

Care UK Community Partnerships Ltd

Deewater Grange

Inspection report

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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

Deewater Grange is a care home providing accommodation, personal and nursing care for up to 58 older people in one adapted building. The service supports younger and older adults living with physical disabilities and dementia. The service has separate wings supporting residential dementia care, nursing dementia care and general nursing. All of people's rooms have en-suite facilities. Communal bathing and toilet facilities are also located throughout the care home. At the time of our inspection, there were 51 people using the service.

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

Recruitment procedures were robust and demonstrated staff were safely recruited. Staff completed an induction and undertook shadow shifts to support their understanding of the role and the people they supported.

People were protected from the risk of abuse. Safeguarding policies and procedures were in place. Staff had received training and understood how to keep people safe. They knew who to report to if they had any concerns.

People's needs had been assessed prior to living at the service. Individual risk assessments were in place to highlight areas of risk and give clear guidance to staff about how to minimise any risks identified. People living with dementia that may use behaviour to express a feeling had clear support plans and risk assessments in place where needed.

The management and administration of medicines was robust with clear procedures in place. The management of people's 'as required' medicines was safe with clear and consistent records were in place. Medicines were managed by trained and competent staff.

The staff and management team had developed positive relationships with people and their relatives. They had an excellent understanding of how to meet people's individual needs and fully understood their routines and preferences.

Safety checks of the premises and equipment had been undertaken. All areas of the service were clean and well maintained. People had personal emergency evacuation plans (PEEPs) in place.

There were effective systems in place to monitor the quality of the care provided. The management team identified and promptly addressed any areas identified for development and improvement.

The staff and management team worked closely with health and social care professionals to ensure the best outcomes for people.

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.

Rating at last inspection

The last rating for this service was good [Published 10 September 2022].

Why we inspected

We received concerns in relation to staff skills, the management of behaviours that may challenge and the providers assessment process. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern.

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

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.

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.

Deewater 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 a Specialist Advisor Nurse 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

Deewater 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. Deewater 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 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 the Care Quality Commission 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 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 (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 7 people who used the service and 8 people's relatives to gain their feedback about the service. We spoke with 14 staff including, registered manager, deputy manager, area manager, 3 nurses, activity co-ordinator, 3 team leaders, support workers and auxiliary staff. We reviewed a range of records. This included 6 people's care records and samples of medicine records and daily and associated records of their care including care plans and risk assessments. We looked at 4 staff records and a variety of records relating to the management of the service, including audits and procedures. 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.

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

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us the service was a safe place to live. One person commented, "I am much safer here than when I was living on my own." A relative said, "I have great peace of mind knowing my Mum is safe and well cared for."
- Staff had all received safeguarding training and received regular updates. Staff knew how to safeguard people from abuse and were confident to raise any concerns they had.
- The provider had a safeguarding and a whistle-blowing policy in place to ensure staff could report any concerns in a confidential manner.
- The registered manager sent us statutory notifications to inform us of any events that placed people at risk of harm.

Assessing risk, safety monitoring and management

- Relatives told us the service minimised risk wherever possible to keep their loved ones safe. One relative told us, "(Name) is safe. When she went into the home, she was unsteady on her feet, so Deewater Grange have put pressure pads underneath the cushion on her armchair, so they know when she tries to stand up on her own. It helps them get to her before she has a fall. They also help her to walk carefully with her Zimmer frame." Another relative commented, "(Name) has dementia and increasingly, she was unsafe living in her own home. She is mobile, although walks with a stick, but sometimes she is unsteady, so staff help to keep her safe when she is walking, and they always help her to shower or bathe."
- People's needs were fully assessed before moving into the service. Risks to people had been identified, mitigated and were kept under regular review. This included information on steps to be taken to minimise risk. For example, some people were regularly repositioned to protect their skin integrity.
- People living with dementia that may use behaviour to express a feeling had clear support plans in place where needed. These set out the support people required to manage behaviour that may challenge staff and other people. The plans included clear information and guidance about signs for staff to look out for and actions needed to support people effectively and keep them safe.
- The service was well maintained and very clean throughout. The provider had effective systems in place to monitor the safety of the environment and equipment used in the home.
- Personal emergency evacuation plans (PEEPs) were in place and a business continuity plan was available to ensure an appropriate response was followed in the event of a fire or major incident.

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.
- The staff and management team had a good understanding of their responsibilities which ensured people were supported in line with the MCA. When people were not able to make a decision about their care and support, meetings were held with the relevant people, such as relatives and health care professionals, to make sure decisions were made in the person's best interest.
- Staff had undertaken training on the MCA and understood the principles of this and how to apply it to their day-to-day work.

Staffing and recruitment

- The provider had robust systems in place to ensure staff were recruited safely. Staff records included all required information, to evidence their suitability to work with people at the service. This included DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Where necessary, evidence of up-to date registration with the nursing and midwifery Council (NMC) was available.
- Relatives told us that they thought staffing levels were not an issue at the present time. They told us staffing had previously been problematic. They also said they were pleased with most of the agency staff used, as they were regulars who knew the people they cared for.
- Staff had completed an induction and undertook shadow shifts before they commenced lone working. Comments from staff included, "I had the opportunity to learn about people's needs before I worked with them." Also, "Staffing levels are improving as we have had some new staff join us."
- There were enough staff to support people's assessed needs. Staffing levels were calculated to ensure people's individual needs were met. Some people received one-to-one hours of support to ensure their safety and the safety of others.

Using medicines safely

- People told us staff managed their medicines. Their comments included, "The nurses make sure I get my medicines on time, it's all good." Also, "The nurses and staff make sure they put the creams I need on regularly and this has really improved my skin."
- People had detailed medicines care plans in place that included an up-to-date photograph of the person and details of any allergies. Instructions and guidance for 'as required' (PRN) medicines were in place.
- People were supported by competent staff who were trained and followed systems and processes to receive, administer and record medicines safely.
- Regular audits were conducted by designated staff and the registered manager to ensure there was good oversight. This ensured any errors were identified quickly and acted upon.
- There were systems and procedures in place for the safe management of medicines. The staff had access to medicines policies and good practice guidance.

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

There were no restrictions for visiting at the service. Relatives comments included, "I can visit as and when I want" and "They are very accommodating in relation to visiting."

Learning lessons when things go wrong

- There were effective systems in place for the recording of accidents and incidents at the service.
- Accidents and incidents were regularly reviewed by the registered manager to identify any trends or patterns within the service. Analysis was undertaken to minimise future risks and occurrences.

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 good. At this inspection the rating for this key question has remained 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

- The staff and management team had developed positive relationships with the people they supported and their relatives. Relative's comments included, "Staff know and understand my Mum really well, this means such a lot to me." Another said, "The manager is approachable and is interested in my well-being also."
- The staff and management team were committed to delivering care and support to meet people's individual needs and preferences to maximise their quality of life. The management team were visible in the service, approachable, and took a genuine interest in what people, staff, relatives and other health and social care professionals had to say.
- Relatives told us the communication from the service was very good. Their comments included, "Communication is always very good; if there is a change in (Name's) health or something has happened, they are very good at telling me straight away" and "Communication is good, they have an App that I can look at to see what (Name) has been doing in the activities, but it also indicates her wellbeing. There's also a Facebook page for us to see what's been going on in the home."

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 their responsibilities relating to duty of candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.
- Policies and procedures to promote safe, effective care to people were available at the home. These were regularly reviewed and updated to ensure staff had access to best practice guidance and up-to-date information for their role.
- The provider supported the registered manager to work with the right levels of staffing, resources and funding to provide learning opportunities to promote continuous improvement.

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

- Each member of the staff was clear about their role and responsibilities. They took pride in being part of the team at Deewater Grange. Comments from staff included, "I work with some really skilled staff and the teamwork is really good", "The mix of staff is just right" and "There is always someone available to support

or offer guidance."

- The registered manager was clear about their role and their regulatory requirements.
- The registered manager and management team carried out a range of checks and audits to monitor and improve the quality of the care and support people received. Action was taken to improve practice when audits identified areas for development and improvement.

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

- There were processes in place to obtain the views and opinions of people, relatives and staff about the home and the provider. This information was used for future development and improvement.
- People's relatives told us the registered manager and their deputy were approachable and made themselves available, if they needed to discuss any concern or query anything relating to the service.
- People's individual needs and abilities were respected. Their independence and ability to live full lives was enabled by the registered manager and staff team. The atmosphere at the home was warm and welcoming.

Continuous learning and improving care

- Clinical governance procedures were followed through multi-disciplinary meetings held regularly to ensure lessons were consistently learnt. Actions were promptly taken to mitigate or minimise future risks to people supported.
- Staff were positively encouraged to gain new skills and increase their knowledge. Staff participated in regular supervision.
- People and relatives told us they would feel confident to raise any concerns they had. One person told us, "If I am worried about anything I can talk to the manager or nurses. They will always sort anything out that I need." Relatives said, "I feel confident to raise concerns and I believe the management team would address them promptly" and "I've had to raise 2 issues with the Manager and on both occasions, it was dealt with quickly and to my satisfaction."

Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people's care.
- We received positive feedback from a healthcare professional that work with the staff and management team. Their comments included, "We have a very positive working relationship with them" and "Staff are responsive when we ask them to complete tasks."
- The provider encouraged engagement within the local community which included local schools and churches of different faiths.