

Care UK Community Partnerships Ltd

Mercia Grange

Inspection report

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Date of inspection visit:
17 October 2023

Date of publication:
11 December 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Mercia Grange is a care home providing personal care and accommodation to up to 67 people. The service provides support to older people and people with dementia. At the time of our inspection there were 56 people using the service.

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

The provider had safeguarding systems and processes to help keep people safe. Staff knew about the risks to people and followed the assessments to ensure they met people's needs. People felt safe and were supported by staff who knew how to protect them from avoidable harm.

People were supported to access healthcare professionals when their needs changed. Staff received training and competencies to ensure they were skilled to meet people's needs. People were offered a choice of food and the environment was warm and welcoming.

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 mainly supported this practice.

Staff sought people's consent before providing care and support. People's individual communication needs were considered to support them to be involved in their care.

Staff had been recruited appropriately and had received relevant training, so they were able to support people with their individual care and support needs.

Different activities were available for people to get involved with. Care plans contained information about people's preferences and staff knew people well.

Complaints were responded to in a timely way and information about the support people wanted to receive at the end of their life was recorded.

Systems in place to assess and monitor the quality and safety of the service required improvement. Audits undertaken in relation to accident and incidents required improvement to ensure the appropriate action had been completed. Audits were completed on care and medicines records however prompt action taken was not always taken where inconsistencies were identified.

Staff spoke positively about working for the provider and felt well supported. Staff were able to approach the management team at any time, feeling confident any concerns would be acted on promptly. They felt valued and happy in their role.

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

Rating at last inspection

The last rating for the service was outstanding (published on 04 April 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service. A decision was made for us to inspect and examine the information we had reviewed. As a result, we undertook a focused inspection to review the key questions of Safe, Effective and Well Led.

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

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.

The overall rating for the service has changed to good. This is based on the findings of this inspection.

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

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our well-led findings below.

Good ●

Is the service well-led?

The service was not always well led.

Details are in our well-led findings below.

Requires Improvement ●

Mercia 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

The inspection was carried out by one inspector, one specialist advisor who was a nurse, and two 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

Mercia Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Mercia Grange 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 inspection

We reviewed information we had received about the service. 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 11 people who used the service and 16 relatives about their experience of the care provided. We spoke with 9 members of staff including the registered manager, regional director, area manager, senior care staff and care workers.

We reviewed a range of records. This included eight people's care records, quality assurance records and multiple medicine records. We looked at three 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, including information about medicine administration, safeguarding records and best interest documentation.

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 we rated this key question Good. At this inspection the rating for this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risk to people had been appropriately managed. There were risk assessments in place to guide staff on how they should support people safely. These included risks associated with the environment.
- Risk management plans contained information to keep people safe. For example, people who had a visual impairment had risk assessments with detailed instructions for staff to follow to keep those people safe.
- People had individual personal evacuation plans (PEEPS) to ensure they were supported safely in the case of an emergency such as a fire.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives explained how staff kept people safe. A person told us, "I feel very happy and safe here, I've got everything I need and more". A relative told us, "[Name of person] has not had any falls there. I have always seen at least two people on the hoist, it is done with great care and not just because I'm there, I have seen others hoisted and it's consistent"
- People were protected from potential abuse by staff who had regular safeguarding training and knew about the different types of abuse. One staff member told us, "There are different types of abuse that can happen in a care home such as physical, verbal, emotional and financial."
- The provider had systems in place to safeguard people from abuse and the registered manager understood their responsibility to follow local safeguarding protocols when required. Staff had a good understanding of what to do to make sure people were protected from avoidable harm or abuse.
- One staff member told us, "If I witnessed or became aware of any kind of abuse, I would report it to the manager. However, if I was unhappy with how it was dealt with, I would contact the safeguarding local authority team and CQC."

Using medicines safely

- People received their medicines safely and as prescribed. People told us they received their medicines when they needed them.
- People's care plans detailed how they preferred to take their medicines including clear protocols for medicines given 'as and when' required.
- The provider had policies and procedures to ensure medicines were stored and managed safely.
- Staff who administered medicines had been specifically trained to do so and the management team completed regular competency checks to ensure procedures were followed.
- Medicine Administration Records (MAR) noted all medicines were administered correctly and medicine count records accurately recorded the total of each medicine in stock.

Staffing and recruitment

- Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks. A DBS check enables a potential employer to assess a staff member's criminal history to ensure they are suitable for employment.
- Our observations during the day, indicated there were enough staff on duty to support people with their care needs. People and their relatives told us there was enough staff to meet people's needs. One relative told us, "The full-time staff are excellent. They use a lot of agency staff, and they are not as good. It is not the managers fault, I think it is just going to take time to find the right staff, it is a hard floor to work on". Another relative told us, "There is a little bit of turnover of staff but it is getting to the point where there is a much more stable staff group. Mum has her favourites. They all know what they are doing." We raised this with the registered manager, they confirmed they try to use agency workers who have previously work for the home. In addition, all agency workers receive a full induction with shadowing opportunities.

Preventing and controlling infection

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

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance. The registered manager confirmed if the home experienced an infection outbreak, relatives could still visit via a telephone booking system and have temperature checks undertaken upon arrival.

Learning lessons when things go wrong

- Accident and incident records were completed and monitored by the registered manager to reduce the likelihood of reoccurrence. Any actions or trends were discussed and shared with staff through staff communications and staff meetings.

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 we rated this key question Outstanding. At this inspection the rating for this key question has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 the provider had sent Deprivation of Liberty Safeguards (DoLS) authorisation requests for people who lacked capacity and for some of these were waiting for applications to be authorised by the local authority.
- Staff had received training in the MCA and had some basic knowledge of the Act. People were asked for their consent before they received any care and treatment. For example, before assisting people with personal care. Staff involved people in decisions about their care and acted in accordance with their wishes.
- We found some people's best interest decision records did not always demonstrate people who were assessed as lacking capacity had their relatives or advocates involved in the decision-making process. The registered manager stated they would improve best interest decision records and arrange meetings with relatives and advocates.

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

- People were assessed before they used the service to ensure their needs and preferences were identified and could be met.
- Assessments of people's diverse needs were discussed prior to using the service. These included religion and sexuality. The registered manager told us, "We have had religious leaders attend the home and we also support people to attend a place of worship."
- Completed assessments were used to formulate a plan of care for each person. This provided staff with the information they needed to meet the person's needs and preferences.

Staff support: induction, training, skills and experience

- Relatives told us they were confident staff had the skills and knowledge to meet people's needs. One relative told us, "There is a little bit of turnover of staff but it is getting to the point where there is a much more stable staff group. Mum has her favourites. They all know what they are doing."
- Staff were positive about the providers training programme. A member of staff said, "I enjoy the training, it gives me all the information I need to do my job well."
- New staff had completed an induction programme which involved training and shadowing more experienced staff members. One relative told us, "They train staff in house; you see them shadowing"

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

- People were supported by staff to have enough to eat and drink to maintain their health and wellbeing.
- People had choices and access to sufficient food and drink throughout the day. Food was well presented, and people we spoke with told us they enjoyed it.
- People's feedback about the food was sought regularly by staff asking people and making observations.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and their relatives told us the service worked very closely with other agencies and health professionals in order to meet people's specific needs. One relative told us, "[Name of person] was not well and staff recognised it, called an ambulance and called us straight away. They always let me know about things" Another relative told us, "They [staff] facilitated us getting a physio so we could get [name of person] to stand".
- Care plans were regularly reviewed to identify any changes in care or support required. Staff were knowledgeable about people's health conditions and needs. Staff told us changes to people's health and well-being were communicated effectively.

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

- The home was adapted to meet the needs of people using the service.
- Each suite had smaller lounge areas which were all decorated and furnished to an extremely high specification. Corridors were wide and well lit. The service was carpeted throughout, and this reduced the clinical aspect of a nursing environment without being detrimental in meeting the clinical and nursing needs of people. There were different areas for people to use for their preferred activities and private space to spend time with their families or visitors, or to have time alone. All areas were maintained and decorated to a high standard, in a way that people had asked for, and considered people's cultural needs for how the space was used.
- The dementia suite had been designed to greatly enhance the quality of life for people living with dementia. For example, people's rooms had what represented a front door, all in individual vibrant colours to support identification. Each room had door memory boxes containing pictures or personal artefacts which the person could identify with. There were smaller private seating areas which were conducive to those living with Dementia.
- People's bedrooms were decorated and furnished to meet their personal tastes and preferences, for example having family photographs and artwork.

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 we rated this key question Outstanding. At this inspection the rating for this key question has changed to 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

- Systems in place to assess and monitor the quality and safety of the service required improvement. For example, we found one relative had raised concerns about a potential risk. The risk was addressed by staff however it was not recorded. Staff we spoke with were aware of the potential risk, however, new staff or agency staff may not be aware of the potential issues and therefore accurate records are important to ensure they are well informed. In addition, accurate records help to identify any trends or patterns and how these can be addressed.
- Audits undertaken in relation to accident and incidents required improvement to ensure the appropriate action had been completed. For example, we reviewed an incident involving two people, staff intervened and ensured both people were safe and protective measures in place. However, the recordings and analyst of the incident were conflicting and not consistent. This resulted in a safeguarding referral not being sent in a timely manner. We raised this with the registered manager who confirmed the improvements would be made and discussions held with staff members to ensure recording of events are completed consistently.
- Audits were completed on care and medicines records, however, prompt action taken was not always taken where inconsistencies were identified. For example, some people's medication administration records were recorded as medication not given or not available when in fact the medication had been administered. The incorrect recording on medicines documentation increases the risk people will not receive their medication or be given more than the prescribed amount.
- People were supported by staff who were motivated to carry out their role.
- Staff received regular supervisions where they had the opportunity to discuss their role and performance.
- Staff were aware how to raise a concern and told us what they would do if the need arose.
- In accordance with their legal responsibilities, the provider had informed us about significant events which occurred at the service within required timescales.

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

- People and their relatives spoke positively about the care they received and of the way the service was run.
- One relative said, "The manager is approachable and I am able to speak to them when I want. I have their direct line number." Another relative told us, "We can get in touch with [the registered manager] whenever we want, if we are worried about anything. It is like one big family, and we are part of that. Everyone is

approachable. Staff all get on with [the registered manager], since the manager arrived staff have brightened up, it is so much better"

- All staff were committed to providing people with a high standard of care which was tailored to their needs and preferences. One relative told us, "It's been really enjoyable. As a family we feel so relieved. [Name of persons] are in one place, they are always clean, and they are happy. It has made me feel content".

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 understood the duty of candour and was open and honest about where the service needed to improve.
- The provider promoted an ethos of openness and transparency which had been adopted by all staff.

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

- The provider issued satisfaction surveys to provide people, relatives and staff members with the opportunity to express their views about the quality of the service provided. We reviewed the results from the last survey and the feedback received was positive.
- People's views were sought daily when receiving support.
- There were regular meetings for staff and their views were encouraged. Staff told us they felt valued, and their views were respected. One staff member told us, "Team meetings are always productive because it gives us opportunity to raise any concerns or ideas for improvement."
- People and their relatives knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this such as regular phone calls with the management. One relative told us, "They do have relative meetings once a month. They are effective, you can see the change, [the registered manager] listens and takes things on board."

Continuous learning and improving care

- The management team spent time working with staff to identify areas that may need improvement.
- The registered manager ensured they always kept up to date with changing guidance. The management team ensured staff were adhering to current guidance and best practice by carrying out spot checks. They also ensured policies had been updated to reflect these changes.
- Staff had completed training and they had access to continued learning so they had the skills to meet people's needs.

Working in partnership with others

- The provider was working in partnership with people's relatives, health professionals, local authority departments and various groups and services within the community to ensure people were supported appropriately.