

Ultima Care Centres (No 1) Limited

Ormesby Grange Care Home

Inspection report

Ormesby Road
Middlesbrough
Cleveland
TS3 7SF

Tel: 01642225546
Website: www.fshc.co.uk

Date of inspection visit:
20 September 2018

Date of publication:
07 November 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

This inspection took place on 20 September 2018 and our inspection was unannounced. This meant the service did not know we would be visiting.

At our last comprehensive inspection in August 2017 we rated the service requires improvement and following a further focussed inspection in June 2018 we rated the service inadequate and found breaches of regulations 12, 18 and 17. The breaches concerned the management of accidents and incidents, staffing levels, staff training, records and leadership.

Following the last inspection, we took enforcement action and we also asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe and effective to at least good. During this inspection we found vast improvements and no further breaches of the regulations. However, we found other areas where improvement needed to be achieved and sustained over time. This is the second consecutive time the service has been rated Requires Improvement.

Ormesby Grange Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home accommodates up to 114 people in one adapted building across three floors. At the time of inspection, there were 34 people using the service.

The service had a registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager at the home had been in post since May 2018 and had extensive experience of working in the social care sector.

Improvements had been made to medicines management and they were stored, administered and recorded safely.

A programme of improved audits were carried out by the registered manager which were effective at improving the service and we saw that improvements had been made and some were ongoing.

Accidents and incidents including falls were managed and recorded more robustly and the introduction of a new falls procedure had made improvements in this area. Falls were analysed better and lessons learned and fewer falls had taken place as a result.

People's personal risks had been identified and more detailed risk assessments had been written to give staff the necessary guidance on how to keep people safe.

Improvements were in place to ensure staff were trained in falls management, awareness and first aid. Staff were also trained in the Mental Capacity Act and infection control.

People were now supported by better staff deployment and sufficient numbers of staff to meet their needs. This had improved since the last inspection. This ensured staff were deployed more effectively and responsively and no agency staff was needed. Rotas' showed there were consistent numbers of staff on duty each day to meet people's needs and an identified first aider.

The dining experience was not always satisfactory or enjoyable for people. We observed unacceptable waiting times and not enough staff present to assist people or be responsive to ensure people has choices. Comments about the food were mixed. We tasted the food; what was served was appetising but not always hot enough.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. However, this wasn't observed at meal time.

People were supported to access information in a variety of formats to suit their needs and adaptations could be made to suit individual needs. However, some accessible information seen during inspection was not up to date or displayed correctly.

Communication with the kitchen staff regarding people's dietary requirements was not always effective. People's nutrition and hydration needs were met and they were supported to maintain a healthy diet. Where needed, improved records to support this were detailed.

During our inspection no activities took place with people and there were no plans in place for that day. Feedback from people about the activities was not always positive.

The home was clean, tidy, well presented and infection control was carried out to a good standard. However, there was an issue with some flooring and we found mal odour was present on the first floor of the home.

People were supported by kind and caring staff. We observed positive, dignified interactions between people and staff. The feedback from people and their relatives was positive about the staff attitude and their caring nature.

Communication systems were in place for staff. Staff used handover notes to pass on important information between shifts and held regular meetings.

Staff were employed safely and pre-employment checks were carried out on staff before they began working in the service. Staff were supported through an induction period. They received training and supervision from the registered manager together with an annual appraisal.

People were supported to maintain their independence by staff who understood and valued the importance of this.

Care plans were person centred regarding people's preferences and were personalised. Person centred means that a person's preferences are respected and valued when planning and delivering their care and support.

No-one was receiving end of life care at the time of our inspection however, arrangements were in place for people.

Partnership working was in place with other professionals, including health care professionals and dietitians. Specialist consultants were involved in people's care as and when this was needed and staff supported people with any appointments. A significant improvement had been made with the falls team.

Notifications of significant events were submitted to us in a timely manner by the registered manager. People could complain if they wished to and procedures were in place to support this.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Medicines were stored, administered, recorded, audited and managed safely.

People were supported by sufficient staffing levels to meet their needs safely.

Effective risk assessments were in place for people to enable them to take risks safely.

Staff were trained in first aid and safeguarding and could spot and report signs of abuse.

Safety checks on equipment was carried out regularly.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People's dining experience was not always individualised, timely or positive.

Peoples fluid and nutrition needs were met however, communication with kitchen staff didn't always reflect this.

Where decisions were made for people due to lacking capacity there were inconsistency around recording these decisions.

Peoples healthcare needs were met.

Staff were trained and knowledgeable of people's needs.

Is the service caring?

Good ●

People were encouraged by staff to maintain their independence.

People's rights to dignity and privacy were respected by staff.

Staff had kind and caring attitudes and were patient.

People could access advocacy services if needed.

Is the service responsive?

The service was not always responsive.

Activities were not always provided in the home to meet people's needs.

Accessible information was not always displayed or presented appropriately.

Staff understood people's individual needs and respected people's preferences. People's care was person centred and tailored to their needs.

People and their relatives knew how to complain if they needed to and this was supported and well managed.

Requires Improvement 

Is the service well-led?

The service was well led

The service had a manager that was registered with us

Systems used to assess and monitor the quality of the service were in place to identify areas for improvement.

The manager submitted notifications to the CQC of serious events in a timely manner.

People were confident to approach the manager to raise any concerns.

Staff told us they felt supported by the manager and valued their commitment to improving the service.

Good 

Ormesby Grange Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection took place on 20 September 2018. The inspection was unannounced. We completed all inspection activity on this date. It included speaking to people and their relatives, speaking to other professionals, reading people's care plans and other documents held in the home to demonstrate compliance with the regulated activity. The inspection team consisted of two adult social care inspectors, a specialist advisor in nursing care 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.

Before we visited the service, we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in supporting people who used the service, including commissioners and care managers. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 12 people who used the service and seven of their relatives, eight care staff, four senior carers, the registered manager, area manager and also kitchen and maintenance staff. We also spoke with a visiting GP. We looked at five people's care records in detail, three staff recruitment files and three staff training records.

Is the service safe?

Our findings

At our previous inspection in June 2018 we rated this key question as 'Inadequate'. At this inspection we found significant improvements and changes had been made to reduce risks to people relating to accidents and incidents (falls), staff deployment and meeting first aid requirements.

People told us they felt safe living at Ormesby Grange and comments included; "I have a locked personal drawer but I don't use it, I trust everyone." and "I feel so safe here and that is very different from being on your own and worried about opening the door to someone."

People were supported by enough staff to meet their needs safely and improvements had been made by the registered manager to deploy staff more effectively. This included closing the third floor of the building and moving bedrooms closer together where appropriate. This enabled staff to be more responsive. Improvements had been made to utilising existing staff and recruiting new members of permanent nursing staff and care staff. This meant the service was no longer using agency staff for nursing and absence cover.

Since our last inspection there was a noted improvement in the number of staff who were trained in first aid at work. We found all senior staff and management were trained in this. There was a designated first aider each day and they were easily identifiable to the staff team via the rota and also a whiteboard in the reception areas on both floors.

Risk assessments had also improved and covered issues such as trips and falls, incidents, moving and handling and fire risk. Personalised risk assessments were documented in people's care files and actions put in place. People who used the service had support plans in place that included individualised risk assessments to enable them to take risks in a safe way as part of everyday living and the assessments included taking medicines and falls. Staff were knowledgeable about the risks to people and what they should do to minimise the risks. For example, making sure people's medicines were stored safely and which foods should be avoided by people with allergies or even phobias.

Accidents and incidents including falls were managed and recorded more robustly and the introduction of a new falls procedure had made improvements in this area. Falls were analysed better and lessons learned and fewer falls had taken place as a result. The registered manager told us, "There has been a month on month reduction in the number of falls. We now look at falls holistically; we ask why did it happen, are they unwell? Might they have an infection? Do they need to be referred to the falls team? Is it their footwear? Or equipment? And we take it from there."

Improved safety checks and recording was implemented for staff to check safety equipment held in people's bedrooms such as falls sensor mats. Check spacing

People's medicines were administered in a safe manner. Appropriate arrangements were in place for the receiving, storage, administration and disposal of medicines. The records on controlled drugs matched those which were stored in a safe manner. Controlled drugs are those which are liable to misuse. We observed improvements in the cleanliness of medicine storage and no gaps in recording were found at this

inspection due to more regular and robust audits now being in place for medicines.

We looked at staff files and saw all relevant information was obtained and stored, therefore a safe and effective recruitment system was in place. The staff recruitment process included completion of an application form, interview, two previous employer references and a Disclosure and Barring Service (DBS) check, which was carried out before staff commenced employment and periodically thereafter. The DBS carry out a criminal record and barring check on individuals who intend to work with children or vulnerable adults. This helps employers make safer recruiting decisions. We saw proof of identity was obtained from each member of staff, including copies of passports and birth certificates.

Staff were trained in infection control and had regular access to supplies of personal protective equipment for carrying out personal care, medicines and preparing food. The home was well presented and maintained and clean throughout. However, we did observe a mal odour in the hallway on the first floor. The registered manager assured us this would be addressed as the flooring was planned to be replaced. They agreed to send us evidence of this once completed.

The registered manager had investigated all the safeguarding incidents we reviewed. Actions taken included sharing lessons learned through staff meetings. Staff had received training in abuse and safeguarding. They could describe the different types of abuse and the actions they would take if they had any concerns that someone may be at risk of abuse. One staff member told us, "I would always report any signs. I would go to my senior, or the manager, always."

We looked at maintenance of the building and saw that the appropriate checks had been made to ensure the building was safe including, fire systems, emergency lighting, electrical testing, gas safety checks and water temperatures. Arrangements were in place to carry out regular checks on the building and its contents to keep people safe.

The service had contingency plans in place to give staff guidance of what to do in emergency situations such as extreme weather conditions. The registered manager told us how they had managed the recent hot weather and provided extra drinks and ice lollies for people to cool down and keep hydrated. Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service. They were accessible to emergency personnel who may need to evacuate people from the building. We checked the PEEPs and found these were not always accurate. In one person's PEEP we read they could use a walking frame. A staff member confirmed they could do this for a few steps but would not be able to safely evacuate the building.

Is the service effective?

Our findings

At our previous inspection in August 2017 we rated this key question as 'requires improvement'. At this inspection we found improvements and changes in staff supervisions, and training regarding falls awareness. However, other areas such as the dining experience had deteriorated.

Staff were supported by regular supervisions and appraisals that took place to enable staff to review their practice. From looking in the supervision files, we could see these were completed regularly. We saw how the registered manager had addressed the lack of supervisions since the last inspection by introducing a tracking system to highlight which staff needed supervisions and by being more available to staff.

The format of the supervisions gave staff the opportunity to raise any concerns and discuss their personal development. Supervisions and appraisals are important in helping staff to reflect on and learn from practice, personal support and professional development. We saw how conversations were recorded and it was not a tick box exercise.

During our inspection we observed lunch times in both dining rooms and we found people had different experiences. On the first floor we saw this was mainly positive. However, on the ground floor we found people could wait for their meal for over 30 minutes before it arrived. Although three staff were covering the meal-time, only one staff member came in the dining room to serve meals. The assistant chef was in the dining area to help direct serving the meals but we observed staff put a person's meal on the table and then move on to serve the next person. This led to two people who needed assistance to eat having their meals in front of them for 40 minutes before staff were available to assist them.

One person who used the service waited in the dining area for 30 minutes before being offered the choice of two meals. They told staff they did not like either and wished to have an alternative. There was no system in place for staff to alert the kitchen staff of this request and the registered manager also told us that no one was in the kitchen at lunch time. We observed that this person had to wait a further 45 minutes before they got the alternative they requested.

We ate a meal with the people and found that the hot food trolley needed to be checked to make sure it was working, as the meal was not hot even though it had been served directly from the hot food trolley. The registered manager agreed to check that the trolley was working.

When we spoke with kitchen staff we found that they were knowledgeable about people's preferences, allergy's and dietary requirements and they had a white board in place in the kitchen to highlight people's needs. However, we found a person with diabetes was not on this list. When we asked the assistant chef about this, they knew this person should have been on the list and they updated it; they told us this had been a communication error.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We discussed DoLS applications with the registered manager and found they were knowledgeable. We saw applications had been made to the local authority for assessment regarding DoLS authorisations for people considered to lack mental capacity. However, when people lacked capacity and decisions were made for them, we found the process of recording these decisions were not robust. For example, where a person had a DoLS in place we saw in their care plan there were no best interest discussions recorded or records to state if the person had capacity to make decisions. On discussion the registered manager it was established that meetings with family had been held but decisions were not recorded effectively and new systems were to be implemented to record these.

We found information was available to show that people had their relatives act on their behalf. Therefore, relatives were signing consent forms for people but we could not establish if they had legally supported permissions to do this. The registered manager agreed that the system for recording best interest decisions was not robust and it would be improved with better paperwork for staff to use to support this.

Staff were trained and we saw a list of the range of training taken up by the staff team which related to people's needs. Courses included, mental health, tissue viability, dementia awareness and insight. These were in addition to courses which the provider deemed mandatory such as equality and diversity, first aid, health and safety, dignity and respect and safeguarding. Where training had expired we could see this was planned. Training was monitored by the registered manager to ensure courses were completed by staff. Staff were complimentary about the training and one member of staff told us, "I am looking for more in-depth training on dementia and capacity, DoLS etc and they are on the way. We get a lot of training with trainers not online. We have done a lot on falls, manual handling and end of life care, all valuable."

The service worked with external professionals to support and maintain people's health. Staff knew how to make referrals to external professionals where additional support was needed. We saw how people were supported to attend appointments. People were also supported at the home by other healthcare professionals such as the GP and community mental health team.

For any new employee, their induction period was spent completing an induction programme and shadowing more experienced members of staff to get to know people who used the service before working with them.

Throughout the home there were symbols and pictures on doors to help identify rooms to assist people with their orientation and there was signage around the building to indicate bathrooms and toilets. The home had recently been decorated in some hallways and this made them brighter and the handrails were more recognisable.

Communication systems were in place to ensure information was shared between staff. These included handover notes between shifts. We saw that these were completed effectively by staff and contained relevant information about each person and an overview of their needs.

Is the service caring?

Our findings

People were supported by caring staff. During our inspection we observed positive interactions between staff and people who used the service. We saw that people were smiling and communicating well with staff. Comments included; "The staff sit and chat when they can and that way they learn about me." And "I am walking better, putting on weight and feeling more positive since being here."

When we spoke with people's relatives we received positive feedback regarding the staff and their caring attitudes. Comments included; "We have no concerns at the moment, everything is fine, yes our relative is well looked after. We are happy with the placement. Continuity could improve, so many changes but the staff are brilliant, they do their best and are always helpful" and "Our family appreciate all the kindness and care delivered by the staff all the time."

People's privacy was respected. All personal care was carried out behind closed doors. Staff were observed knocking before entering people's rooms. One staff member told us, "We wouldn't leave charts or care plans lying around, always kept in the office or bedrooms, protect personal info with privacy too."

People's rooms were personalised with familiar furniture and objects such as ornaments and photographs.

Advocacy support was available to people if required to enable them to exercise their rights. An advocate is someone who represents and acts on a person's behalf, and helps them make decisions. We saw that people had advocates in place to support them where needed. We also saw relatives had been accepted as natural advocates for people. Staff listened to relatives and put actions in place when required.

Independence was promoted and staff supported and encouraged people to be independent, for example, making choices as part of everyday life. We observed staff encouraging and supporting people to walk around the home. One member of staff told us, "Walking, it's good exercise and helps to keep people mobile and independent."

People were supported to have choice and control and were supported daily to make their own choices in all aspects of their lives. We saw this in their care plans and this was confirmed when we spoke with them. Care plans gave the staff an insight into the person's background and history to help staff get to know them.

Staff were trained in equality and diversity. The staff we spoke with were knowledgeable about this and told us how they would protect the people they supported from discrimination. When we spoke with people about this, one person told us, "If by discrimination you mean are there favourites? The answer is no, we are all treated well."

People who used the service did not require any support to follow their religion at the time of this inspection. However, we saw from the assessment methods used when a person moved into the home that they were asked if they had any religious, spiritual or cultural requirements and this could be supported if needed. When we spoke with the kitchen staff they told us they would make any changes needed to meet a

person's cultural need regarding any food preparation or types of food.

Is the service responsive?

Our findings

At our previous inspection in August 2017 we rated this key question as 'requires improvement'. At this inspection we found improvements and changes to personalise care planning but activities were not on offer during our inspection.

During our inspection there were no activities that took place to engage or stimulate people who used the service. We saw staff were chatting and supporting people but nothing else was offered. The service employed an activities co-ordinator who was not present during our inspection as it was their day off. However, there were no plans in place to provide much needed stimulation to people in the coordinators absence. Staff we spoke with didn't feel activities was within their role. Comments included, "We just haven't had the time today. We get people together, music or movies, get everyone but today it hasn't happened, time got the better of us today", "There will be no activities this afternoon-not a chance", "I am not sure what the activity coordinator has planned, if there are any outings or not." And "One improvement would be to have a minibus to get people out."

When we spoke with people who used the service they were keen to raise their concerns with us about the lack of activities and stimulation, their comments included, "An improvement would be- more to do please." And "It gets really boring here sometimes and TV is not always the answer." We raised these concerns with the registered manager who agreed to address them and plans needed to be in place when the activity coordinator was not on duty and that activities is everyone's responsibility.

People were supported by some person centred approaches. We saw in people's care plans they had an improved one-page profile to give at a glance information regarding the persons preferences and choices. Comments from staff included, "All about that resident, they are not all the same it's their likes and dislikes." And "I like to find out what they were like when they were younger, some of it is in the care plan, we find out from family. We look at old photos, ask questions. Some people can tell you about their past."

The registered manager told us how they could make relevant information in larger print for example or easy to read if needed. We saw copies of the 'picture' activities timetable on display, menus in the dining areas were also in picture format. However, the information on display for activities was not up to date as there were no activities on during our inspection. Also the daily food menus for the day were not displayed. We discussed other options and how the registered manager could develop this area further for people who used the service.

People and their relatives told us they could complain if they wished. There was a complaints policy in place. We looked at records and could see where issues had been raised they were recorded and outcomes were addressed accordingly. People told us they were confident they could raise issues if they wanted to and that they would be addressed by the registered manager. Comments from people included; "Yes I would complain if needed but would prefer to have a chat." And "If I had a problem I would chat to the manager when she does her walk about. If that didn't work I would make it formal, cannot see that happening though."

Regular communication took place with relatives through phone calls and review meetings. When we spoke with people and their relatives we received positive feedback. People were involved in reviewing their care and took part in meetings with the registered manager to go through their care plan and make any changes that were needed. Families, social workers and other healthcare professionals were also included in the process. One relative told us, "We attend all the meetings and reviews and appreciate being involved and not excluded from my relative's care."

People were supported to maintain relationships with their families and friends. People were supported to keep in touch with their friends. One person told us, "When my friends come they always feel like they are visiting me at home and feel comfortable."

At the time of our inspection there was no one receiving end of life care. Discussions had taken place with people and their relatives about the care they required at the end of their life.

Is the service well-led?

Our findings

At our previous focussed inspection in June 2018, we rated this key question as 'Inadequate'. At this inspection we found marked improvements to leadership, management systems, audits, policies and procedures.

At the time of our inspection, the service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. The registered manager at the service had been in post since May 2018. Within this short time period the registered manager had implemented positive changes and addressed the issues fully that we found at our previous inspection. When we spoke with the registered manager they were committed to improving the service and they told us, "We still have a way to go, but we have moved forward so much. I am visible and available to the staff and I like to be hands on and help out where I can."

People and their relatives gave us positive feedback about the registered manager, comments included; "I hope the new management arrangements work out." And "The manager is new but approachable."

Staff told us the registered manager was approachable and well respected, comments included; "I am happy here and can see a massive improvement. The manager is brilliant and the management in general are very supportive and approachable. This is a lovely home with great potential, the staff are fine, those I have worked with. The two best things about here are the managers support and the standard of care. I have no concerns at all" and "The manager is nice, new directors and managers all seem nice, they are approachable. If you have a problem you can go to the manager or our deputy manager, they are still getting used to us too."

The registered manager showed how they implemented a new falls procedure for staff to follow in the event of an emergency. When we spoke with staff they were knowledgeable and were able to tell us what actions they would take in the event of a fall. One staff member told us, "Yes we are all up to speed, we've read and signed the procedure and if there is a fall we always get the senior and first aider first to assess the situation and then call 111 if needed."

We saw a new system in place to cover analysis of accidents and incidents (including falls) which had resulted in, or had the potential to result in harm. This was used to avoid any further incidents happening. This meant that the registered manager identified, assessed and monitored risks relating to people's health, welfare and safety.

New and improved recording systems were implemented by the registered manager and these included hydration and nutrition records and safety checks of equipment in people's bedrooms. These were held in a booklet in people's bedrooms and copies we looked at were up to date.

Regular meetings were held for the staff team to come together to discuss relevant information, policy updates and to share experiences regarding people who used the service. We saw the minutes of these

meetings and could see how people's needs, progress and care plans were discussed. One senior carer told us, "We have a huddle on a morning, 11am as well as the hand over. Seniors, nurse, domestic and kitchen staff take part, if there are any things needed or anything we need to know the senior will come back from the huddle to inform us. We have a handover every start of every shift, we go through every resident, any changes, if they have been up or poorly in the night. It is all handed over to us. Poor diet, things like that, if they are drinking enough."

Policies and procedures were in place and were regularly reviewed and in line with current legislation. All records were kept secure, and were maintained and used in accordance with the Data Protection Act 2018.

Surveys to measure the quality of the service had been distributed to relatives and people in 2018. The result outcomes were displayed in the main entrance as well as the actions taken to improve on feedback given from the last survey. We saw the feedback on the service had been largely positive.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.