

# Annual Inspection Report 2022-2023

## Elder Grange Nursing Home

Adult Care Home

22 & 23 February 2023



Isle of Man  
Government  
Kyllys Eilan Vannin

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**DHSC**

We carried out this announced inspection on 22 & 23 February 2023. The inspection was led by an inspector from the Registration and Inspection team.

### **Service and service type**

Elder Grange Nursing Home is a care home based in Douglas. People in care homes receive support and accommodation as a single package under a contractual agreement. At the time of the inspection there were seventy-four people using the service.

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

To get to the heart of people's experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well led?

These questions form the framework for the areas we look at during the inspection.

### **Our key findings**

People said they felt safe living at Elder Grange Nursing Home, with systems in place to protect them from abuse or harm. Risk management policies and procedures were in place to protect people from harm. Staff received effective training in keeping people safe and free from harm.

People had their assessed needs, preferences and choices met by staff with the right qualifications, skills and experience. People were supported to have a balanced diet that promoted healthy eating and the correct nutrition. Staff worked together to ensure people received consistent, person-centred care and support.

People were treated with kindness and respect in their day-to-day care and support. Staff show concern for people's wellbeing in a caring and meaningful way. People were encouraged to remain as independent as possible, as they want to be.

People were supported to follow their interests and take part in activities that were socially relevant and appropriate to them. Concerns and complaints were used as an opportunity to learn and guide continuous improvements.

The manager makes sure that staff are valued, supported and respected. The home has strong links with the community. People's views and opinions are gathered and acted upon to shape and improve the services.

At this inspection, we found improvements had been made in response to the previous inspection.

**About the service**

Elder Grange Nursing Home is registered as an adult care home.

**Registered manager status**

The service has a registered manager. 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.

**Notice of Inspection**

This announced inspection was part of our annual inspection programme, which took place between April 2022 and March 2023.

Inspection activity started on 14 February 2023. We visited the service on 22 & 23 February 2023.

**What we did before the inspection**

We reviewed information we received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information containing key information about their service, what they do well and improvements they plan to make. We reviewed health and safety information provided by the manager. We used all this information to plan our inspection. The pharmacy advisor also carried out an audit of medication management within the home on the 14 February 2023.

**During the inspection**

We spoke to six people who used the service about their experience of the care provided. We also observed interactions between staff and people living at Elder Grange Nursing Home.

We spoke with seven members of staff, plus the registered manager and the chef. We also spoke to three relatives of residents whilst they visited them at the home.

We reviewed a range of records, including people's care records, staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures.

**C1**    **Is the service safe?**

**Our findings:**

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. The service requires five improvements in this area.

We found this service was safe in accordance with the inspection framework.

**Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong**

Systems were in place to safeguard people from abuse and harm. All staff had received training in adult safeguarding and refresher training every three years, thereafter. The home employed a trainer, who directed all in-house training and maintained all training records.

The provider had policies and procedures regarding whistleblowing and safeguarding, which had both been reviewed in February 2022.

The manager had systems in place to monitor all accidents, incidents and safeguarding concerns. The service had notified the relevant authorities of all notifiable events within the specified timeframes.

Staff knew the signs of potential abuse and the actions they must take if they suspected someone was being subjected to harm or abuse.

**Assessing risk, safety monitoring and management**

A range of safety checks had been completed throughout the building. These checks included an inspection of the electrical safety, portable appliance testing (PAT) and fire safety measures. Records showed that a number of emergency lights required replacing.

An external advisor had completed a comprehensive fire risk assessment of the home. External specialists had carried out an annual examination and service of the passenger lifts within the building. An external agency had also tested the water system for Legionella bacteria and staff completed water temperature checks on a regular basis.

Elder Grange Nursing Home had a number of environmental risk assessments, which were reviewed regularly and there was appropriate security checks conducted at night to ensure the building was safe.

Qualified engineers serviced the lifting/hoisting equipment, in line with the manufacturers' guidance, and the home completed regular checks.

Care records were stored electronically. Staff required a user name and password to gain access to peoples' care records. The pre-admission assessments were paper records. These were kept in a locked cupboard in each of the nurses stations.

The Personal Emergency Evacuation Procedures (PEEP's) for each resident was completed and a copy held at the nearest nursing station to the resident, to ensure that staff had sufficient information to mobilise people safely, in the event of an emergency.

The care plans and risk assessments were inconsistent. Information within the care plans, identifying behaviours that could harm the person, or others, was missing from the associated risk assessments, informing staff on how to work with the person to keep them safe.

Some care plans did not have a heading or title, identifying what the care plan was relating too. This, potentially, could have made it difficult for staff to deliver the appropriate level of care to meet the person's individual needs. We recommend that all care plans have headings, to ensure that staff are able to deliver person-centered care.

### **Staffing and recruitment**

The provider had recruited staff safely. The provider had completed appropriate checks prior to any staff member commencing employment; however, one new member of staff had started employment prior to receiving a current Disclosure and Barring Service (DBS) check. There was no evidence that a risk assessment was in place to ensure the safety of the residents until the appropriate DBS checks had been complete.

At the time of our inspection, there were enough staff to meet people's needs; however, the majority of staff told us that, at times, more staff were required, especially when a person needed the support of two staff.

The majority of people we spoke to told us they felt there were enough staff available to meet their needs. One person told us, "Sometimes I question it. Staff are pushed, at times." One family member of a resident said, "There appears to be enough staff. They always respond quickly if the alarm bell is used."

### **Using medicines safely**

The pharmacy advisor carried out an audit of medication management within the home. Their report identified a number of areas for improvement and recommendations regarding the storage of medicines; the recording and administration of medication; homely remedies; and the safe and effective use of oxygen.

Pre-admission assessments, completed by the manager prior to a person moving into the home, had identified their health needs and their medication regime. Information from the assessments was used to develop a medication care plan, informing the staff of their responsibilities in supporting the service user with their medication, as necessary.

People were risk assessed for self-administering their own medication. Those administering their own medication had their capability re-assessed on a monthly basis, to ensure the continued health and safety of the person.

Only the registered nurses and senior care practitioners were responsible for the administration of medication; however, there was insufficient evidence to support that one of the senior health care practitioners had received the level of training required to administer medication safely.

Nursing staff had their competency in administering medication assessed every two years and senior health care practitioners had their competency assessed on an annual basis.

Feedback from people determined that they had received their medication on time and there were no mistakes or omissions.

## **Preventing and controlling infection**

The provider had an infection, prevention and control policy and procedure, reviewed in February 2022. The manager also completed a number of monthly audits, to ensure the cleanliness of the home, including people's rooms, the communal showers and bathrooms, the laundry and kitchen.

All staff had received training in infection control. We observed staff using Personal Protective Equipment (PPE) appropriate to the tasks they were performing. There was PPE available throughout the home for staff to use.

The home was clean and tidy and we observed the housekeeping staff undertaking their duties, following a cleaning schedule, which identifying the cleaning tasks and timeframes for each area of the building. There was a schedule for the regular cleaning of people's mattresses and curtains.

Staff recorded the temperatures of the fridges and freezers in each of the kitchens, on a daily basis. Staff also recorded temperatures for the 'hot-holding' of foods, prior to serving the meals; however, on Churchill wing, there were some dates missing from the records. We recommend that staff completed this task at every mealtime.

## **Learning lessons when things go wrong**

The manager had completed monthly reviews of accidents, incidents and safeguarding concerns. There was evidence that the manager had reflected on information from these incidents, to establish areas of learning and to prevent or reduce the possibility of re-occurrence.

The manager had responded to external safety alerts from the Care Home Assessment and Rapid Response Team (CHARRT) and the Infection Control Team regarding COVID and the prevention of an outbreak of infectious diseases.

## **Action we require the provider to take**

Key areas for improvement

- Action is required to ensure that all emergency lighting is in working order.
- Action is required to ensure that risk assessments include sufficient information from the care plans to inform staff on how to work with people to keep them safe.
- Action is needed to ensure that new members of staff do not start their employment before the provider receives confirmation of a current DBS check, or the provider has a comprehensive risk assessment in place, ensuring the safety of the residents.
- Action is necessary to ensure that the four recommendations, identified in the most recent Medication report, are addressed as follows:
  - The temperature of the medication room is logged daily and the temperature is kept below 25°C.
  - Unwanted medication, previously prescribed for individuals, is not be used for homely remedy supplies.
  - All medication is retained in its original container with relevant instructions on the labels and information sheets within the containers.
  - All oxygen cylinders are securely chained to walls to prevent accidents. Stock levels of cylinders are kept to a minimum.
- Action is necessary to ensure that staff administering medication have attained the appropriate level of training and evidence of this is available for inspection.

### C2 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. The service requires three improvements in this area.

We found this service to be effective in accordance with the inspection framework.

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

The home had completed pre-admission assessments of people’s needs prior to them moving into the home. Information from the assessments then formed the basis of the care plans. The home had completed risk assessments, identifying concerns with the person’s health and wellbeing. Information from the risk assessments was then included in the care plans, to remove or reduce the potential risk of harm.

The pre-admission assessments were thorough and comprehensive and, where applicable, included information from a social worker and/or a discharge summary from the Hospital.

Information on continuity of care from other health professionals and any additional information necessary for the continued care of the resident was also present within the resident’s files.

There was evidence within the pre-admission assessments that people, and their family members, were involved with their admission. Entries within the person’s records indicated that the resident, and/or their family had been involved with the development and reviewing of their care plans and risk assessments.

#### **Staff support; induction, training, skills and experience**

Staff supervisions and annual appraisals were up-to-date. Each member of staff had received a minimum of four supervisions per annum. For staff administering medication, supervisions consisted of an annual competency assessment for administering medication, a ‘Standards of Care Assessment’, one clinical supervision and an annual appraisal. For staff not administering medication to people, they received two clinical supervisions, as well as a ‘Standards of Care Assessment’ and an annual appraisal.

Induction records were complete and signed off by the in-house trainer. Feedback from staff indicated that they thought the 3-day induction was thorough and the training was good.

Staff training records showed that all of the staff have received training in a number of subjects, including infection control, safeguarding adults, challenging behaviour, first aid, and moving and handling. The moving and handling policy had instructed staff not to provide people with support in moving and handling until they had received the appropriate training.

Other courses were available to staff, specifically to meet the individual needs of the residents; however, not all staff working with people with dementia had received dementia awareness training. Staff told us they believed that more in-depth dementia training was required.

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

People had their nutritional needs assessed. Care plans and a nutritional risk assessment informed the staff of the level of support the person needed and if monitoring their nutritional intake was necessary. Guidelines, for supporting one resident with their eating and drinking, was posted on the wall of their room to remind staff.

Weekly menus was available, which showed alternatives to the main menu, offering residents a choice of meals. The menus did not show the date. We recommend that the menus show the date, for the benefit of the people living at the home. The kitchen staff also confirmed that they often cater to personal requests, on a daily basis.

The kitchen staff had a list of people's allergies and specific dietary requirements. The chef informed us that they knew all of the resident's food likes and preferences and regularly spoke to them for feedback and further suggestions to consider.

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

The pre-admission assessments had identified people's health needs and their care plans provided guidance for staff in meeting those needs.

If a resident was discharge from Hospital, the home sometimes received information, which included a social worker report and a review of their health. Information regarding other professionals involved in their continued care, following admission to the home, was included.

Care plans and daily notes showed that the home had contacted other medical and health care professionals with any concerns regarding the residents. Staff also supported visits from health professionals to the home and followed any prescribed treatment plan, as necessary.

### **People's needs met by the adaptation, design and decoration of the premises**

The design and adaptations to the building met people's needs. During the inspection, resident's rooms were seen. People were able to personalise their rooms with photographs and personal items; however, one of the bedrooms had ripped wallpaper. Rooms were big enough to allow for the use of hoists or other lifting equipment, to support the individual needs of the residents.

There was storage of equipment and the storage of a domestic trolley in the shower rooms on Churchill wing and Victoria wing. We were informed that these items were removed when a person wanted to use the facilities. At the time of the inspection, the provider was having a new building erected, specifically for the use of storing equipment. We acknowledge that the home has a lack of storage space and recommend that the shower rooms are permanently cleared of any stored equipment as soon as practically possible.

There was a board for the benefit of the residents, which showed the day and date, the current weather forecast and a clock with the time; however, at the time of the inspection, the board displayed the wrong day, date and weather forecast. We recommend that staff update the information on the board daily.

The provider had installed closed circuit television cameras (CCTV) on Albert wing to capture images. A notice had informed people that the images were for the detection and prevention of crime. The manager explained that it was for the safety of the people living on Albert wing. The provider had a 'CCTV policy', which had been reviewed in February 2022. There was a log kept for identifying when staff had accessed the images and by whom. The provider did not



have a Data Protection Impact Assessment (DPIA) and had not consulted with the Isle of Man Data Commissioner or registered the use of CCTV with them.

### **Ensuring consent to care and treat in line with law and guidance**

If the new resident could not make informed decisions, due to a cognitive impairment, then the home completed a capacity assessment. The manager, in conjunction with the family members and others most significant to the person, made decisions in the person's best interests.

### **Action we require the provider to take**

Key areas for improvement

- Action is needed to ensure that staff receive appropriate training to meet the individual needs of the residents.
- Action is necessary to ensure that damaged/ripped wallpaper is replaced.
- Action is required to ensure that the use of CCTV in Albert wing fully conforms to current Isle of Man Data Protection Legislation.

## Inspection Findings

### C3 Is the service caring?

#### **Our findings**

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. The service does not require any improvements in this area.

We found this service to be to be caring in accordance with the inspection framework.

#### **Ensuring people are well treated and supported; respecting equality and diversity**

We observed warm and friendly interactions between people. Staff were attentive and spoke to people in a respectful manner. Staff knew people and their individual needs well and clearly explained to us how they supported people with dignity and respect.

People spoke positively about the care they received. One person told us, "The staff here are absolutely wonderful." Another said, "We're well looked after and get the best care."

A family member of a resident said, "I think [my relative] is well cared for. It can't be easy for them but [my relative] always seems to be happy and settled."

One member of staff told us, "I think we provide very good care. We also give support to the relatives when they come in."

The initial assessments had identified a person's religious and cultural needs and the manager had developed appropriate care plans to support the planning of social events and activities, as necessary. Church representatives attended the home for services during the month.

#### **Supporting people to express their views and be involved in making decisions about their care**

People and their relatives were involved in decisions about their care. Following the completion of the pre-admission assessments, records demonstrated that there was consultation with the person, and their family, in developing the person's care plans.

The care plans we inspected showed that people were receiving regular reviews of their care and support; however, we received mixed feedback from people living at the home. A number of residents said they were not sure if they had attended a review meeting. One resident said, "Yes, I have been involved with all of my meetings."

The home conducts two residents' meetings per year, to share information and offer people an opportunity to share ideas of improving services within the home. One of the kitchen staff told us they attended the residents' meetings to discuss the meals and menus.

#### **Respecting and promoting people's privacy, dignity and independence**

Care plans were written in a respectful manner and identified the tasks people could do independently. People told us that remaining independent was very much encouraged and promoted by the staff team.

Staff members told us that they supported people to remain as independent as possible.

People's privacy and dignity was also respected. People confirmed that staff always knocked on the door before entering their room, were polite, called them by their first name, and always sought consent before offering any personal care. Staff members told they would close the door and curtains to the room before carrying out any personal care.

The home informed people of their right to confidentiality in the welcome pack and within their contract of terms and conditions.

Notices were at each nurse's station, reminding staff of the importance of confidentiality. Confidentiality was also included in the staff induction programme and each member of staff had received training, which included confidentiality.

Care records were stored electronically. Only staff had access to the records, which required a user name and password. Some paper records were stored in a lockable cabinet at each of the nurse's stations.

## Inspection Findings

### C4 Is the service responsive?

#### **Our findings:**

Responsive – this means we looked for evidence that the service met people’s needs. The service requires one improvement in this area.

We found this service to be responsive in accordance with the inspection framework.

#### **Planning personalised care to ensure people have choice and control to meet their needs and preferences**

People received personalized support that met their requirements. Care plans identified people’s needs and provided guidance for staff on how to meet those needs.

People’s records included significant information about the person. People confirmed they received support in a way they preferred. Comments from people included, “I’m really happy with the support I’m getting. I feel that the staff are very caring.”

The initial assessments identified people’s preferences in the food they liked, their preferred daily routines, activities and pastimes.

The home had a social therapist, responsible for arranging daily activities focused on people’s interests. The social therapist met with each person to identify his or her personal interests, then developed a weekly activity programme. Activities included input from the community, such as pet therapy. The home also had a dedicated social therapist based in Albert wing, to offer meaningful activities to the residents with dementia.

#### **Meeting people’s communication needs**

The pre-admission assessments had identified the person’s communication needs and choices, which led to the manager developing person-centered care plans in communication, ensuring that people get information in a way they can understand.

The manager confirmed that information about Elder Grange Nursing Home was available in different formats, such as brochures in large print and information in braille, upon request.

#### **Improving care quality in response to complaints and concerns**

The provider had a complaints policy and a copy of the complaints procedure was on display in the foyer, within the home. The provider had received three complaints since the last inspection, which had been resolving with full satisfaction. The manager and staff dealt with most concerns informally, directly between people, their families and the support staff.

The home’s statement of purpose and the residents’ welcome pack also contained information on how to make a complaint, ensuring people had the relevant information to hand and knew what to expect from the complaints process.

#### **End of life care and support**

For some people, their personal wishes towards death, dying and end of life care had been determined when completing their pre-admission assessments; however, the manager had been inconsistent in establishing this information for all people. ‘Do Not Attempt Cardio Pulmonary Resuscitation’ (DNACPR) forms were in place for people choosing not to be

resuscitated and a copy of the DNACPR form was stored at the nurse's station, for staff to pass on to the paramedics in the event of a medical emergency.

Staff members had received specific 'end of life' training from palliative/Hospice nurses, ensuring staff had the skills to care for the dying and provide support to their family.

### **Action we require the provider to take**

Key areas for improvement

- Action is needed to ensure that every effort is made to ascertain people's wishes as they approach the end of their life and, where these are ascertained, they are recorded in their plan.

### C5 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. The service does not require any improvements in this area.

We found this service to be well led, in accordance with the inspection framework.

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

People living at Elder Grange Nursing Home told us they were happy and received person-centred care.

Most family members also spoke positively about the home. One told us, "I think [my relative] is in the right place. I would recommend Elder Grange Nursing Home to others."

Staff felt well supported and able to speak with the manager whenever they needed to and believed the manager would take their concerns seriously. The manager asked new members of staff to complete a feedback form after their first six weeks employment. The home also had a suggestion box for staff and residents to use.

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

The manager was qualified to run the service. The manager was a qualified nurse and had completed the Qualification and Credit Framework (QCF) level 5 in Leadership for Health and Social Care. The manager also had a job description identifying their role and responsibilities. Qualified nurses were in charge of the home in the manager's absence.

The provider had in place a system for monitoring and reviewing the quality of care provided by seeking feedback from residents and their families and staff members, twice-yearly.

The provider had submitted notifications of significant events to the Registration and Inspection team, in line with regulatory requirements.

Appropriate insurance cover was in place.

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

The manager provided new residents, and their family, with information about the service at the time of the person moved into the home. This information was in the residents' welcome pack and the statement of purpose. Most family members told us they felt listened to and the management team responded to any concerns.

The provider sought the views of staff, residents and family members through bi-annual questionnaires and regular meetings. Staff confirmed they had team meetings and felt they could raise issues. Records were maintained of feedback received and actions taken in response to any raised concerns.

Staff supervisions and annual appraisals were up-to-date. The manager demonstrated an understanding of their responsibilities under duty of candour.

**How does the service continuously learn, improve, innovate and ensure sustainability**

Staff received on-going refresher training in all mandatory subjects, including safeguarding adults, medication administration, health and safety, first aid and moving and handling.

Nurses had their medication competency assessed every two years; senior care practitioners had their medication administration competency assessed annually.

Staff members told us they received regular training, one member of staff said, "There is definitely lots of training and it's all face-to-face." Another said, "More palliative care training is being provided, which is good."

The manager had systems in place to monitor accidents, incidents and safeguarding concerns. Information from these incidents was used to support learning and improving the services.

**Working in partnership with others**

Information contained within people's care plans demonstrated the staff at Elder Grange Nursing Home worked in partnership with other agencies.