

Oceancross Limited

Grace Lodge Nursing Home

Inspection report

Grace Road
Walton
Liverpool
Merseyside
L9 2DB

Tel: 01515237202

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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 well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Grace Lodge Nursing Home provides accommodation and nursing and/or personal care to up to 65 people over 2 floors. At the time of our inspection, there were 23 people using the service.

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

We found the service had made some improvements in the management of medicines since the last inspection, however they had not addressed all of the issues and further improvements were still required. 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.

The culture of the service was open and transparent. The registered manager and Director engaged with the inspection positively and were committed to making any necessary improvements.

The registered manager and staff had a clear understanding of their roles and responsibilities. The providers systems and processes were used effectively to measure and improve the quality and safety of the service. The registered manager promoted a positive culture which was person-centred, open, and inclusive which led to good outcomes for people. There was good working partnership with others to make sure people received all the care and support they needed.

People's relatives told us staff at the home were attentive to people's needs and communicated well any changes to people's care needs. Staff were kind, patient and respectful towards people and dignity and independence was promoted. People and relevant others were involved in decisions about the care provided. Staff members told us they enjoyed working at Grace Lodge; Lodge; they felt appreciated and well supported by the registered manager and provider.

People had care plans in place which were person centred and accompanying risk assessments which enabled staff to care for them safely.

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 Inadequate (published 17 March 2023).

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 the provider remained in breach of regulations.

This service has been in Special Measures since [17 March 2023]. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, effective, and well-led which contain those requirements.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Inadequate to Requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Grace Lodge Care Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

At this inspection we found a breach of regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breach related to the failure to ensure medicines were managed safely.

You can see what action we have asked the provider to take at the end of this full report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will work alongside the provider to understand what they will do to improve the standards of quality and safety and liaise with the local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well led.

Details are in our effective findings below.

Requires Improvement ●

Grace Lodge Nursing Home

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 by 2 inspectors and a medicines inspector on day 1 and an inspector and medicines inspector on day 2.

Service and service type

Grace Lodge Nursing Home 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. Grace Lodge is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

This inspection was unannounced.

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 all of this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us 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 two people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the manager, director, clinical lead, senior care workers and care workers.

We reviewed a range of records. This included four people's care records, and nine people's medication records. We looked at staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 inadequate. The rating for this key question has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely.
- We found when staff were required to act in response to a blood test, this was not always completed and recorded. We also found the site of administration of insulin was not recorded. Repeated administration to the same area can cause side effects and affect the absorption of the insulin.
- The quantity of remaining medicines in the home did not always reconcile with the medicines given. This meant we were not assured people were always having their medicines given as prescribed.
- We found the use of thickening powder, to be added to drinks, for people who have difficulty swallowing, was not recorded, therefore we were not assured people had their drinks thickened safely and were at risk of choking
- Records to show topical preparations such as creams were being applied were not always completed, therefore, we were not assured people's skin was cared for properly.
- For time specific medicines such as paracetamol, we found the actual time the medicine was given was not always recorded. Therefore, we were not assured the 4-hour time interval between doses was observed. We were not assured that people who required their medicines at specific time received them as time of administration was not always recorded on medicine charts. For example, a medicine to treat symptoms of Parkinson's Disease was recorded as given but the time not recorded. We were not assured people had their medicines at the right time.

This demonstrates a continued breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider told us they had taken action to address some of the issues we identified. We will check that these changes have been embedded successfully and sustained to reduce risk at our next inspection of the service.

Systems and processes to safeguard people from the risk of abuse

- There was a system in place for recording and responding to incidents and accidents with evidence of lessons learnt following safeguarding investigations.
- Staff were trained in safeguarding adults; staff explained the correct course of action they would take if they suspected abuse or harm had occurred.
- Relatives told us they felt the home was safe. Comments included: "I feel my loved one is very safe here, the staff are very kind and caring, we have no concerns".

Assessing risk, safety monitoring and management

- Risks relating to the health, safety and welfare of people were assessed, monitored, and regularly reviewed.
- There was clear information in people's care plans to guide staff about how to keep people safe from harm.
- Health and safety checks were completed of the environment monthly. However, the audit had not identified window restrictors in use were not fit for purpose or in line with HSE regulations. This was rectified immediately by the provider during the inspection and window restrictors were purchased and installed.
- Each person had a personal emergency evacuation plan (PEEP) describing any assistance they needed to evacuate the building or reach a place of safety in the event of an emergency. PEEPs were kept under review and updated as required.

Staffing and recruitment

- There were enough staff on duty to support people safely and meet their needs.
- A dependency tool was in place to determine staffing levels and the rotas reflected this.
- Safe recruitment processes were followed. Relevant pre-employment checks were completed to ensure new applicants were suitable to work for the service, this included agency staff.
- Staff we spoke with during our inspection told us there were enough staff to meet people's needs.

Preventing and controlling infection

- Infection prevention and control procedures were being effectively managed.
- The home was visibly clean. Some chairs to the first-floor unit were damaged and unable to be cleaned, this was discussed with the registered manager who sourced new chairs during the inspection.
- There were adequate supplies of personal protective equipment (PPE) available for use when required in terms of gloves and aprons. The home was clean and hygienic throughout.
- The provider was safely facilitating visiting for people and there were no restrictions on visiting.

Learning lessons when things go wrong

- Records showed that accidents were recorded and reported, and appropriate actions were taken to ensure people's safety.
- Lessons learnt from incidents were recorded and showed measures were taken to help prevent further accidents.

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 our last inspection we rated this key question inadequate. The rating for this key question has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff files observed evidenced safe recruitment processes had been followed.
- Training was recorded using a training matrix, the record showed staff received relevant training and support to carry out their roles effectively.
- Staff told us they were well supported, and records showed they received regular supervision and an annual appraisal.

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

- People were supported to maintain a balanced diet and had a choice of food available.
- Individual nutrition and hydration care plans were in place to provide guidance to care workers on meeting people's dietary needs.
- Catering staff knew about people's special dietary requirements, for example, people who required their food to be modified.
- Feedback from people reflected positive improvements to the menus one person said, "The food is very good here, there is lots of choice".

Staff working with other agencies to provide consistent, effective, timely care

- People's health conditions were managed appropriately, and staff engaged with external healthcare professionals for example GP's, social workers and speech and language therapists.
- Feedback from a social worker during the inspection reflected good communication from the service.

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

- The home was adapted and designed to meet people's needs.
- Each person had their own bedroom and bathroom facilities, bedrooms were personalised to peoples preferences.
- The home was kept clean and tidy and there were cleaning schedules in place.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working in line with the MCA.
- People's ability to make decisions for themselves was assessed.
- Care records contained mental capacity assessments, best interest decisions and the relevant DOLs applications / authorisations.

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 inadequate. The rating for this key question has changed to requires improvement. This meant the service management and leadership had improved, however they needed to demonstrate sustainability to improvements over time.

At our last inspection the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 Regulated Activities (Regulations) 2014. This was because there was a failure to deliver adequate governance systems. During this inspection, the provider evidenced improved systems for governance and oversight of the service and was no longer in breach of regulation.

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

- There were systems in place to ensure duty of candour was understood and acted on.
- The registered manager was knowledgeable about their role and regulatory requirements.
- Effective systems and processes were in place to monitor accidents, incidents and safeguarding concerns. The registered manager had introduced new systems for shift handover, daily staff huddles and weekly clinical meetings.
- Systems for the oversight of medicines continued to require improvement as some of the issues identified during the last inspection remained. Arrangements for the oversight and audit of medicines had yet to be fully implemented at the time of this inspection.
- The Commission had been informed of all incidents the provider is required by law to notify us of.

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

- The manager promoted a positive and transparent culture within the service.
- People received person centred care. Care plans were written to reflect their choices, likes and dislikes.
- People we spoke with, and the staff were complimentary about the registered manager and the service in general. One person said, "the home is much better now, I feel listened to and supported".
- Staff spoken to were complimentary of the manager, one member of staff spoken to stated, "the manager is an excellent support system, it's teamwork at its best".

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 provider and manager was aware of their responsibility to be honest with people when things went wrong. They undertook investigations if any incidents and accidents happened to try to prevent them happening in the future.
- Family members told us they were informed of any incidents or changes to their relative, one family member stated, "communication is very good, and all information is shared with us".

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

- The registered manager instilled an open culture where people, staff and professionals felt valued.
- Resident and relative meetings had taken place and feedback had been acted upon and listened to.
- The registered manager liaised with other health and social care professionals to help ensure people's needs were met.

Continuous learning and improving care and working in partnership with others

- There was a culture of continuous learning and improvements.
- The providers quality assurance systems and processes were used effectively in identifying and making improvements.
- Quality assurance questionnaires and regular reviews took place which gave people the opportunity to give feedback about the staff and the care that they received.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Systems in place to manage people's medicines were unsafe which placed them at risk of harm.
Treatment of disease, disorder or injury	

The enforcement action we took:

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