

Barchester Healthcare Homes Limited

Cheshire 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 ●

Summary of findings

Overall summary

About the service

Cheshire Grange is a care home providing personal and nursing care for up to 50 people in one purpose-built building over two floors. One floor of the building supports people living with dementia. The service was supporting 46 people at the time of this inspection.

People's experience of using this service and what we found

We have made a recommendation in this report in relation to the deployment of staff.

The care planning and recording systems in place promoted the care and support people required. People felt safe using the service and received their medicines when they needed them. Safe recruitment practices were in place to help ensure that only suitable people were employed at the service

Systems were in place to monitor the quality of the service that people received. People were able to voice their views and felt they were listened to.

People's needs and wishes were assessed prior to moving into the service. People received care and support from experienced staff who were supported in their role. People were offered a nutritious and balanced diet and their healthcare needs were understood and met.

People were protected from abuse and the risk of abuse. People and their family members told us that the service was safe. Infection control practices were followed to minimise the risk of the spread of infection. Regular safety checks were carried out on the environment and equipment.

Staff knew people well and were knowledgeable about individual's needs and wishes and how they were to be met. People and their family members had access to information as to how to raise a concern or complaint about the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 9 October 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made

and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective section below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our findings below.

Good ●

Cheshire Grange

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The first day of the inspection was carried out by one inspector, a nursing specialist advisor 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. The second and third day of the inspection was carried out by one inspector.

Service and service type

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

Notice of inspection

This inspection was unannounced on all three days.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with 18 people who used the service and eight family members about their experience of the care provided. We spoke with 11 members of staff including an area manager for the provider, the registered manager, care workers, nurses, maintenance manager and chef. In addition, we spoke with a visiting healthcare professional. 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 reviewed a range of records. This included six people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager who had not been available at the time of the inspection visits in relation to the management of complaints and monitoring of the service. In addition, we spoke to family members who contacted us following our visits to the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection staff deployment/numbers were not always meeting people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Sufficient numbers of suitably trained and experienced staff were on duty to safely meet people's needs in most areas of the service. We found in one dining room/ lounge area, utilised by people living with dementia, on two occasions no staff were available for a period of ten minutes each time. This demonstrated that within these periods of time people would not have been able to indicate to staff that they required assistance. We discussed this with the registered manager who told us they would review the level of staffing available.

We recommend that the provider continually monitors the deployment of staff throughout the building to ensure that people have access to staff at all times.

- Staff rotas demonstrated that the same number of staff were available throughout the week. However, people felt that there were less staff available at weekends. We discussed this with the registered manager who advised that they would continually review these areas.
- The recruitment of staff was safe. Appropriate checks were carried out on applicant's suitability for the role before they were offered a job.
- Response time to call bells were reviewed on a regular basis by the registered manager. This was an improvement from the previous inspection.
- People told us that their call bells were answered in a timely manner most of the time. Comments included "I wouldn't say I'd have to wait for anything" and a family member told us "Very diligent in responding to call bells" and "If [People] need to wait it's not a long time."

Systems and processes to safeguard people from the risk of abuse

At our last inspection safeguarding systems were not always robust enough. This was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Safeguarding procedures were in place. The majority of staff had completed safeguarding abuse awareness training and had access to information how to protect people from harm. Staff knew how to refer any concerns they had about people's safety. This was an improvement from the previous inspection.
- People told us they felt safe living at the service. Their comments included "I feel safe and comfortable". One person told us that they felt very safe living at the service, "So safe, it's made me so much happier, I'm

not anxious anytime." A family member commented "Absolutely the service is safe", "Completely safe."

Assessing risk, safety monitoring and management

At our last inspection not all risks were being identified or reviewed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people and equipment that they used were identified and plans were in place to minimise those risks. This was an improvement from the previous inspection.
- People at risk of pressure ulcers had their skin monitored on a regular basis to minimise any deterioration in their skin. People experiencing pressure ulcers had treatment plans in place to promote healing. One family member told us "This place is marvellous, wound care is excellent."
- Staff had access to policies and procedures in relation to health and safety and had received training in this area.
- Newly identified risks were considered and appropriate action was taken to minimise these risks. A family member gave an example of staff being proactive in recognising a reduction in their relative's mobility. Staff carried out a risk assessment and further developed their care plan to meet this changing need.
- A maintenance manager was employed to carry out regular safety checks on the environment and equipment used.
- Emergency procedures were in place to help ensure that people received the care and support they required in the event an emergency. This information was easily accessible to staff.

Using medicines safely

- Staff followed safe medicines policies and procedures and had access to good practice guidance.
- Staff responsible for managing people's medicines had completed training and their ability to manage medicines safely had been checked to ensure their competence.
- People's medicines were stored in locked cupboards within their bedrooms. Where possible, people were encouraged and supported to manage their own medicines.
- An electronic recording and monitoring system was in place for staff to record when people had received their medicines.
- People told us that they received their medicines when they needed them.

Preventing and controlling infection

- Systems were in place to prevent the spread of infection. Staff had received training and procedures were in place to maintain a safe and clean environment for people to live.
- People told us that they felt the service was always clean and tidy. However, we found that furniture in one lounge/dining area on the first floor was stained in parts. We discussed this with the registered manager who explained that this area was due to be refurbished in the near future.
- Personal Protective Equipment (PPE) was available throughout the service. Staff were seen to use PPE when supporting people with specific tasks to prevent the spread of infection.

Learning lessons when things go wrong

- Lessons were learnt and improvement made following accidents and incidents.
- Accident and incidents which occurred at the service were recorded and analysed to look for any patterns and trends and ways of minimising further occurrences. A further reporting system was in place to enable the registered provider to monitor incident and accidents that occurred within the service.
- Accidents and incidents that occurred were discussed at a daily senior staff meeting and any actions identified were prioritised.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Systems were in place to assess and review people's needs and wishes in line with legislation and best practice.
- People's individual needs were assessed to ensure they could be met at the service.
- People, their family members and health and social care professionals were involved in the assessment and planning of people's care.
- People and their family members told us that they took part in care plan review meetings, both routinely and when a person's needs changed. One family member told us that they had spent two and a half hours with staff discussing the care plan so that it was correct and right for their relative. In addition, they told us that they had also spent a lot of time discussing a health need of their relative with their general practitioner.
- Care plans contained guidance and information about how people's needs were to be met.

Staff support: induction, training, skills and experience

- Staff had the right knowledge, skills and experience to meet people's needs effectively.
- Staff told us that training was available to ensure that they had up to date knowledge for their role.
- People and their family members spoke positively about the skills and knowledge of staff. One person told us that their care was "Absolutely excellent, the best I've ever had." Family members comments included "Mum's care is excellent", "The catheter care is exemplary" and, "The nursing care is excellent."
- The registered provider had their own training provisions both for face to face training and electronically to support staff learning.

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

- People were protected from poor nutrition and dehydration. People had access to sufficient food and had a choice of food and drinks. Outside of mealtimes people had access to snacks and drinks.
- People had a choice of where they ate their meals and their meals were served fresh and at the correct temperature.
- People's comments about the food included, "The foods very good" and "I enjoy the food, the soup is generally very good."

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

- People had access to health care support from regular visits from the community home support team. This team provides enhanced nursing support to people who have been discharged from hospital or have

complex wounds. In addition, the team offer advice and support to the nursing staff in managing people's specific nursing needs. People were able to book an appointment with a general practitioner who visits the service on a weekly basis.

- People told us that when needed arrangements were made for them to specialist support from health care professionals. For example, speech and language therapists, dentist, chiropodist and physiotherapy.
- Any support people received with their healthcare needs was recorded in their care plan.

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

- The layout of the building enabled people freedom of movement around the service with outside furnished spaces fully accessible.
- The environment had been adapted and designed to provide ease of access to people which included accessible bathrooms and communal areas.
- Not all of the building was furnished to provide a visual and stimulating environment for people. However, the registered manager explained that they were in the process of completing an audit of the current environment in order to plan and introduce the registered providers dementia initiative. This initiative is designed to enhance the living experience for people living with dementia.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found that they were. For example, when a person was in receipt of covert medicines.

- People's capacity to make decisions was assessed when needed to make specific decisions. A record of the assessment and any outcomes were recorded and formed part of people's care planning documents.
- Staff understood the principles of the MCA and people's right to consent unless they had been assessed as lacking the capacity to do so in a particular area.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Unlabelled clothing was not always returned to people from the laundry. This was a concern raised during the inspection. A large amount of laundered unlabelled clothing was found in the laundry awaiting identification. We discussed this with the registered manager who took action to improve the situation.
- Staff treated people with dignity and respect. People's comments included "Couldn't be more respectful. Very much respect my privacy" and "Very impressed [Staff] always listen."
- Staff provided people with personal care in private.
- People were supported to use their right to vote.
- Staff ensured that people's confidentiality was maintained. People's personal information was stored securely and only accessible to authorised staff.
- People told us they were given choice and control over their day to day lives. People had freedom of movement around the service and had a choice of what time they got up in a morning and went to bed at night.
- People requiring assistance to eat their meals were supported in a dignified manner.
- People had a choice of what they had to eat. For example, one person told us that they always received their request of lightly poached eggs for breakfast. Another person told us that they did not like the food generally served on the menu. They had discussed this with the catering staff who always prepared a meal of their choice.

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

- People were treated with kindness, dignity and respect. People's comments included, "Caring and compassion together", "Staff are generally very good" and "Staff are very, very good and attentive."
- Staff knew people well and it was evident from their interactions with people that positive relationships had been formed. Comments included "Plenty of banter" and "Definitely a caring service."
- People told us that staff listened. They explained that they had mentioned that they had always liked a particular breakfast on special occasions. On their birthday staff had prepared this breakfast for them.
- Staff understood and supported people's communication needs. Staff spoke with people clearly and gave time for people to respond. One person told us that staff would always read letters out to them as they were unable to read their post themselves.
- People were supported to maintain their religious and spiritual needs.

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

- People and their family members were encouraged to share their views about the care provided.
- Regular care reviews gave people and relevant others the opportunity to express their views about the care provided and make any changes they wanted.
- Family members confirmed they had been involved in supporting their relatives to make decisions about their care and support.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Information relating to people's care and support needs was personalised and written in a manner that promoted person centred care and support to people. All staff responsible for delivering care and support to people had access to this information.
- Care planning records were clear and demonstrated what actions were needed to support people in their day to day life. In addition, they demonstrated that people had received the care and support that was planned. However, some handwritten records were illegible due to the style of handwriting. This issue was addressed by the registered manager.
- Records were maintained of people's specific needs. For example, nutritional and dietary intake was recorded for those people who it had been identified were at risk of weight loss or weight gain.
- Family members told us that they were regularly updated about their relative's care needs and where appropriate, were involved in care plan reviews.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's sensory needs were recorded in their care plans.
- People were supported by staff who understood their communication needs.
- The registered provider had access to facilities to provide written documentation in different formats to meet people's needs and wishes.
- People had the opportunity to have their own telephone in their bedroom to enable them to take calls in private and at a time they wished.
- People were able to access the internet from their bedrooms. One person explained that this enable them to keep in touch with people via email and to watch television channels of their choice.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities co-ordinators were employed to offer activities and plan events. People told us that that they were given a timetable of events for the week and it was their choice if they attended. Activities included home based sessions and trips out within the community. People had mixed views on the activities available with people saying they enjoyed taking part and other saying the activities on offer were not of

their choice. Others felt that people would benefit from activities being available at weekends. People using the service had suggested themed evenings taking place, for example, Italian and French evenings. These evenings had commenced and were taking place monthly.

- People living with dementia received short one to one sessions from the activities co-ordinators to promote communication and stimulation.
- A café situated in the entrance area was available for people and their visitors to sit and have a drink, biscuits and cake. People were seen to use the café often with some people sitting and reading the newspaper.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and accessible to people. This was an improvement from the previous inspection.
- People and the majority of family member told us that they were aware of how to make a formal complaint about the service.
- The registered manager and provider had a system in place for overseeing and monitoring any complaints made about the service, how they were investigated, the outcome and any lessons learnt.

End of life care and support

- People told us they were given the opportunity to record their specific wishes about how they wanted to be cared for at the end of their life. One person told us that they had discussed in detail their advanced decisions with both staff and their general practitioner. Where appropriate family members were involved in this planning.
- People's advanced decisions and plans were recorded in their care plans.
- People and staff were supported with planning end of life care by the care home support team who visited the service on a weekly basis.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection quality monitoring systems had not identified all of the issues that had been identified during the inspection process. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Systems were in place for the monitoring of quality and safety. In addition to the organisational audits and monitoring the registered manager carried out daily checks around the building and monitored the response times to call bells on a regular basis. Areas for improvement were identified through these checks and action was taken to make any required improvements. This was an improvement from the previous inspection.
- The registered manager and staff were responsive to suggestions and observations made during the inspection to further improve good practice.
- The registered manager was clear about their responsibilities and had a good understanding of regulatory requirements. They had notified CQC when it was required of events and incidents which occurred at the service. People spoke positively about the registered manager stating that they were approachable at all times. Family members comments included "You can speak to the registered manager at all times." Another family member described the registered manager as "Professional and balanced."
- Policies and procedures to promote safe, effective care for people were available to staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a clear understanding of their responsibilities in responding to people who use the service under the duty of candour following incidents and when things have gone wrong.

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

- Staff had a clear understanding of their role and responsibilities.
- Staff told us that the registered manager was accessible to offer support and guidance when needed.

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

- Arrangements were in place to engage and involve people using the service, family members and staff.

This included surveys and relative and residents' meetings.

- Staff were engaged and involved through regular team meetings.
- Staff sought advice and worked in partnership with others such as health care professionals to ensure the best possible support for people.

Continuous learning and improving care; Working in partnership with others

- Staff received regular support for their role to ensure their practice was up to date and safe.
- Learning took place from accidents and incidents to minimise the risk of re-occurrence.
- Plans were in place to further develop the service with the implementation of the registered provider's dementia strategy.
- The service had joined a local training initiative within the borough, along with other organisations, to access further training for staff.