

Orchard Care Homes.Com Limited

Grimsby Grange

Inspection report

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Ratings

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

Overall summary

We undertook this unannounced inspection on the 24 and 25 November 2015. At the last inspection on 15 and 16 December 2014 we found the registered provider was non-compliant in one of the areas we assessed. We issued a compliance action for concerns about the management of medicines. We rated four of the five key questions we ask as 'Requires Improvement' and the fifth as 'Good.' During this follow up comprehensive inspection we found improvements had been made in all areas with all key questions rated as 'Good.'

Grimsby Grange is a purpose built care home situated in Grimsby close to local amenities. The service is registered to provide accommodation and personal care for up to 47 older people some of whom may be living with dementia. There are three floors; with an enhanced dementia unit on the ground floor.

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are

Summary of findings

'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found improvements had been made to the management of medicines in the service. A new electronic medication system had been introduced three weeks before our inspection. People received their medicines as prescribed and they were held securely.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered provider had followed the correct process to submit applications to the local authority for a DoLS where it was identified this was required to keep them safe. At the time of the inspection there were six DoLS authorisations in place and the service was waiting for assessments and approval of the remaining applications they had submitted.

Staff supported people to make their own decisions and choices where possible about the care they received. When people were unable to make their own decisions staff followed the correct procedures and involved relatives and other professionals when important decisions about care had to be made.

We found the service had a relaxed atmosphere which felt homely. Staff approached people in a kind and caring way which encouraged people to express how and when they needed support. We observed staff demonstrated good distraction techniques when managing people who may need additional support to manage their behaviours. They had developed positive relationships with people and their families. We saw people were encouraged to participate in activities and to maintain their independence where possible.

We found people's health and nutritional needs were met and saw professional advice and treatment from community services was accessed when required. We found people received support in a person-centred way with care plans describing preferences for care and staff following this guidance.

Staff were recruited, trained and supported to meet people's needs appropriately. We found there were enough staff on each shift to meet people's needs. Staff told us they felt more supported, they could raise any concerns with the registered manager and felt that they were listened to.

Relatives told us they were aware of the complaints procedure and said issues that they raised were dealt with more efficiently.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager and the operations manager. The reports included any actions required and these were checked each month to determine progress. Improvements had been made with the laundry service, but some relatives felt more could be made. The registered manager was looking into this.

Areas of the home had been refurbished and redecorated but there had been some delays with some flooring renewal which was addressed during the inspection. The registered manager intends to expand the environmental audit processes to ensure any further renewals are carried out more expediently.

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 safe.

People's medicines were ordered, stored and administered safely.

People were protected from abuse and avoidable harm. When accidents or incidents took place they were investigated and action was taken to prevent future reoccurrence.

Staff were recruited safely and were employed in sufficient numbers in order to meet the needs of people who used the service.

Good



Is the service effective?

The service was effective.

People's health care needs were met and they were assisted to make choices about aspects of their lives.

When people were assessed as lacking capacity to make their own decisions, best interest meetings were held with relevant people to discuss options.

Staff had access to training, supervision and appraisal to enable them to feel confident in their role.

Good



Is the service caring?

The service was caring.

We observed positive interactions between staff and the people who used the service. People were treated in a kind and caring manner.

People's privacy and dignity was respected and their independence promoted.

Staff provided people with information and explanations about the care they provided.

Good



Is the service responsive?

The service was responsive.

Care plans included people's preferences for how care should be carried out and gave staff guidance in how to support people in a person-centred way.

There were activities and meaningful occupations for people to participate in.

A complaints policy and procedure was in place. People were aware of how to make a complaint and told us any concerns would be dealt with.

Good



Is the service well-led?

The service was well-led.

An effective quality assurance system was in place at the service. When shortfalls were highlighted, action was taken by the registered manager to improve the service.

Good



Summary of findings

Surveys were carried out and there was an open culture to encourage people who used the service, their relatives and staff to seek out management and express their views.

People who used the service, relatives, visiting professionals and staff told us the registered manager was approachable and a visible presence in the service.

Grimsby Grange

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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 and 25 November 2015 and was unannounced. The inspection was completed by one adult social care inspector and a specialist professional advisor in dementia.

Prior to the inspection we looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed. We spoke with the local authority safeguarding team, contracts and commissioning team and NHS community mental health staff for their views of the service. The commissioning team provided us with information from their recent monitoring visit and community mental health teams commented on their involvement with the service.

We spoke with four people who used the service and five of their relatives who were visiting during the inspection. We also spoke with five health and social care professionals who visited the service during the inspection.

We spoke with the operations manager, registered manager, deputy manager, two senior care workers and three care workers, the cook, two domestic workers and two activity co-ordinators.

A tour of the service was completed and we spent time observing care. We also 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.

The care files for six people who used the service were looked at. We also looked at other important documentation relating to people who used the service such as incident and accident records and 16 medication administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

A selection of documentation relating to the management and running of the service was looked at. This included three staff recruitment files, the training record, staff rotas, minutes of meetings with staff and people who used the service, complaints and quality assurance audits.

Is the service safe?

Our findings

People who used the service told us they felt safe. One person said, “Yes I feel very safe here.”

Visitors told us they felt their relatives were safe at the service. Comments included, “He is 100% safe, no worries at all”, “It’s a very safe place and staff know how to look after people properly, especially around their behaviours” and “Mum is very safe and well looked after.” Visitors also told us there was generally sufficient staff on duty. Comments included, “Always plenty of staff on; they do need them and they are kept busy”, “Most of the time there seems to be enough on, but this depends on how settled people are. They could always do with more staff when people are agitated” and “The staff all seem to muck in and work together very well. There is a good team here now, the staff are just great.”

At the last inspection on 15 and 16 December 2014, we found the management of medicines was not safe. This meant there was a breach in Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 and we issued a compliance action. We found improvements had been made since the last inspection. The registered provider had recently implemented a new electronic medicines management system (EMAR) throughout the organisation and this had been in place at Grimsby Grange for the past three weeks. All aspects of the system were computerised and this included the ordering of all medicines, administration records and returns. The registered manager explained that a hard copy of the medication administration records (MARs) was held in case of network problems or computer failure. The new system prompted staff to complete most tasks relating to the management of medicines. Some existing checks such as clinic room and fridge temperature monitoring and controlled medicines audits were completed separately.

Staff told us how they had been anxious about the new system but the training and support had been very good and it was working very well. One member of staff said, “I was really scared about the new system at first but now I have got used to using it it’s really simple and easy and safer than before.” The registered manager explained how the system was generally foolproof and would limit medicine errors. Records showed there had been no medicine errors by staff since March 2015. Medicines were stored in clinic rooms on each floor of the service. We were

shown the new system and checks on the records showed people received their medicines as prescribed, there were no omissions on the records. Records showed people’s medicines had been reviewed regularly either by the psychiatrist or their GP. During the inspection a representative from the organisation providing the EMAR system visited the service to go through specific aspects of the management, such as obtaining audit reports.

We observed staff were not rushed and routines during both days in all the units were calm and paced. Call bells were answered promptly and staff had time to stop and sit and talk with people, as well as providing care. Staff we spoke with told us that there were generally sufficient staff available to meet people’s individual needs. Comments included, “I think the staffing levels are about right at the moment, if we admitted any more clients we would need more staff though”, “When things are settled we have time to spend with people and there are enough staff, it’s when people become upset and agitated we sometimes struggle”, “Staffing is okay at the moment; we have had a lot of new staff starting and some of them have not worked in care before so this has meant added pressure” and “Generally we have enough staff on and the deputy managers provide ‘floating’ support.”

Throughout the inspection we witnessed staff attending to people’s needs in a timely way. We found the staff team had a positive, collaborative approach to their work and housekeeping and activity co-ordinators also provided care support when needed. During the inspection we observed the housekeeping staff assisted at lunch time. We saw staff were always present in the lounge areas to monitor people’s safety and wellbeing. At the time of the inspection, ten people resided on the enhanced dementia unit, eleven on the first floor and twelve on the second floor. Observations and checks of the rotas identified that one senior care worker and four care assistants worked during the day in the dementia unit; one senior care worker and one care assistant on the first floor and one senior care worker and two care assistants worked on the second floor. We found additional staff were also rostered at times on the first floor to increase the number of care staff to three. A deputy manager was on duty each day to provide additional support in all the units.

The registered manager explained how they had monitored staff routines to improve the organisation of each shift and the results had been positive. They also described how staff

Is the service safe?

turnover had increased in recent months due to changes in the day to day management of the service. New recruitment had been positive, turnover had settled and there were no current vacancies.

Staff recruitment records showed new employees were only employed after full checks had been carried out. These included application forms to check gaps in employment, references and disclosure and barring checks to see if people were excluded from working with vulnerable adults.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. Staff we spoke with demonstrated a good knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns. There was also a whistleblowing policy which told staff how they could raise concerns about any unsafe practice. We looked at training records which confirmed staff received training about how to safeguard

adults from abuse and this was updated annually. There was a record of all safeguarding incidents and the outcome. We spoke with the local authority safeguarding team, they told us there were good reporting systems in place and there were no outstanding safeguarding investigations on going at the time of the inspection.

Risks to people from foreseeable hazards had been assessed and actions taken to minimise any risks identified. Care plans contained risk assessments and management plans for identified risks such as pressure damage, mobility, malnutrition, falling and the use of equipment such as hoists and bed rails. These had been regularly reviewed and updated when a person's needs changed which meant they were up to date and relevant.

Equipment and utilities used in the service, such as the lift, hoists, fire alarm, call bells, hot water, gas and electrical items were maintained and checked by competent people. Contingency plans were in place for emergencies.

Is the service effective?

Our findings

People who used the service told us they were happy with the food provided. Comments included, “Lovely meals” and “Sausages are my favourite, I like it when they are on the menu.” We asked people if staff gained their consent before care and treatment was provided and were told, “They always ask before they do anything” and “Yes, the staff are very good like that.”

Relatives made positive comments about the quality of the meals. Comments included, “The meals look lovely, he tucks into everything, he’s got a great appetite”, “My husband lost a lot of weight when he was ill, but staff have spent time trying to encourage him to eat his meals and other snacks and his weight is coming up now. The staff are so good here” and “I tend to have lunch with my wife when I come, the meals are very nice and tasty.” People’s relatives also considered staff were well trained and one person told us, “He was very aggressive when he first came in and can still have his moments, but the staff are marvellous. Nothing daunts them; they stay calm and manage the situations really well. The family have been very impressed, it’s very reassuring.”

We found people’s health care needs were met. Records showed people who used the service had visits from a range of health and social care professionals as required. People had also attended hospital outpatient appointments and their local health centres. Monthly multi-disciplinary meetings were held at the service to discuss the needs of people who resided on the enhanced dementia unit; these were attended by the psychiatrist, social worker, speech and language therapist, dietitian and service staff. Records showed people’s needs were fully reviewed and changes agreed and made with treatment plans such as medications. Community nurses were visiting people during the inspection to provide treatment and advice regarding their health care. They told us staff were always helpful and had a good knowledge of people’s needs.

We saw staff had assessed people’s nutritional needs on admission and weighed them in accordance with a risk management score. This meant some people were weighed weekly and others monthly. People’s weights were recorded in their care files and when any weight loss occurred, this was checked to see if the amount of loss was sufficient to trigger referral to a dietician.

People were supported to eat a varied and balanced diet. A four weekly rolling menu was in place and people were offered a choice of meals on a daily basis. We found from observations and discussions with the cook that the choice of main meals on some menus was more limited. We also observed people were supported to have a choice of drinks on a regular basis but there were fewer opportunities for high calorie snacks, especially in the mornings. The registered manager confirmed they would review the menus and the range and provision of snack options for people.

We found mealtimes were well managed and a pleasant experience for people. We saw staff were attentive and supported people’s needs in a kind and sensitive manner. People were shown meals so they could choose what they preferred. In the enhanced unit we observed one person to be walking around the dining area before settling to eat for short periods; we observed how staff were not insistent on the person sitting, they were supported to have their meal on their terms.

Staff had completed a range of training to ensure they had the skills and knowledge to carry out their roles effectively. The registered manager described the new training programme in place; Orchard World of Learning (OWL) and confirmed the service had recently achieved a 95% rate of training completion. Many of the courses were now provided via E Learning programmes, although records showed staff had completed some distance learning courses and face to face learning. A new four week induction programme had been introduced which led on to the care certificate. More competency assessments had been built into the training programme and these were now completed on medicines administration, moving and assisting people, safeguarding adults and infection prevention and control. Staff told us they received regular training and felt very supported by the senior managers at the home. Comments included, “The training is really good. I like the E-learning, there is more flexibility about when we do it. The manager monitors all the training we do and is good at reminding us when the refreshers are due” and “We get really good training and regular supervision; if you need more support the manager and deputy are very approachable.”

We saw many staff had also completed nationally recognised qualifications in care. There were systems in place to provide staff with regular supervision and an

Is the service effective?

annual appraisal of their work. Records we checked confirmed this. The registered manager explained how they used the staff supervision programme to support staff and discuss topics affecting their job role.

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.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of MCA 2005 legislation and ensures that, where someone may be deprived of their liberty, the least restrictive option is taken and this is legally authorised. At the time of our visit six people who lived within the home had their freedom restricted and the registered provider had acted in accordance with DoLS. The registered manager confirmed applications had been made to the supervisory body for the remaining people in the service and these were being dealt with in order of priority. We found the registered manager had not notified CQC about all DoLS applications and outcomes which was addressed during the inspection.

Throughout the inspection we witnessed staff gaining people's consent before care and support was provided. People's capacity to consent to care and treatment was assessed when they moved into the service and on an ongoing basis. Best interest meetings were held when people lacked the capacity to make informed decisions themselves, which were attended by a range of healthcare professionals and people's relatives wherever possible.

We found the building was suitably adapted for people who used the service. Pictorial signs were seen to be in place to assist people to find their way about the service and recognise specific rooms such as toilets, the dining room and sitting rooms. Bedroom doors were decorated as front doors with different colours and photographs of the person in frames to assist with orientation. Hand rails and bathroom accessories such as lavatory seats were in contrasting colours for orientation.

Pictures, prints and reproduction solid objects were arranged thoughtfully on corridor walls and were interesting to look at and to touch as well as having some reminiscence value. The small lounge areas had been redecorated in a themed style, one as an activity room and another as a cinema room. The hairdressing salon on the first floor had also been redecorated and was more welcoming and homely.

Is the service caring?

Our findings

People and their relatives said they felt the staff were very caring. One person said, “Staff are nice and kind to me.” Comments from relatives included, “The staff are all friendly and helpful. They are good with residents and very attentive”, “I definitely feel it’s the best home for us. The staff are caring and look after him so well. I am glad he is here”, “I’ve only good things to say about the staff and management it’s all good here”, “Very much so, it’s better than where he was before, he is so much more settled and doesn’t try and follow me out, that’s so reassuring” and “I watch staff, they’re loving and caring. It’s not just for show when we are around, they really do care.” Relatives also made positive comments about the homely atmosphere and warm welcome from staff when they visited.

We observed staff had good relationships with people who used the service and knew their needs well. They were able to describe people’s likes and dislikes in relation to their meals, activities and how they liked to spend their day. In discussions one member of staff told us, “This is really the resident’s own home and we are here to give them as much help as we can to make them feel at home, we are like one big happy family really.”

Staff treated people with compassion and kindness. They took time to chat with people and their relatives about day to day issues. They spoke in a calm and reassuring manner. We heard staff talking with people about the weather, TV programmes, activities, meals, Christmas, their families and pets. They regularly offered drinks and found things to occupy people. We saw staff kneel down to speak with people to communicate at their level. They smiled and used touch appropriately to reassure people by holding their hands, stroking their arms and on occasions giving them a gentle hug. We saw people responded positively when staff held them, their body language was relaxed and they smiled throughout the contact.

Staff understood how to promote and respect people’s privacy and dignity, and why this was important. Their responses to our questions demonstrated positive values, such as knocking on doors before entering, ensuring curtains were drawn, covering up during personal care support and discussing personal matters in private where possible.

In discussions, staff were clear about how they promoted people’s independence. Visiting healthcare professionals told us they had been impressed with the creative ways staff had encouraged some people to mobilise more. They gave examples of staff supporting people to bend down to pick up objects from the floor as part of their exercise programme and encouraging people to dance during singing and entertainment sessions.

People were given choices about where and how they spent their time. Many people moved freely throughout the communal areas. The layout was spacious on each floor, however, the design of the service meant instead of a more favourable circular floorplan there were ‘dead ends’ that can be a cause of frustration and raise anxiety for more cognitively impaired people. The staff we spoke with were aware of this and monitored people’s whereabouts closely.

We observed staff responded swiftly to people when they were distressed or showed any signs of anxiety. For example; we heard one person calling out and saw they responded well to staff sitting with them and stroking their hair. We also observed staff diffuse situations between two people who used the service; this was completed in a calm way and the people were comforted.

The service had a number of dignity champions which included the registered and deputy managers. They confirmed the dignity leads attended forums in the community and worked with staff to improve the quality of care for people living with dementia. They considered communication had improved and the new activity programmes provided a better range of activities for people with varying levels of dementia. We noted that the use of brightly coloured plastic tableware was in use throughout the service. Although this may be appropriate for some people, such common usage could undermine people’s dignity. The registered manager confirmed she had identified this issue and had ordered new ceramic crockery for each unit, but there had been a delay in provision.

We found many people’s rooms were personalised and contained photographs, pictures, ornaments and small items of their own furniture. The rooms were kept clean and tidy. We found people’s clothing was tidily put away in their wardrobes and chests of drawers.

If people wished to have additional support to make a decision they were able to access an advocate. The

Is the service caring?

registered manager told us that they had helped people who used the service to access advocacy services in the past, but there was no-one in the service who currently required or had requested this support.

People were provided with information. We saw the registered manager had displayed the Care Quality Commission's overall rating for Grimsby Grange which was awarded after the inspection in December 2014. There were notice boards in the entrance and corridors with information about the organisation, staff, activities, advocacy services and how to make a complaint. A bi-monthly newsletter provided people and visitors with information about planned activities, results of the recent fund raising events, quotes and interesting facts.

Staff files were held securely and computers were password protected. People's confidential and personal records held in care files were stored securely in the small sitting rooms on the first and second floors. On the enhanced unit the records were stored in the staff office. We observed staff no longer completed records in the lounge area or dining areas when providing care for people. New arrangements for an allocated member of staff each shift to complete the records in the small sitting areas or staff office, meant staff were able to focus more of their time with people who used the service.

Is the service responsive?

Our findings

People we spoke with and their relatives said they were happy with the care provided and complimented the staff for the way they delivered care and support. Comments included, “Before [Name of person] came here he was very agitated and now he is much calmer”, “I’ve much more confidence in the staff here; they know his [their relative’s] needs so well” and “In recent weeks we’ve seen a lot more activities. The staff are very good at contacting us if there have been any changes and they don’t just contact one of us, they will phone round the relatives to ensure we all know they are good like that.”

People and their relatives also told us they knew how to raise concerns and make complaints. One person said, “Everyone is very approachable. We’ve raised few issues when needed and the new manager has dealt with everything very quickly. It wasn’t like that so much before.”

Care records demonstrated that needs assessments had been carried out before people had moved into the home and completed following admission. The home utilised a recognised dementia related assessment tool which provided a detailed personal history record. Staff told us information collated had been used to help formulate the person’s care plan. Relatives we spoke with confirmed they had been involved in formulating care plans and they were discussed at review meetings; this was evidenced in the care files we sampled. We found one person’s care file was not fully developed although they had been at the home for four months and this was addressed during the inspection.

Care plans were easy to follow and provided staff with the information they needed to care for people safely and in the way they preferred. For example, one person’s nutritional care plan detailed they did not like green vegetables and we observed this was adhered to at lunch time. Another person’s care plan for mobility detailed how they responded to staff counting one, two three, four, five before they assisted them to stand or singing a certain song helped to motivate the person during this activity.

We found care plans had been evaluated on a regular basis to see if they were being effective in meeting people’s needs, and changes had been made if required. Records

were in place to monitor any specific areas where people were more at risk and explained what action staff needed to take to protect them. Risk assessment tools had been reviewed regularly and reflected changes in people’s needs.

Specific behaviour management plans were in place which provided guidance for staff to follow when people displayed behaviours that may challenge the service and others. On a number of occasions we saw staff used distraction techniques and their knowledge of people’s family lives or their hobbies and interests to re-direct people and successfully avert any potentially challenging situations. We observed one person who was anxious and agitated settled when staff talked about their family pets. In the enhanced unit we observed different staff (as this function was rotated hourly amongst staff) providing one to one observation for one person. The person displayed almost constant highly dynamic behaviour but was never physically restricted. Staff calmly and patiently followed the person’s movement around the unit, replacing or gently removing objects from them that might be taken from walls or surfaces, but at all times appearing to keep them safe.

The registered manager explained how the writing of care plans was new to some of the senior staff and they had been provided with support. They explained how the previous management team had completed the majority of records. The registered manager was now auditing all the care records as part of their improvement programme to ensure the records met the required standard and staff were competent and confident with this aspect of their work.

We asked staff how they were made aware of changes in people’s needs. They told us they felt well informed and that there were a number of ways in which information was shared, including a verbal handover session at the beginning of each shift and the ‘cascade system.’ This is a continually updated document that logs and alerts staff to any events, incidents, changes to care plans and appointments etc. Staff must read and sign this at the start of each shift and we saw the latest cascade record as evidence this was adhered to. Discussions with health care professionals who visited the service regularly, confirmed communication had been an issue but there had been significant improvements in recent weeks. They said staff changes had been for the better and staff were more ‘switched on’ about people’s treatment changes.

Is the service responsive?

The home employed three activities co-ordinators to facilitate social activities and stimulation. Although one was based in the enhanced unit they had started working more collaboratively with the other activity co-ordinators to provide a more inclusive programme. For example, people who resided in the enhanced unit now had more opportunities to spend time with different people doing different activities. Staff explained how one person thought they were visiting a social club and was happy to return home after the visit. Visiting health care professionals had also noted the improvements, they told us, "It's much more inclusive; one person likes to spend time on the first floor they are really settled and happy spending time with the people there."

During the visit we observed people participated in making Christmas cards, manicures, one to one sessions, walks in the garden and games of dominoes. We saw one person enjoyed washing up and drying the pots after lunch. They told us, "I like doing the washing up, I like to keep busy."

There was a wide range of activities indicated on the notice boards. These included: bingo, entertainment, exercise sessions, balloon games, reminiscence, arts and crafts, quiz, dancing, games and one to one sessions. We saw the organisation's 'hen power' initiative had been introduced

and the first hen visit had taken place. Photographs showed people enjoyed stroking the hen. We saw people had also been involved in other hen related activities such as making collages and mobiles.

The activity co-ordinators talked about the programme and showed us the Christmas scrap books containing photos of individuals, which they were making with each person to give to their relatives. They explained how they were fund raising for a sensory room at the home as many people enjoyed the weekly sensory session at a local community facility. They were also hoping to do more outings to the local community. Further activities had been introduced including; a monthly themed coffee mornings they were now holding and children from a local primary school visiting regularly. There was a notice in the entrance inviting people who used the service and their relatives to the Christmas Fayre to be held the following week in a local community hall. During our visit we saw relatives bringing in raffle prizes and donations for the stalls.

There was a complaints procedure on display in the entrance. The complaints policy and procedure informed people of who to speak with if they had any concerns and timescales for actioning complaints and responding to people. Records showed all concerns received had been recorded with the detail of each complaint, any action taken and the outcome, including letters sent to complainants.

Is the service well-led?

Our findings

People's relatives told us the registered manager was always available and they felt included in the running of the service. Comments included, "We see the manager, she comes round a lot", "There's been a lot of improvements with the management of the home, we feel more confident things get done now", "Our family always come to the meetings and complete the surveys. We get the chance to discuss things and comment on the service. Things have got better, there was a dip earlier in the year but [Name of registered manager] sorted things out" and "You can talk to the manager and deputy they are very kind and helpful."

There had been some changes to the management of the service since our last inspection. A new manager had been appointed in November 2014, but had resigned shortly afterwards. The registered manager of the sister service, on the same site, had been providing interim management cover and was appointed to manage both services in March 2015, they completed their registration to manage Grimsby Grange in June 2015.

The registered manager described some of the inconsistencies that had arisen due to the previous management changes and lack of oversight. They showed us the action plans and improvement programmes they had put in place and were working through. There had been significant staff turnover in the last six months with fifteen staff having left and a similar number recruited. New posts had been created such as night care managers and a second deputy manager position. There had also been recent restructuring at senior management level within the organisation and new operations managers had been appointed.

During discussions staff told us they were supported by the registered manager and they were clear about their roles and responsibilities. They acknowledged there had been changes and improvements with the day to day management of the service and described the registered manager as 'firm but fair' in her management style. They considered morale was improving. Their comments included, "I've worked here for seven years and wouldn't want to work anywhere else", "The management has improved recently and I feel I can go to any senior staff, even for personal matters, which I have done", "The manager has sorted a lot of things out and made changes

for the better. She spends a lot of time on the floors and knows what's happening", "We all give the best we can for residents and we all help each other. We've got good team work here and we all pull together."

At the last inspection we found there were numerous issues about the laundry arrangements and people's complaints about this had not been addressed properly. The registered manager described the changes they had made to the management of the laundry. They had surveyed relatives in February 2015 and the results were very mixed; 50% of respondents were not satisfied with the laundry service. Following this, the registered manager had allocated the laundry work during the day to one of the housekeeping staff. The night care workers continued to manage the bedding and towels but all personal laundry was now completed during the day. Feedback from relatives during the inspection was mixed. Some people felt there had been a lot of improvements whilst others felt there were still some issues. One person described going to their relative's room recently and finding seven pyjama tops and no bottoms when they wanted to support their relative to change. The registered manager confirmed they would be sending out surveys again to assess the improvements made and review any further action they can take. There was no dedicated laundry assistant within the registered provider's current staff complement at the service; the registered manager intended to discuss this provision with the senior management team.

There were systems in place to regularly assess and monitor the quality of the service provided within the service. We saw regular audits were carried out for areas such as: care records, infection prevention and control (IPC), finances, complaints, incidents, falls, weights, pressure ulcers, infections, training and staff supervision. Checks on the audits showed action plans were put in place where shortfalls or concerns were identified and these were completed within timescales set. We also found the registered manager extended audits where necessary. For example, they showed us a new care plan audit programme which detailed all the care records would be reviewed within the next four weeks. Some shortfalls had been highlighted with the standard of recording and there had been changes to aspects of the recording format. The full checks were to ensure the quality of recording was consistently maintained.

Is the service well-led?

There was evidence that aspects of the environment had been upgraded and refurbished, for example, new kitchenettes had been provided on each floor. However, we found the home had experienced delays with the provision of new flooring on the first floor, even though there was a noticeable odour. During the inspection the registered manager spoke with the senior management team who ensured the work was scheduled for the following week. The registered manager confirmed they would discuss the environmental auditing process and annual maintenance programme with the regional management team to ensure renewal of facilities was better planned and completed more timely.

The registered manager completed a monthly return on a clinical governance system. This included areas such as infection control, weight monitoring, the number of pressure ulcers, incidents and accidents, safeguarding referrals, notifications to CQC, complaints and occupancy figures. Records showed accidents and incidents were recorded and appropriate immediate actions taken. An analysis of the cause, time and place of accidents and incidents was undertaken to identify patterns and trends in order to reduce the risk of any further incidents.

Records showed the regional compliance officer made visits to the service on behalf of the registered provider. We looked at the recent report from the visit in November 2015; this showed the compliance manager had completed a detailed audit of the service which was mapped to the

CQC's five key questions. We found where shortfalls had been identified an action plan with timescales had been developed. During the inspection we found the registered manager had completed the majority of the action points.

The views of people who used the service and their relatives were sought at meetings and through regular surveys. Records of the meeting in September 2015 showed topics such as concerns, meals, activities and décor were discussed. Surveys had been issued on topics such as the environment, privacy and dignity, reviews and quality of care throughout 2015. The results had been analysed and action plans put in place to address any shortfalls.

Staff understood the responsibilities of their varied work roles. Some staff took lead roles in specific areas such as infection control, end of life care, sensory loss and dignity. The registered provider was working in partnership with charities such as 'Age UK' and 'Action on Hearing Loss' to develop good quality care for older people.

The registered provider had also secured the Investors in People Award for the organisation in 2014. The service had undergone assessment by North East Lincolnshire Clinical Commissioning Group in 2014/5 and the service had not met the Quality Framework Award which indicated improvements were needed in the quality of service provided. The service has undergone and will undergo further assessments this year to determine the award level achieved.