

Cuerden Developments Ltd

Cuerden Developments Limited - Alexandra Grange

Inspection report

Alexandra Grange
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Cuerden Developments Limited – Alexandra Grange is a care home providing personal care to older people and people living with dementia. The service accommodates 54 people in one adapted building. At the time of the inspection 46 people were using the service.

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

We found daily records were not always comprehensive. We have made a recommendation about effective recording of daily observations. The provider managed medicines safely; however, some processes around medicines administration were not always robust at reducing the need for 'as required' medicines. We have made a recommendation about effective 'as required' medicine protocols.

Staff were trained to recognise potential risks and signs of abuse. Risks to people's safety and wellbeing were assessed and reviewed by managers. Staffing levels were safe. Staff used personal protective equipment (PPE) appropriately when supporting people and infection prevention and control processes were in place.

Managers ensured systems were in place to monitor the running of the service. The provider had procedures in place to receive feedback on how to improve support. Managers audited support records, including accidents and incidents to assure themselves of quality. Lessons were learned when concerns were raised, and these outcomes were communicated to staff. Staff worked well in partnership with other agencies to deliver effective support.

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 Care Quality Commission (CQC) website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was good (published 11 December 2019).

Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of infection control and record keeping. This inspection examined those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cuerden Developments Limited – Alexandra Grange on our website at www.cqc.org.uk.

Recommendations

We have made recommendations about improvements in daily care records and the safe management of medicines.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Cuerden Developments Limited - Alexandra 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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by an inspector, and 2 Experts 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.

Service and service type

Cuerden Developments Limited – Alexandra Grange is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cuerden Developments Limited – Alexandra Grange is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We sought feedback from the local authority and healthcare professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, the regional manager, the nominated individual, and received feedback from 11 support staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spoke with 5 people receiving support and 7 relatives. We reviewed 4 people's care records. We reviewed records and audits relating to the management of the service, including infection control, fluid and nutritional records, environmental repairs, and laundry processes. We asked the registered manager to send us documents before and after the on-site inspection. These were provided in a timely manner and this evidence was included as part of our inspection.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The provider had systems and processes in place to identify risks associated with people's care and support needs. Whilst feedback and observations showed staff completing regular observations, daily records were not always detailed enough to give assurance people's safety was always monitored effectively. As a result, we were unable to confirm staff were always completing the daily observations required to monitor people's health needs effectively. We noted there was no impact of harm on people at the time of the inspection.

We recommend the provider consider current guidance on daily observations and record keeping and take action to update their practice accordingly.

- The provider gave feedback after the inspection specifying the actions already in progress to address the concerns we identified.
- The registered manager regularly carried out health and safety audits to monitor the regular maintenance and servicing of fire safety systems, gas, electrical systems, and equipment. Appropriate fire testing took place, and the fire exits were clearly marked and accessible.
- Relatives felt staff kept people safe. One relative told us, "Staff keep [my relative] safe; they check on her regularly through the day and night. Staff are well trained in how to use equipment, and there are plenty of staff around all the time. I have never had any worries about how [my relative] is cared for."

Using medicines safely

- When people were prescribed medicines on an 'as required' basis, protocols were in place to inform staff how and why to administer them, however these did not always include guidance on what should be done to support people before offering medicines. For example, one person received medicines to help with anxiety; the protocol did not explore other ways of supporting the person's anxieties before administration of this medicine.
- There was no evidence to suggest people's medicines were being given inappropriately and no evidence of harm was noted.

We recommend the provider considers current guidance on 'as required' medicine administration protocols and takes action to update their practice accordingly.

- The registered manager responded immediately to rectify the concerns we identified.
- The providers policies and guidelines ensured people received their medicines as prescribed.
- Staff had to undertake training before they could administer medicines and staff received regular competency checks to ensure they administered medicines safely.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had systems and processes to make sure people were protected from abuse. These were made available to staff and others.
- Staff completed safeguarding training as part of their induction and received regular updates. Staff understood their responsibilities for protecting people from abuse and for reporting any concerns they had about people's safety and treatment.
- Allegations of abuse were reported without delay to relevant agencies and there was good partnership working with them to make sure allegations were thoroughly investigated.
- Lessons learned were shared with staff to reduce the risk of issues reoccurring and to improve the quality of care provided.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Staff were recruited safely. Staff recruitment records confirmed pre-employment and identity checks were completed before a new staff member began to support people.
- Staffing levels were allocated by the registered manager in line with the service's dependency tool, which was a system to determine how many staff were required per day to support people safely.
- Most people thought there were usually enough staff to meet people's needs and no one reported having to wait a long time for staff when requesting assistance. Some staff and relatives thought there might be occasions when there were fewer staff, but people's needs were always met to keep them safe.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- No restrictions were in place regarding visiting. We observed safe visiting arrangements were in place which helped to minimise the risk of the spread of infection.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection we recommended the provider reviewed their audit processes and laundry processes. The provider had made the required improvements.

- The provider had renewed governance processes in place which were effective and helped to hold staff to account, keep people safe, protect people's rights, and provide good quality care and support.
- The registered manager had the skills, knowledge, and experience to perform their role and a clear understanding of people's needs and oversight of the service they managed.
- The registered manager used supervisions and team meetings to discuss issues or concerns and drive improvements in the service. Staff were aware of the providers whistle-blowing policy and knew how they could use this to raise concerns.
- The registered manager told us they were always looking to learn from concerns. For example, they had recently reviewed their care recording systems following lessons learned from provider audits.
- Relatives felt the service was well-led. One relative told us, "The service is managed well. Everything is well organised, there are plenty of staff, the doctor visits regularly and the home is well maintained."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged with people about their care and support needs and worked in partnership with others including people's relatives, staff members and healthcare professionals.
- The registered manager and staff created an open and positive culture at the service, which was person-centred and achieved meaningful outcomes for people.
- Staff worked closely with people and their relatives to understand their cultural beliefs and backgrounds. Relatives told us managers and staff were inclusive and approachable.
- The registered manager told us a room had been designated as a 'prayer room' for those whose religion and culture meant they liked to have access to somewhere to practice their beliefs.
- Relatives felt staff and managers were responsive. One relative said, "If [my relative] wants support she only has to call out. I am happy with the service as problems are sorted out straight away. [My relative] had an issue recently and when we mentioned it to the registered manager, they resolved it straight away."

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

- Records showed the registered manager was aware of their regulatory requirements and knew their responsibility to notify CQC and other agencies when incidents occurred which affected the welfare of people who used the service. Notifications about significant events were completed and sent to CQC as required.
- The provider had clear processes for reviewing concerns and improving support by learning from the issues identified.
- People felt comfortable raising concerns with managers and were confident they would be listened to.

Working in partnership with others

- The provider had links with the local community to support the provision of meaningful activities for the people living within the service.
- The registered manager worked closely with a wide range of healthcare professionals to meet people's needs, including district nurses, infection control teams and public health.
- Healthcare professionals had varying views on working with the service. One healthcare professional told us, "The provider is not always responsive when it comes to safeguarding concerns." Another healthcare professional said, "I have built a trusting and good relationship with the registered manager, and they will often call to obtain further guidance and support where needed."