Four Seasons (Bamford) Limited

Romford Grange Care Home

Inspection report

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Romford
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Tel: 01708755185

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The unannounced inspection took place on 9 June 2017. At our previous inspection there were three breaches of legal requirements. During this inspection we found improvements had been made. However, we noted that the premises still needed to be maintained safely. Some records such as bedrail risk assessments and medicine room temperature checks were not always fully completed and therefore not any accurate record of assessments or action taken. Romford Grange provides personal care to a maximum of 44 people some of whom may be living with dementia. On the day of our visit there were 41 people using the service.

On the day of the visit there had been no registered manager since April 2017. There was an acting manager in place pending recruitment of a manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at Romford Grange. Staff had received safeguarding training and were aware of the procedures in place to protect people from avoidable harm.

Risk assessments were in place and known by staff in order to protect people from harm.

People and their relative had mixed reviews about the staffing. Although enough staff were deployed some people were not happy with the regular use of unfamiliar agency staff. We noted that recruitment was in process in order to fill the current vacancies.

Medicines were administered safely by staff who had been assessed as competent. However, medicine room temperature checks sometimes went above the recommended storage temperatures. There were no documented temperature rechecks or actions taken to keep the room at a suitable temperature for medicine storage. This increased the risk medicines losing their effectiveness.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff were aware of the Mental Capacity Act (MCA) and how this applied when delivering support to people.

Care plans were person centred, updated regularly and reflected wishes, goals and aspirations. They included life stories and people's current interests.

People told us they were treated with dignity and respect. They were happy about the food and told us they were supported to access health care services when required.

Activities were in place, however people thought they could be more varied and stimulating.

People and their relatives told us they were able to make a complaint. Complaints were investigated and actions taken were known by staff.

People and their relatives thought the acting manager was approachable and had made a few positive changes. However, there was no registered manager in place or deputy manager at the time of inspection. Although renovations were in progress the premises were still in places not maintained and posed a potential safety hazard.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which can be found at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Medicines were managed safely with the exception of room temperatures in the rooms where medicines were stored. The premises were still in the process of being refurbished and posed a few hazards such as a broken radiator cover.

Although recruitment was in place people did not like the use of agency staff.

Staff were aware of the safeguarding procedures in place. Incidents and accidents were investigated and any learning was shared with staff to minimise the risk of repeat incidents.

Recruitment systems in place needed to be strengthened to ensure all staff had references.

Is the service effective?

Good

The service was effective. Staff were supported by means of induction, supervision and appraisal.

People were supported to maintain a balanced diet that suited their individual needs. Where enteral nutrition was required this was administered as prescribed.

Staff were aware of the Mental Capacity Act (2005) and how they applied it within their roles. People were not restricted without best interests decisions in place.

Is the service caring?

Good

The service was caring. People told us they were treated with compassion and that their privacy and dignity was respected.

People were supported to have a pain free and comfortable death with the help of other members of the multidisciplinary team.

Is the service responsive?

Requires Improvement

The service was responsive. Although activities could be

improved, people thought staff listened to them and responded to their needs.

Care plans were comprehensive and reflected peoples current support needs and preferences.

Complaints were listened to and responded to amicably.

Is the service well-led?

Requires Improvement

The service was not always well-led. Although there was an acting manager in place, they were yet to be registered. People and their relatives thought the manager was approachable.

There were effective quality assurance systems in place. However, although they had picked up on redecoration and agency staffing issues, these were not yet fully addressed at the time of inspection.

Romford Grange Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 9 June 2017 and was unannounced. The inspection was completed by an inspector 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 the inspection we gathered and reviewed information from notifications. We contacted the local authority, safeguarding team and the local Healthwatch.

During the inspection we spoke with nine people and five relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We interviewed three care staff one nurse, the acting manager, the chef and one housekeeper. We spoke briefly with the area manager and the maintenance person. We reviewed three care plans, five food diaries and four turn charts. We looked at nine staff files 10 supervision records and a training matrix. We also looked at maintenance records and health and safety check records. After the inspection we received information of concern relating to lack of activities, poor infection control practices and staffing.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at Romford Grange. One person said, "Oh yes very safe, I just feel safe." Another person told us, "Yes I feel safe, we are friends here and there are no villains." A third person said, "I do feel very safe, I felt safe when I was living alone in my house, but here is OK."
A fourth person said, "Yes, oh yes very safe, well the girls really they are very good and they come around to ask me if I am alright." Three out of four relatives thought Romford Grange was a safe place to be. The exception was one relative who thought a staff member was not good. We spoke to management about this. They were aware and investigating the situation.

At our previous inspection the premises needed refurbishing. During this inspection we found that refurbishment was in progress. The main corridors looked clean and had been redecorated. However, we noted that the carpets were still to be replaced, some furniture was visibly dirty and the door frame by fire exit in the main lounge was badly damaged. The flooring in the two toilets just before the main lounge needed replacing plus the radiator cover had been damaged in one. This posed a potential risk of harm for people using the toilet with the damaged radiator cover. We spoke to the acting manager about this and found that work was still scheduled to be completed.

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

People told us they received their medicines on time. One person told us, "I have breakfast, then I get my pills twice a day." Medicines were managed safely by staff who were assessed as competent. We checked and found controlled drugs were managed safely, by staff who checked them daily to ensure the stock count was correct. They were stored in a locked cupboard. Staff were aware of the ordering and safe disposal of medicines. We checked ten medicine administration records and found no discrepancies. We checked three topical medicines administration records and found them completed.

We observed staff administering medicines safely by checking they had the correct person and medicine and waiting for people to take their medicine before they signed the medicine record. For those on crushed medicines there were several crushing pots to prevent medicine interactions and evidence of appropriate best interest's decision. However, we noted that room temperatures in the room where medicines were stored had risen to 26 degrees on six occasions over a six week period, increasing the risk of medicines losing their potency. We spoke to nurses about this and they said they opened the door to cool the room down. However there was no recorded evidence that the temperature was rechecked to ensure it does not go above the recommended storage temperature. The area manager said they would get a fan for the room to ensure temperatures were kept below 25 degrees.

On the day of our visit there were two nurses on induction awaiting their UK nurse registration. We reviewed staff rotas and noted only two occasions when the shifts were short over the last month. We noted that the provider was working towards recruitment and building a new team and had tried to ensure it was there was a consistent core of agency staff that came to the service to minimise disruption to people using the service.

People and their relatives told us the staffing level was variable. They confirmed there were staff around but a lot of agency. One person said, "There is staff around but too many new faces, especially at night. For example, last night there was only one face I recognised out of the three I saw." Another person said, "Normally they have enough staff to cover everything, but the other day they were down of two staff members so the nurses had to step out and help." A third person said, "Well, at the moment they have enough, but sometimes they are not and they get agency girls which don't know much either". A fourth person stated, "Night staff take too long to come and assist me, they never come to be honest." One relative told us, "Well, today they seem to have enough staff but it is not usually like that because staff call in sick a lot then they are left with agency staff." A second relative said, "Sometimes they are short of staff and they tend to leave early on weekends and nights." We spoke to the acting manager about this. We saw evidence that recruitment was taking place, in order ensure a consistent team of staff delivered peoples care.

Recruitment checks were in place. However, we noted that disclosure and barring checks were not always refreshed. Some had last had checks in 2010. In addition two out of the nine staff records we reviewed only had one reference. We spoke to the acting manager and area manager about this and they told us they would check on the references and that they were moving onto the electronic DBS system. We recommend they follow their recruitment policy relating to checking references.

Risk assessments were in place for each person with clear steps to take should the identified risk occur. These included nutrition, oral care, moving and handling and falls. Staff were able to tell us how they managed identified risks such regular turns for people at risk of developing pressure sores and sitting positioning people properly when receiving enteral nutrition. However we noted that bedrail risk assessments were not always completed correctly. We recommended further training for staff.

There were procedures in place to ensure people were protected from avoidable harm. Staff had attended relevant safeguarding training and were able to explain the reporting process and where to locate the safeguarding policy. They showed us body maps and we saw evidence of a robust incident and accident reporting system in place to ensure learning from incidents took place. We had been informed of a serious incident that had occurred in April this year. Staff were able to explain the issues and steps taken to ensure the same incident did not happen again

Staff were aware of the procedures to take in an emergency in order to protect people from harm. They could explain the emergency evacuation process in the event of a fire. The fire testing was completed on the day of inspection and all staff were aware of the fire assembly point.

Good

Is the service effective?

Our findings

People told us they were supported by staff who were mostly aware of their needs and felt enabled to make choices. The only exception was the perception that agency staff were not always as knowledgeable or aware of people's needs. One person said, "Yes always have a choice, no one force me to do anything, it is my choice to stay here." Another person said, "Staff are really good, I have only been here a week and I have no complaints you know." A relative told us, "I get on well with them (staff), on the whole they try and work very hard, some relatives could fire up really quick and disrespect staff, I cannot fault the staff at all they are great."

Staff were supported by the acting manager. One staff told us, "The new manager has been very supportive, especially since a lot of staff have left. They have tried to get agency staff to help while we wait for new staff." They had meetings periodically and told us handovers were the main means of communicating any changes to people's needs. Nurses told us they learnt about incidents that had happened during handover and that it enabled them to continue from where the previous shift had stopped.

We saw an induction program was in place for new staff that included a period of shadowing. Supervision was completed on areas such as moving and handling, wearing uniform appropriately and infection control. Staff and the manager told us annual appraisals were completed to ensure staff were up to date with practice and had an opportunity to discuss and learning and development needs. However, appraisal records were not available at the time of inspection or after.

Eight out of nine people told us they were happy with the food. One person said, "Food is quite nice, I can be quite fussy too but I do like the food, today we have fish and chips." Another person said, "Food is top notch, I really like it, Friday is fish and chips day and you can choose from poached or fried fish". A third person said, "I really enjoy the food, chef is great." Relatives also agreed that the food was good. One relative told us, "Great food, great variety too, I think people (residents) and relatives should be proud about the food." A second relative told us, "He likes the food, he eats it all, he always has choice." For people on enteral nutrition, there were more robust systems in place to minimise the risk of people not receiving their enteral feed as prescribed. Staff were able to explain learning from a recent incident where a person had missed their feed due to an ordering and stock rotation oversight.

There was a menu in place with three choices including a vegetarian option. People told us the chef would make something else if they did not like what was on the menu. We observed people being supported to eat at a pace that suited them. Staff were aware of people's dirty preferences and ensured they received food that met their preferences. Bottle water and lollies were offered in hot weather to keep people hydrated. Where people were on enteral nutrition, they were assisted in accordance to dietitian, and speech and language recommendations. We saw that appropriate measures were in place to ensure enteral nutrition was stocked and in date in order to avoid people missing their daily nutritional intake.

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 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. People told us they were always given choice. Staff were aware of the MCA and how to apply it in their roles. Covert medicines authorisations were in place, and do not attempt resuscitation forms were completed correctly in liaison with other members of the multidisciplinary demonstrating understanding of making best interest decisions. Capacity assessments were in place for specific decisions.

Good

Is the service caring?

Our findings

Seven out of nine people told us staff were kind and caring. We observed staff being polite and addressing people by their preferred names. One person said, "Yes they are caring, you don't have to ask and it is done for you." A second person said, "They do their best but they will not ignore you as they could be doing something else with another resident." However, two people and a relative said staff were varied. One person when asked if staff were caring said, "Some are, some aren't". A relative when asked the same question responded, "Some of them are superb and exceptional but on the other hand some are not." They, however, went on to say that they were not afraid of any of the regular staff and that it was mainly the agency staff. We recommend more induction for agency staff.

People told us they were treated with dignity and respect. One person told us, "They always knock on the door." Another person said, "They do, they always knock and they just don't walk in." A relative also confirmed, "When my [relative] been cared for in [their] room they always knock and shut the door behind, which is great." We observed that people were treated with dignity and respect. We saw staff addressed people by their preferred names. They knocked and waited for a response before they entered people's rooms. They ensured people looked clean at all times and offered people assistance to go for comfort breaks at regular intervals. On the day of our visit where people called for assistance, they were attended to promptly.

We observed that people were not rushed during meal times. Those requiring assistance to eat were supported at the appropriate pace that suited them. When staff passed by they spoke with people and paid attention to none verbal clues. For example, they gave a light cardigan to someone who was shivering and offered someone who was fidgeting in their chair a comfort break and propped up a person who was not sitting in a comfortable position.

Staff were aware of end of life care principles and told us how they supported people and their relatives. People were supported to have a dignified pain free death. End of life planning was in place with clear outlines of people's last wishes and burial preferences. The service was using the Gold Standards Framework (GSF) for end of life. GSF is a systematic approach to deliver person centred care to people towards the end of their life.

Requires Improvement

Is the service responsive?

Our findings

Seven out of nine people and three relatives told us that the activities available did not always meet people's needs. One person said, "No, I don't have enough things to do, I watch TV, films and that`s about it." Another person told us, "I haven't been here long but they need more activities." A third person told us, "We could do with a little bit more, the Activity coordinator is off this week." A relative also confirmed by stating, "There are not enough activities going on and not enough things to do, I mean [the person using the service] is always in the same position when I come to see [them]." We observed that for most of the morning there was no activity going on except for the television that was on. We also noted that a number of people were in their rooms and did not seem to have enough interactions except for meal times, when they were assisted to turn, and medicine times. We recommend more interests research is done to ensure activities continue to meet people's needs.

People told us they were able to complain about any issues although some thought it took longer for their complaints to be addressed. One person said, "I would speak to the manager she is very approachable like that." A relative, "I would speak with the nurse in charge then maybe the manager if it was something serious. I have spoken to the manager about [person] not going to bed when [person] wants and the manager reassured me that it would be sorted." We saw the complaints policy was up to date and staff were aware of the policy to follow should a complaint be raised. Complaints were investigated and resolved amicably where possible.

People and their relatives told us they were sometimes invited for meetings and had been asked to complete questionnaires about the service. One relative said, "We used to have relatives' meetings, but not for a while now because the last manager left." Another relative told us, "I have been asked to complete a survey occasionally." After the inspection we were sent conformation that the last "resident and relatives" meeting had occurred in April 2017. People told us they were asked for their opinion on matters such as food and clothes and told us they were involved in deciding where to spend their day.

We observed that staff listened to people attentively. People, when asked if staff listened to them, responded by saying, "Yes, I think they do." Another person said, "Yes, they try their best, you know, but they constantly doing something." We saw them respond appropriately to people's verbal and none-verbal cues.

Care plans were comprehensive and included people's physical, social and emotional needs. Past medical history and allergies were clearly highlighted to minimise risk. Personalised booklets ("My preferences/My choices") outlined people's personal care preferences, name, current and past interests. Staff were aware of these and used them to engage with people, for example, they gave an example of someone who used to be a drummer and how they liked to talk about their music career. Care plans were reviewed when people's conditions changed.

Requires Improvement

Is the service well-led?

Our findings

People and staff had mixed views about the leadership and thought consistency might benefit staff morale. On the day of our visit there was no registered manager in place since April 2017. We were yet to receive an application for a registered manager and were told by the regional manager that they would be interviewing shortly.

The current quality assurance systems had identified shortfalls such as maintenance of premises and staffing issues. However, at the time of inspection these were not yet fully addressed and still posed a risk to people using the service. For example, one issue about the medicine room temperature checks was already a question on the monthly medicine audit tool but was not picked up or addressed prior to the inspection.

Six out of nine people told us they knew who the manager was and thought they were approachable. One person told us, "I know the lady, just not her name". Another person said, "She`s a nice lady, very approachable." A relative also confirmed by stating, "Yes, I do know, she`s very approachable, she talks to the people and that`s important." Another relative said, "She is all right, quite firm with staff, but good."

Staff were aware of their roles and responsibilities and told us they had support out of hours. However, team working was still work in progress as recruitment was still ongoing in order to ensure consistency of staff and care delivered. For example, on the day of the visit, we observed one registered nurse supervising two nurses waiting to be registered in the UK during medicine administration. This meant that this nurse could not leave the other two nurses unsupervised for prolonged periods leaving less staff on shop floor. The acting manager did not have any deputy to support them with daily oversight. However, the area manager and another manager were mentoring them and were on site at least once a week.

Electronic satisfaction surveys were in place in order to obtain views from people, their relatives, staff and visiting professionals. There were monthly staff satisfaction surveys completed in order to gauge staff morale. The most recent dated May 2017 showed 96% staff satisfaction but was only based on 2 responses. The December 2016 staff survey based on 34 responses showed 78% staff were happy working at the service. We reviewed questionnaires completed by 30 relatives between 09/03/2017 and 09/06/2017 and found 61.6% would recommend the service and 89.6% based on 29 response thought their relatives were cared for well at Romford Grange. People's responses for the same period showed they were satisfied with the care. The manager took actions where the survey identified any areas for development. For example, some people liked the fact that there was now a separate dining room to go to at mealtimes.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Premises(particularly toilets on ground floor) and equipment such as furniture particularly some chairs used by the service provider were not always clean or properly maintained. Regulation 15 1 (a,e)