

Jade Blossom Limited

The Grange Nursing & Residential 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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

The Grange Nursing and Residential Home is a care home that provides personal care for up to 50 older people, some of whom are living with dementia. At the time of our inspection, there were 34 people using the service.

People's experience of using this service:

- Governance systems and audits were not always effective in identifying issues and where improvements were needed.
- Improvements were required to medicines record keeping.
- There were sufficient staff to meet people's needs, but support given was task-focussed and not always timely.
- Improvements were required with regards to retaining proof of staff identity and risk assessments when recruiting staff.
- Improvements were required to environmental risk assessment and management, particularly with regard to needs of people living with dementia.
- People were supported to have an adequate diet but this was lacking in choice.
- People's needs were assessed before being admitted to the service. Plans of care were in place with an action plan in place to develop a more person-centred approach.
- The principles of the Mental Capacity Act (MCA) 2005 were followed. However, improvements were required to MCA and best interest decision record keeping.
- Staff were kind and caring. People's independence and privacy was supported but people's dignity and confidentiality was not always considered or respected.
- People's access to activities was limited. This had been recognised and action taken to recruit activities staff to improve people's access to activity.
- Healthcare needs were met, and people had access to health professionals as required.
- People told us they felt safe living at the service. Staff were aware of their responsibilities for keeping people safe and had received the relevant safeguarding training.
- Staff were supervised and felt supported by the management team.
- A complaint's system was in place and used effectively.
- The environment was in the process of being refurbished. However, we recommend that the provider finds out more about the environment for people living with dementia, based on current best practice.

Rating at last inspection:

This was the first inspection of the service. The service was registered on 14th May 2018.

Why we inspected:

This inspection was carried out earlier than scheduled in response to concerns that people were receiving poor quality care.

Enforcement:

At this inspection we found the provider to be in breach of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Action we told provider to take is recorded at the end of the report.

Follow up:

We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

The Grange Nursing & Residential Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had experience of older people and dementia care.

Service and service type:

The Grange Nursing and Residential Home is a 'care home.' People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

Prior to the inspection we reviewed information we had about the service which included any notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law. We sought feedback from the local authority who monitor the care and support people

received and Healthwatch Leicestershire, the local consumer champion for people using adult care services. We used all this information to plan our inspection.

Due to the inspection being carried out before the deadline set for the Provider Information Return, the provider was unable to complete this before inspection. This is information we require providers to send us to give some key information about the service, what the service does well and what improvements they plan to make. The registered manager submitted the Provider Information Return on the day of inspection. We took this into account in making our judgements in this report.

During inspection we spoke with seven people and five relatives. We spoke with the registered manager, deputy manager, the chef, one nurse and two care staff. We observed support being provided in communal areas of the service and 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 reviewed five people's care records to ensure they were reflective of their care needs. We reviewed four staff recruitment files and other documents relating to the management of the service such as policies, audits, meeting minutes, safeguarding and training records.

During our inspection we requested further information from the provider which was received in a timely manner.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Requires improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely:

- Medication procedures required strengthening to ensure medicines were administered as prescribed.
- Some people's medication administration record (MAR) charts contained gaps where staff should have signed to demonstrate they had administered people's medicines. We saw the management team had audited the MAR charts weekly, but these concerns had not been identified.
- Staff did not have clear direction as to safe protocols for the receipt, storage, administration and disposal of medicines. A medication policy was sent to us by the registered manager the day after inspection, but it did not reflect current best practice guidelines.
- Instructions on people's medicines administration records (MAR) were not always clear. Some medicines to be administered when required were recorded on the protocols for 'as needed' medicines but were not listed on the MAR charts. Some people did not have protocols for 'as needed' medicines, and those in use did not contain enough detail about when staff should be administering 'as needed' medicines to people. Protocols were not signed or countersigned by staff and no dates for implementation or review were in place. This put people at risk of not being given medicines as needed for pain or anxiety.
- There were no charts used to demonstrate the area of the body prescribed topical items such as creams or ointments should be applied to, or to indicate where medicine 'patches' used for pain relief had been administered. There was a risk people would not receive medicines as prescribed.
- Medicines were administered by staff that were trained to do so and had their competency regularly checked. Medicines were stored securely.

The provider failed to ensure the proper and safe use of medicines. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12 (2g) Safe care and treatment.

Staffing and recruitment:

- There were enough staff to meet people's needs. However, we saw that at times staff were task focussed and people told us that sometimes they had to wait for staff support. For example; during the lunchtime period, we observed that people were supported to eat and drink but had to wait for up to 30 minutes between their main course and dessert, and one person was still waiting for assistance to remove a disposable apron and crockery 1 hour and 45 minutes after the meal had been served.
- Recruitment checks had been undertaken to ensure staff were safe and suitable to work at the service. This included carrying out a criminal record check from the disclosure and barring service (DBS) and seeking references. However, recent photographs of staff and other forms of identification were not always located in staff files. Risks identified by the DBS, for example a previous criminal conviction were not always considered and assessed appropriately by the provider putting people at risk of being supported by unsuitable staff.

Assessing risk, safety monitoring and management:

- Not all environmental risks had been assessed and managed. The provider had not considered potential risks to people with regards to uncovered water pipes and some ineffective radiator covers, nor appropriate storage of thickening powder for people with cognitive impairment.
- Where concerns had been identified regarding people's care and support including pressure sores, malnutrition and falls, appropriate actions had been taken to reduce risks and keep people safe. This included use of pressure relieving mattresses for reducing the risks of developing pressure ulcers and sensor mats to alert staff to people moving if they had been assessed of being at risk of falls.
- People in need of assistance to move around the home were supported by staff members that had received training in the safe moving and handling of people.
- A fire risk assessment and personal emergency evacuation plans (PEEP's) were in place. These showed how everyone must be assisted in the event of a fire or other emergency. We saw appropriate signage was in place to ensure emergency services could identify people using oxygen.

Systems and processes to safeguard people from the risk of abuse:

- People were safeguarded by the systems and processes in place. The registered manager and staff understood their responsibilities for keeping people safe, including appropriately reporting and investigating concerns.
- People told us they felt safe. One relative told us, "The caring team [staff] are very good and I have never seen one iota of abuse or raised voices from staff to residents."
- The staff team had received regular safeguarding adults training.
- There was a whistleblowing policy for reporting concerns. Staff told us they were confident any concerns would be addressed appropriately.

Preventing and controlling infection:

- Staff followed infection prevention and control procedures to protect people from infection.
- We saw gloves and aprons were available and used appropriately by staff.
- The service had a five-star food hygiene rating from the local authority. Five is the highest rating awarded by the Food Standards Agency (FSA). This shows the service demonstrated good food hygiene standards.

Learning lessons when things go wrong:

- The registered manager regularly reviewed all reported accidents and incidents to identify if any improvements or changes were required to reduce the risk of the incidents happening again.
- The management team had responded appropriately to a recent substantiated safeguarding concern from the local authority by putting a detailed action plan in place including external additional staff training. We saw actions were implemented but had yet to be embedded in practice.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Requires improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's needs:

- The provider was in the process of re-decorating and upgrading areas of the premises. However, the environment was not following best practice for people living with dementia, and this had not been considered when refurbishing the service. We saw signs on doors were not always numbered clearly, clocks in corridors were set to the wrong time and there were signs in rooms for the benefit of staff not the people living at the service. For example, hand-washing posters above hand basins in people's rooms.
- The floors in corridors were uneven and of different colours which could cause potential tripping hazards to people with dementia. We spoke to the management team who said this would be discussed with the provider prior to further refurbishment.
- Care was provided in a homely environment and people had personalised their bedrooms with pictures and other belongings that were important to them.
- People were able to choose where they spent their time including a choice of indoor and outdoor communal areas. The garden area had been landscaped to ensure it was enclosed and was accessible to everyone who uses the service.

We recommend that the service seeks guidance from a reputable source about enhancing the environment for people living with dementia.

Supporting people to eat and drink enough to maintain a balanced diet:

- Nutritional risk assessments and care plans were in place to ensure people ate and drank enough. People's weight was monitored, and charts used to document intake for people at risk of malnutrition or dehydration.
- People who required a textured diet had food appropriate to their required needs. However, one person started to choke whilst being supported to eat their meal despite having the correct consistency food. We discussed this with the management team who had already requested an urgent review with the person's GP.
- We received mixed feedback about the quality and choice of food available. A lunchtime menu was available for people to make meal choices. However, people did not think the menu was developed taking into consideration their likes and dislikes. One person said, "The food could be improved, usually a choice at lunchtime of either a meat or veggie option but only sandwiches with a choice of three fillings for dinner." Another said, "The food isn't as good as it used to be, it's just sandwiches at dinner time. I didn't like the meal today, so they did me a poached egg."
- People told us they would prefer more alternatives at teatime. We raised this with the registered manager who told us people are offered alternatives if they ask, but that they would discuss developing a teatime

menu to ensure people knew what choices were available. This was to include pictures to help people with cognitive and communication difficulties to choose.

- The observed mealtime was not a sociable experience for people. One relative told us, "She [relative] eats in the same chair that she stays in all day." Although staff supported people to eat and drink staff contact with people was task focussed and lacking in person-centred interaction.

Ensuring consent to care and treatment in line with law and guidance:

- The 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.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- We were assured that the service was working in people's best interest, however, the MCA and best interest paperwork had not been completed as required to show how the decisions were in people's best interest and who was involved in making those decisions. For example, one person was receiving their medicines covertly and it was clear that consent had been received from the GP and relatives, but the MCA and best interest documents had not been completed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People had received a pre-assessment of their needs before moving into the service to ensure that the staff team could meet the person's needs.
- People's needs were assessed and information was available in their care plans. This included some details about likes, dislikes and preferences.
- The staff team were supported by a range of health care professionals in the community who assisted them in providing support to people in line with national guidance and best practice guidelines.

Staff support: induction, training, skills and experience:

- Staff felt they received training suitable for their role.
- There was an induction process for new staff. Appropriate mandatory training been completed, and ongoing refresher training was provided.
- Staff received regular one to one supervision meetings and appraisals in line with the provider's supervision policy.

Staff working with other agencies to provide consistent, effective, timely care:

- The staff team worked with other agencies to provide consistent, effective, timely care. This included having key information as an emergency grab sheet readily available to support admissions to hospital and to promote consistency of care.

Supporting people to live healthier lives, access healthcare services and support:

- The service worked well with other organisations. The manager and staff were currently working with the local authority to make improvements that were required in the service.
- A GP routinely visited the service weekly. Staff also contacted doctors and other healthcare professionals as and when needed. These included district nurses, dieticians and speech and language therapists.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Requires improvement: People did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence:

- People's dignity was not always respected. For example, at lunchtime we saw someone's mouth being wiped without any conversation after the meal, and we could see continence aids clearly on display in people's rooms which was not dignified.
- People's confidentiality was not always considered or respected. Although people's care plans were stored in a locked room, wall mounted white-boards in bedrooms clearly displayed information about their personal care needs. We discussed this with the registered manager who immediately took action by removing the information.
- Staff respected people's privacy. We saw staff knocked and sought permission before entering people's bedrooms. One person told us, "Staff are very good, they respect my privacy and treat me with respect. They shut the door and pull the blinds when they help me with personal care."
- Staff told us they actively encouraged people's independence. For example, when people were being assisted with personal care they were encouraged to do as much as they were able to.

Supporting people to express their views and be involved in making decisions about their care:

- People or their relatives were encouraged to complete a social profile as part of the assessment of care needs. This enabled them to express their views and be involved in making decisions about aspects of their care such as what time to get up, personal hygiene preferences and likes, dislikes and preferences. For example, one person preferred to stay in bed and although the staff encouraged them to get up they were mindful it was the person's choice not to.
- Staff told us they reviewed people's care plans every month. However, people and their relatives were not always involved. For example, one relative told us "There is a care plan in place, [relative] has been in here for 6 years and I'm not sure if it has been reviewed."
- The registered manager knew how to access advocates for people if they needed someone to help them speak up about their care. The role of an advocate in health and social care is to support a vulnerable or disadvantaged person and ensure that their rights are being upheld in a healthcare context.

Ensuring people are well treated and supported; respecting equality and diversity:

- Relatives told us they were able to visit at any time and were made to feel welcome.
- We observed caring interactions between staff and the people they supported. One person said, "Staff are very good and very respectful. They always greet me by my name and say good morning to me." A relative told us, "Staff always treat my [Family member] with kindness and will pop in and have two-way conversation chats with her."
- People with diverse needs, such as diet and language, were supported. The chef was aware of people's

cultural needs with regards to their meal choices and ensured that appropriate meals were provided. Another person was observed watching the television in their room with subtitles in their own language.

- Although the service was not supporting any people with LGBT needs staff had equality and diversity training, and the registered manager was committed to supporting these needs if, and when required.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Requires improvement: People's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Care plans were in place for people. However, they contained minimal information, they are not always person centred and there was lack the detail on how to support people. The provider showed us a new more person-centred and holistic care plan that was in the process of being developed.
- People's information, communication needs and the support they required was not clearly specified in care plans therefore the provider was not adhering to the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager had no knowledge of the Accessible Information Standard and told us they would ensure it was added into the communication policy and implemented in practice.
- There were limited opportunities for people to be involved in meaningful activities. There were some activities, including monthly church services, entertainers, a hairdresser and games such as dominoes and bingo but activities were limited due to lack of staff. We saw care staff going through reminiscence books with some people, but others told us they do not have enough activities. One person said, "We don't have any activities here, there aren't any jigsaws or games in the lounge."
- The registered manager told us they were in the process of recruiting an activity co-ordinator which would improve the activity provision for people.

Improving care quality in response to complaints or concerns:

- The management team knew their role and responsibilities when dealing with complaints. The provider had a complaints policy with a clear procedure to manage complaints.
- People's concerns and complaints were recorded and responded to appropriately by the registered manager, including a written response to people.
- People and their relatives told us they felt confident raising concerns with staff or the management team. One relative told us, "I have had to make a complaint over extra care needed for my mother. I mentioned it to the manager and he resolved it very quickly. I would talk to him if I have other concerns."

End of life care and support:

- Staff had not received specific end of life training but worked in partnership with the GP, District Nurses and people's relatives to ensure people were supported at the end of their lives.
- People's care records had information regarding advance decisions, preferred place of care, end of life wishes and funeral arrangements.
- We saw some people had Do Not Attempt Cardiopulmonary Resuscitation (DNAR) forms completed, so staff knew what action to take in an emergency.
- At the time of inspection, nobody was receiving support at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Requires improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The registered and deputy managers completed quality audits however these did not effectively pick up issues or identify actions needed. For example, environmental risks regarding ineffective radiator covers, tripping hazards and uncovered water pipes. The adaptation and design of the building had not been adequately considered for people living with dementia, and issues regarding medicines, for example missed medicine signatures, and protocols for medicines to be administered 'as required' lacking in detail. None of these issues had been identified by the registered manager. The registered manager did not have sufficient oversight and could not ensure that safe, person centred care was provided to people.
- The registered manager did not have an up to date policy in place for medicines management to ensure the service was following best practice. Despite the manager completing weekly and monthly checks of this area none of the audits had picked up the areas of concern we found at inspection.
- The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and serious injuries that occurred or affected people using the service. However, they had not always submitted notifications for safeguarding incidents which had been reported to the local authority. This meant we were not always kept informed and could not always check whether the appropriate action had been taken in response to these events.
- The registered manager was aware of their responsibility to display their rating when this report was published.

The provider failed to ensure that their systems and processes were effective in monitoring the quality and safety of the service being provided. These matters were a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17 (2a) Good Governance.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The management team were open and transparent throughout the inspection. However, although they stated their intent to provide person-centred care, care and support plans were not developed through engaging with people and relatives and taking their varied needs into account.
- The registered manager understood their duty of candour responsibilities and engaged people in investigations and ensured outcomes were communicated following any incidents. Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they receive.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- There were opportunities for people and their relatives to give feedback about the service. Meetings took place regularly for people and their relatives, but people did not feel these were effective or well communicated to them. We saw there was an out of date poster in the reception area advertising a residents' meeting but with no details of any future planned ones. People told us they were not aware of meetings or when they were to be held, but we saw minutes had been recorded.
- Team meetings took place regularly to communicate updates and enable an exchange of information and learning. These included updates on working practice, for example as a result of a recent safeguarding incident which had highlighted issues regarding personal care and documentation.
- Staff told us they felt supported and valued by the management team and would approach them with any issues they may have.
- The registered manager was committed to re-starting the Staff Champion of the Month initiative by asking people, relatives and staff to nominate and vote. The winner would be awarded a voucher and certificate. This was last completed in December 2018. The registered manager hoped this would promote a sense of being valued for staff.

Continuous learning and improving care

- The registered manager accessed provider meetings and forums provided by the local authority and used the Care Quality Commission website and updates to keep up to date. However, this was not always demonstrated in practice.
- The registered manager demonstrated learning from accidents and incidents. For example, we saw a referral to the falls clinic had been made for a person who had sustained several falls in one month.

Working in partnership with others

- The registered manager worked in partnership with commissioners, the local authority safeguarding team and other healthcare professionals. Where actions had been recommended following safeguarding investigations an action plan had been implemented.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure the proper and safe use of medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have sufficient arrangements in place to monitor the quality and safety of the care and support provided in the home.