

# Ideal Carehomes Limited

# Elworth Grange

## Inspection report

James Brindley Drive  
Sandbach  
CW11 3PY

Tel: 01270439950

Website: [www.idealcarehomes.co.uk](http://www.idealcarehomes.co.uk)

Date of inspection visit:

19 June 2023

26 June 2023

31 July 2023

Date of publication:

06 September 2023

## 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

Elworth Grange is a residential care home supporting up to 66 people with a variety of needs, including dementia. Accommodation is purpose built and is provided across three floors, consisting of individual bedrooms with en-suite facilities and access to a range of communal areas. At the time of our inspection there were 50 people using the service.

### Peoples experience of using the service had what we found

People were happy with the care they received. One person's account of their experiences raised an issue wheret they felt some staff did not always take their specific communication needs and style into account. This combined with training for staff in effective communication is raised as a recommendation in this report.

People felt safe and happy with the approach of the staff team. The service had sent key information to the local authority relating to care concerns each month. A safeguarding referral had been made following information received and this is currently under consideration by safeguarding teams.

Risk assessments were in place relating to the hazards faced by people in their daily lives and had been taken into account. These assessments extended to checks of equipment safety and other equipment used by people.

Staffing levels met the needs of people with observations made of staff responding to people promptly. People we spoke with confirmed there were enough staff. The staffing compliment had relied on agency staff, but new staff had been recruited appropriately.

The environment remained clean and hygienic throughout.

The manager of the service had been appointed prior to the inspection. While information on the deregistration of the previous manager had been received, the provider had not informed us of management arrangements. This was done retrospectively.

Robust quality assurance systems were in place and people living at Elworth, their relatives and staff had the chance to express their views.

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. While arrangements for ensuring people had deprivation of liberty safeguards in place to protect them; one person's DoLS had expired and had lapsed for a short time. We have raised this as a recommendation in this report for the provider to improve oversight of DoLS applications. 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 (published 13 January 2022) a breach in governance of the service was identified. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

This inspection was prompted by a review of the information we held about this service. 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 Requires Improvement to Good based on the findings of this inspection. You can read the report from our last inspection, by selecting the 'all reports' link for Elworth Grange on our website at [www.cqc.org.uk](http://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?

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.

# Elworth 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 1 Inspector.

#### Service and service type

Elworth 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. Elworth 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.

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 not a registered manager in post. A new manager had been in post for 3 months and had applied to register. We are currently assessing this application.

#### Notice of inspection

This inspection was unannounced.

### What we did before 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 5 people who used the service about their experience of the care provided as well as 5 relatives. We spoke with 10 members of staff including the locality manager, registered manager, deputy manager, senior care workers, care workers and ancillary staff. We reviewed a range of records. This included 6 people's care records, risk assessments and medication records. We looked at 4 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.

# 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 changed to good. This meant people were safe and protected from avoidable harm.

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 always in place to deprive a person of their liberty.
- We received information during the inspection that there had been a gap in the expiry of a deprivation of liberty order and an application for renewal.
- The manager took immediate action to rectify this and the person now has a liberty of safeguarding order in place.

We recommend systems are put into place to ensure deprivation of liberty orders are reviewed appropriately.

- Staff received training in MCA awareness.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Elworth Grange.
- During the inspection process, we were made aware of a safeguarding concern. This was referred to the local authority safeguarding team and is currently under consideration.
- Systems were in place for the identification and reporting of incidents to protect people from avoidable harm.
- The service reported care concerns to the local authority regularly, even if they did not meet the criteria for a full investigation.

Using medicines safely

- Improvements in the management of medicines had been made.
- The previous inspection had identified contradictions in the written information for the administration for medicines. We raised a recommendation in respect of auditing and management of medicines. This has

been met.

- Medicines were appropriately recorded after administration and all medicines were stored safely.
- Protocols for the administration of 'as and when required' medicines were in place to ensure consistency in administration.
- People told us they always received their medicines when needed.
- Staff responsible for the administration of medicines had their competency assessed regularly.

Assessing risk, safety monitoring and management

- Risks to people in their daily lives were safely managed.
- People at risk of malnutrition or dehydration, for example, had their weights and nutritional intake monitored closely. Where people continued to be at risk, other agencies were contacted to provide advice and referrals were made.
- All risk assessments were up to date and were reviewed regularly.
- People had individual plans to ensure they could be safely evacuated in the event of an emergency. These were updated and reviewed.
- The service routinely tested fire detection and prevention systems. All equipment used by people was safe and tested regularly.

Staffing and recruitment

- Staffing levels met the needs of people.
- Staff were available at all times to respond to people's needs.
- People told us "There is always someone to help me" and, "They [staff] are very caring".
- Staff rotas demonstrated that staff levels were maintained including a mix of skills and responsibilities.
- Recruitment systems were robust.

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

- People living at Elworth Grange were able to receive visitors.

Learning lessons when things go wrong

- Accidents and incidents were recorded appropriately.
- Analysis of all events took place with a view to establish patterns and to prevent future re-occurrence.



# 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.

At our last inspection the provider had failed to evidence systems of effective governance, including medication, fire safety and staff recruitment. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since our last inspection, there had been changes in management arrangements within the service. The previous registered manager had left, and another person had been identified to become the new manager. This manager then left the service, with another person coming in to manage the service and apply to be registered.
- While the registered manager had informed CQC of their intention to de-register, the registered provider had not initially informed us of changes in management within the service. We received a notification for this retrospectively.
- The service notified the CQC of other key events.
- The manager demonstrated good knowledge of the needs of people living at the service.

Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- One person we spoke with was concerned their communication style was not always taken into account by some staff members.
- We also found training in communication with people had only been completed by 78% of the staff team.

We recommend that training in communication and person-centred care is extended to all relevant staff.

- Care plans and observed staff interactions with people demonstrated the service was person-centred.
- People told us their individual preferences were met by the staff team, who they considered to be "Caring" and, "Kind."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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 provider had systems in place for effective engagement with people, their families, and staff.
- Supervisions and appraisals of staff were in place, yet records suggested some had not received any recorded supervision for some time. We raised this with the service and were advised these individuals were no longer employed.
- Regular meetings were held with the staff team.
- The service held regular residents' meetings where their views about the home could be expressed and acted upon.
- Relatives had the opportunity to respond to surveys as well as post comments on a website. These comments had all been positive.

#### Working in partnership with others

- The service continued to work with health professional and other agencies.
- We observed the manager providing support to relatives in respect of their relations wellbeing.