

Rico Healthcare (Grange) Limited

# Grange Nursing Home

## Inspection report

18 Grange Drive  
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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

Grange Nursing Home is a residential care home providing personal and nursing care to up to people. The service provides support to 32 people. At the time of our inspection there were 24 people using the service.

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

Risk was assessed, and plans put in place to guide staff on how to safely manage areas of risk. However, records used to monitor risk were not always completed to show people had received the safe care they needed.

The systems for monitoring the quality and safety of the service were not always used effectively. They failed to identify and mitigate risk and bring about improvements.

It was observed during the inspection that people were comfortable and happy in the presence of staff who interacted with them in a caring and patient manner.

Systems and processes were in place to safeguard people from the risk of abuse and family members told us they felt their relatives were safe with staff. GPs and other healthcare professionals were contacted for advice about people's health needs whenever it was identified as necessary.

Medicines were managed safely. Infection control standards were also monitored and managed appropriately. Accidents and incidents were recorded and reviewed in order to minimise the risk of reoccurrence.

Staff were recruited safely and there appeared enough staff available to meet people's day to day needs. Feedback from people and their relatives indicated that there were familiar staff on duty including the use of agency staff.

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](http://www.cqc.org.uk)

Rating at last inspection and update The last rating for this service was requires improvement (07 August 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections. At this inspection we found the provider was in breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We also received concerns in relation to people's nursing care needs. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

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.

We have found evidence that the provider needs to make improvements in regard to governance and reporting. However, the provider has taken prompt action to mitigate the risks.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Grange Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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 well-led?**

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Grange 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 out by one inspector, a 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.

#### Service and service type

Grange 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. Grange Nursing Home 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 registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

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 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 information gathered as part of monitoring activity that took place on 02 April 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

### During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the registered manger. We reviewed a range of records. This included seven people's care records and medication records. We looked at four 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. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with four professionals who regularly visit 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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider had recently started a new electronic care planning system four weeks prior to the inspection. Records completed on the system showed risks to people had been assessed, however we could not be assured that their safety was monitored in line with their risk management plans.
- Records used to record and monitor aspects of people's care including food and fluid intake and positional changes were not always completed to show the care was provided.
- Regular health and safety checks of the environment had been completed. Service agreements and safety certificates were all in date.

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.

Systems and processes to safeguard people from the risk of abuse

- There were policies covering safeguarding adults, which were accessible to all staff. They outlined clearly who to go to for further guidance.
- Staff had received safeguarding training appropriate to their role. They knew how to identify and report concerns.
- People told us they felt safe with staff and family members told us they were confident their relatives was kept safe at the home. One person told us, "I feel safe here, I feel that is it a safe environment. There is the people around and the environment." A family member told us "Yes I do think she [relative] is safe, we haven't had much access. She is doing well in herself, the staff are really nice with her."

### Staffing and recruitment

- Staff were recruited safely.
- Staff files held the appropriate information needed to ensure fit and proper persons were employed.
- All staff had had their criminal conviction checks in place.
- During the inspection there appeared to be an appropriate number of staff on duty.
- Safe staffing levels were maintained through the use of agency staff. The provider used regular agency staff who people and family members were familiar with.

### Using medicines safely

- Medicines were managed safely.
- Medicines administration records (MARs) were signed by staff to confirm when medicines had been given.
- Medicines were stored securely and disposed of safely.
- Safe processes were followed for administering controlled or 'as and when' (PRN) medicines.

### 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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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

- The provider's approach to visiting aligned to government guidance.



# 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 remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

- The systems and processes for monitoring the quality and safety of the service were not always effective.
- There had been a lack of monitoring and oversight of the new electronic care planning system. Records used to monitor the care people received were incomplete. Therefore we could not be assured that people were receiving the care that they needed and the provider did not have adequate scrutiny of the care being provided.
- Audits were completed by the provider and manager, however they had failed to identify and bring about improvements in relation to the monitoring and management of risk.

The provider failed to operate effective systems to ensure the quality and safety of the service which placed people at risk of harm. They also failed to maintain accurate and up to date records. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the area manager shared the steps they had taken to mitigate risk by implementing an additional auditing system.
- The provider had reported notifiable events where required to the CQC.

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

- Staff meetings and supervision took place regularly to share information and learning with the staff team.
- Systems were in place to gather the views of people living at the home and staff.
- Feedback we received from the people and relatives we spoke with indicated that they, for the majority, was happy with the support being provided by the staff and that there was person centered care.

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 area manager and registered manager were aware of their responsibility to be honest with people when things went wrong. They undertook investigations following incidents and accidents and took action to minimise the risk of further occurrences.

- The provider recognised when staff needed to have accountability for their actions and we saw disciplinary processes were in place and followed when appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- We received mixed feedback from people and their family members regarding the management of the home. They described the registered manager as, pleasant and helpful. People considered that he had helped to sort problems out and was supportive. However, other feedback indicated that the manager was in his office and some people were unsure of who the registered manager was.
- Systems were in place to gather the views of people living at the home and staff.
- Referrals to other health and social care professionals were made when it was identified that people needed additional support.

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	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider failed to operate effective systems to ensure the quality and safety of the service which placed people at risk of harm. They also failed to maintain accurate and up to date records. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.