 'no changes required to care plan' were consistently noted over a period of two years. One person who had moved into the service two months prior to our inspection had no care plans or risk assessments in place. This was despite a range of needs highlighted in the initial assessment carried out in respect of the person prior to them moving into the service.

Care plans and risk assessments for another person who was identified as being at high risk of falls were last reviewed in June 2015. Records showed that the person had four incidents of falls since February 2015 of which one resulted in a significant injury. The falls risk assessment had been reviewed in April 2015 and a further review completed but this was not dated or signed. This is poor practice.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 as the provider did not have systems and processes in place to assess, monitor and improve the quality and safety of care.

Care plans were accessible to the relevant staff and staff told us they read and reviewed them regularly. Staff also

told us they shared important information about people during each shift handover. Daily records kept for each person also helped to ensure staff had up to date information about people.

A family member explained how the service had responded to changes which affected their relative's wellbeing. They told us immediate action was taken in response to the changes and the action taken resulted in a positive outcome for their relative. The family member also told us they had been invited to take part in a meeting about their relative's care.

We saw some activities taking place during our visit which included people going out shopping in the local community both independently and with the support of staff. One person tended to the garden and the plants during our visit and people received one to one interactions with staff both in their bedrooms and in the lounge areas. There was a range of activity items accessible at all times of the day to help occupy and stimulate people, including puzzles, jigsaws and books. This was confirmed by family members and visitors to the service.

There were two activities co-ordinators who organised and led activities in the service. Notice boards around the home displayed a wide range of forthcoming activities and events including weekly religious services, reminiscence sessions, beauty treatments and entertainers. People told us about the activities they had taken part in. One person said "The activity team are wonderful, they come and speak to me about what I would like to do and always ask if I want to be involved in something that is taking place". Another person said, "They discuss what we would like to do or where we would like to go on our days out in our monthly residents meetings, I always feel involved". Records we viewed confirmed that people were involved in activity choices.

People we spoke with and family members told us they had no concerns or complaints about the service. People knew how to make a complaint and were confident about approaching the registered manager or other staff with any complaints they had. The registered provider had a complaints procedure which was made available to people. The procedure clearly described the process for raising and managing complaints. We viewed the service complaints records and saw that concerns and complaints raised had been dealt with promptly and appropriately.

Is the service well-led?

Our findings

The service was managed by a person registered with CQC. The registered manager commenced working at the service two weeks prior to our inspection and was in the process of familiarising themselves with the people who used the service and the staff team. However, the registered manager had worked for the registered provider at a different service for a number of years. The registered manager and staff had a good understanding about their roles and responsibilities and the lines of accountability within the service and they knew the structure of the organisation.

People who used the service told us they knew there was a new manager. Comments staff made about the registered manager included; “She seems nice and appears to be very fair” and “She seems to know what she is doing and I think she will make some improvements here”. Family members told us they had no concerns about how the service was run and were confident about talking to the registered manager if they needed to. Staff told us that the registered manager was approachable and easy to talk to. We saw good relationships amongst the staff team and staff told us they felt supported through the recent changes.

There were systems in place to assess and monitor the quality of the service; however they were not always effective. These systems did not always ensure that people were protected against the risks of inappropriate or unsafe care and support. This was because people’s care records were not always reviewed regularly to ensure they were up to date and reflected people’s current needs. Evidence of actions taken in response to improvements required in care plans were not documented. In addition to this, records of

checks which were carried out on people’s medication, mealtime experience, the environment and equipment used at the service were not always completed in line with the timescales set out by the registered provider. Also there was a lack of evidence to demonstrate that improvements were made in response to shortfalls which were identified as part of the checks.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 as the provider did not have systems and processes in place to assess, monitor and improve the quality and safety of care.

People who used the service were invited to attend meetings every month to discuss how they were feeling, if they had any concerns or compliments and to be involved in decisions about how the service is run. Concerns had been raised over laundry services and the mix up of clothes on two occasions in the meetings; however the provider was not able to demonstrate what actions had been taken in response. People were also invited to complete satisfaction surveys which gave them the opportunity to rate and comment about aspects of the service including the care, staff, food and the environment. We did see the results of the last survey completed in 2014 which showed people were satisfied with the overall service.

We viewed accident and incident reports and these raised no concerns with us. Accidents and incidents at the service were recorded appropriately and were reported through the provider’s quality assurance system. This meant the provider was monitoring incidents to identify risks and trends and to help ensure the care provided was safe and effective.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>Systems and processes were established but not operated effectively to ensure compliance. Regulation 17 (1) (2)(a)(b)(c)</p>