

Inspection Report 2023-2024

Elder Grange Nursing Home

Adult Care Home

22 November 2023 &

23 November 2023

**Under the Regulation of Care Act 2013 and
Regulation of Care (Care Services) Regulations 2013**



DHSC

We carried out this inspection under Part 4 of the Regulation of Care Act 2013 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements, regulations and standards associated with the Act. We looked at the overall quality of the service.

We carried out this unannounced inspection on 22 November 2023 and 23 November 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-seven 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

We identified areas for improvement in relation to staff attending fire drills and the manager receiving regular supervision.

Systems were in place to protect people from abuse or harm. The home assessed all risks and guidelines were in place to manage those risks. The premises were very clean, with policies and procedures in place to protect people from infections.

People's needs were assessed. Staff worked with other medical professionals to ensure that people received person-centred care in a timely and coordinated way.

People were treated with kindness, respect and compassion. Staff protected people's privacy and dignity. People were supported to be as independent as they want to be.

Care plans reflected on people's physical, mental, emotional and social needs. People were encouraged to maintain relationships with people that matter to them.

The manager understood their role and responsibilities to deliver what is required. Staff spoke positively about the manager and felt supported and valued.

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

About the service

Elder Grange Nursing Home is an adult care home able to accommodate up to eighty-two residents. Eighty-one bedrooms had en suite facilities; the home had one single bedroom. All residents had shared access to dining rooms, lounges and conservatories. The home has a wing dedicated to providing care and support for up to twenty older people living with dementia.

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 inspection was part of our annual inspection programme, which took place between April 2023 and March 2024.

Inspection activity started on 20 November 2023. We visited the service on 22 November and 23 November 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 contained information about their service, what they do well, and improvements they plan to make. We reviewed notifications, complaints, compliments and any safeguarding issues. The inspector also reviewed a number of policies and procedures.

During the inspection

We reviewed a range of records. This included the resident's care records and a variety of records relating to the management of the service and a number of staff files. We spoke with three members of staff, three residents and two family members of residents. We also observed interactions between staff and the residents living at the home. We spoke with the manager throughout the inspection.

After the inspection

We gathered further information to support the inspection process.

Our findings:

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

This service was found to be safe in accordance with the inspection framework.

Assessing risk, safety monitoring and management

The service had completed a number of safety checks throughout the building. These checks included an inspection of the fire safety systems, emergency lighting, electrical installations and portable appliance testing (PAT). Water safety checks were carried out for legionella bacteria.

An independent, qualified person had completed a fire risk assessment. Their report had identified three recommendations for improvement. These had been completed.

Key staff had completed fire warden training; all other staff had completed fire training and attended refresher training, as necessary. The home had conducted a number of fire drills throughout the year; however, not all staff had attended a drill. Some staff had not experienced a simulated fire drill, or practiced safely evacuating residents. This will be an area for improvement.

Qualified engineers had completed the inspection and maintenance of the lifting equipment used by the home. Staff had visually checked the lifting equipment on a regular basis. Engineers had also serviced and maintained the passenger lifts within the home.

Qualified engineers had completed the inspection and maintenance of the heating system in July 2023.

Staffing and recruitment

The provider had recruited staff safely, completing pre-employment checks prior to staff commencing their employment. All staff were up-to-date with their Disclosure and Barring Service (DBS) checks.

The home had completed a comprehensive assessment of needs, to determine the level of support for the people residing at the home. The staffing rotas were clear and legible and identified the staff on duty and the nurse managing each wing.

The home reported a number of nursing and housekeeping staff vacancies. At times of staff shortages, other members of staff would cover any vacancies, by offering to come in during their day off, or quieter wings offering staff to other wings during busier times of the day. This offered the residents some consistency and continuity in their care and support.

The service had a Business Continuity Plan, reviewed in March 2023.

Preventing and controlling infection

The provider had an infection, prevention control policy, reviewed in February 2023.

The home was clean and tidy throughout. Cleaning schedules identified the various cleaning tasks for the home, which housekeeping staff maintained. The inspector observed all members of staff using the appropriate Personal Protective Equipment (PPE) to the task they were performing. All staff members had completed infection control training and food safety training.

The home had completed quarterly infection control audits.

The main kitchen was very clean and tidy and well organised. Staff had recorded fridge and freezer temperatures daily and opened food products had been labelled appropriately with the 'when opened' date.

Cleaning products hazardous to health were in a locked cupboard and safety information sheets were present for all hazardous products present.

The laundry was well organised and clothes belonging to the residents were identified with their room number. There was also a process for recovering lost items of clothing.

Learning lessons when things go wrong

Staff recorded incidents and accidents, involving the residents on an accident form, which was passed to the manager to conduct an investigation with support from the clinical sister.

The manager and clinical sister also met monthly to discuss and identify trends in any accidents and incidents within the home. This led to developing any areas for improvement in the home. Action plans were published in the home's quarterly report.

Examples of areas of learning include an increase in the number of environmental risk assessments carried out and ensuring residents have the appropriate footwear around the home, following a fall.

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

The home had consulted with a number of health care professionals, when necessary, to maintain the health and wellbeing of the residents.

Action we require the provider to take

Key areas for improvement:

- Action is required to ensure all staff attend a fire drill of the home, to simulate an evacuation of the residents.

[This improvement is required in line with Regulation 22 of the Care Services Regulations 2013 - Fitness of premises: Health and Safety](#)

Inspection Findings

C2 Is the service effective?

Our findings

Effective – this means we looked for evidence that people were protected from abuse and avoidable harm. The service does not require any improvements in this area.

This service was found 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 a comprehensive pre-admission assessment prior to the resident moving into the home. The home used this assessment, supplemented by other information from the resident's family, or the discharge notes from the Hospital, to develop person-centred support plans and risk assessments for the residents.

The home re-evaluated the assessments every six months, prior to a formal review of the person's support plans and risk assessments, with the resident's family present, where possible. The family members we spoke to told us they had not attended a review meeting; however, residents' records confirmed that the home had invited and involved family members with the review of the resident's support plans.

The home had consulted with medical professionals, to support maintaining the health and wellbeing of the residents. Support plans included information in meeting the resident's needs, which contained guidance from health and social care professionals, as necessary.

Staff support; induction, training, skills and experience

Staff supervisions and annual appraisals were up-to-date. Each member of staff had received supervision approximately every three months. The manager assured us that the staff team had group discussions and each member of staff completed a 'Standards of Care' assessment each year, with the training officer.

The home had conducted a large number of team meetings, for the nurses, for each wing and for the kitchen staff. The home had introduced a 'staff forum', which allowed for an elected representative for each department to meet with senior management, on a regular basis, to discuss any ideas for improving the resident's experiences of living at the home, and to discuss any concerns and changes in working practice.

We were satisfied new staff had received an induction to the service and had opportunity to shadow more experienced members of the team prior to them working alone.

The home employed their own training officer. All staff were up-to-date with their mandatory training and refresher training.

The registered nurses had their competency in administering medication assessed every two years. The senior care practitioners responsible for administering medication were assessed every six months.

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

The residents' pre-admission assessments and 'nutrition' support plans were clear, concise and provided guidance for staff to meet the individual needs of the residents. The home had

consulted with professionals, where necessary, to address any dietary requirements and concerns. Staff recorded the resident's food and fluid intake within their file and passed on any concerns to staff members during the handover period.

Supplementary drinks were entered on the Medication Administration Records (MAR).

We observed lunch with the residents on the dementia wing (Albert), which was relaxed and informal. The staff were attentive to the individual needs of the residents and there were sufficient staff to support all of the residents in the dining room. For residents requiring one-to-one support with eating, staff members offered this in a relaxed and unhurried manner.

The home had a menu on display in the dining room, which also had pictorial representations of the meals on offer. Staff members told us meal choices were as flexible as possible, to meet the wishes of the residents.

One family member of a resident told us, "[Name] is well looked after and gets support with [their] eating and seems very content. We were concerned that [name] hadn't been eating properly before moving here, [Name] has now put some weight on and looks a lot healthier."

Another family member told us, "My [relative] needs support with eating, but there have been times when I have visited and there has been a bowl of cold soup, or a meal, on [their] table and no staff around. This could be because of staff shortages, but it upsets me to think [they] could go without a meal."

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.

This service was found to be caring in accordance with the inspection framework.

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

Staff appeared relaxed and attentive to the resident's needs. We observed warm and friendly interactions between the staff, residents, their family and visitors, throughout the inspection.

Staff had received training in communication, showed a comprehensive understanding of the residents' communication needs, and offered choices throughout. Staff had also consulted with professionals to support the residents with their communication needs, when necessary.

One family member told us, "The staff here know [name] well. They understand [their] sense of humour and [they] always appear happy."

One staff member told us they try to make time to get to know the residents, but it has been difficult because of staff shortages. They said, "I try my best to spend time with residents on my wing and get to know them better."

We were assured throughout the inspection process, that the residents' initial assessments had identified their individual needs, and the social therapist, together with the residents and their family members, had developed appropriate care plans to support the planning of social events and activities, as necessary.

Staff members supported the residents to maintain important relationships with their family. Family members told us they the nurses kept them informed of any changes in the person's health or wellbeing, or if there were other concerns.

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

Residents had received reviews of their care and support every six months and records showed that some families were involved with the reviews. Family members of residents that had been in the home for longer than six months, told us they did not know about the review meetings and had not attended any. We recommend that the home ensure that all family members are aware of review meetings and are encouraged to attend, if this is within the wishes of the resident.

Residents had their capacity assessed and their support plans identified any restrictive practices, ensuring the resident's safety and in their best interests.

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 does not require any improvements in this area.

This service was found 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

The residents received individualized support that met all of their needs. Person-centred plans identified their support needs, and provided guidance for staff on how to meet those needs.

The resident's pre-admission assessments identified their physical, emotional communication and social needs, as well as their preferences in the foods they liked, their preferred daily routines, activities and pastimes.

Records included important information about the residents and confirmed they received support in a way that met their individual needs. The home re-assessed the support offered to the residents at bi-annual review meetings, with their family, if possible. Support plans identified personal goals and objectives, designed to increase the resident's independence.

Where there were concerns about a person's lack of capacity, there was evidence that the home had followed best practice principles in relation to capacity assessments and best interests decision meetings regarding the residents' admission to the home. The capacity assessments were 'decision specific'; to meet the individual needs of the residents. Best interest decision making had involved the family members, if possible, and/or been in consultation with medical professionals.

The home employed social therapists, to ensure that residents had meaningful activities. The social therapists met with the residents individually and ascertained their hobbies, interests and pastimes. The home provided a number of communal activities throughout the week, taking into consideration the resident's individual interests. The home also had a dementia support worker, to work exclusively with residents with a diagnosis of dementia, regarding activities.

Improving care quality in response to complaints and concerns

The provider had a complaints policy, which had been reviewed in November 2022. A copy of the complaints procedure was on display in the foyer. The provider had received two complaints since the last inspection, which had been resolved.

The home's statement of purpose contained information on how to make a complaint, ensuring people knew what to expect from the complaints process. Information was also being provided in large print.

Following the complaints, the home had provided the staff members with additional training and a change in practice, demonstrating that home had gone through a process of learning.

A family member said, "I have had concerns in the past and spoke to the Matron. They listened to me and changed things to make it better for my [relative]. I was given an information pack on how to make a complaint but didn't need it"

Staff members we spoke to said they felt they could raise a concern with the nurse in charge, they would be listened to and their concerns taken seriously. A nurse in charge told us they had a good relationship with the manager and could report any concerns to them.

Reporting on complaints also formed part of the home's annual plan.

Inspection Findings

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 requires one improvement in this area.

This service was found 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

The provider had a set of principles and values staff were expected to implement in their daily work. These were published in the home's statement of purpose, on the company website and a copy was in the foyer of the home.

Staff were informed of the company principles and values within the employment handbook, during the induction process for new employees, and the manager discussed the values and principles in group supervisions.

Either the manager, clinical sister and/or the director of nursing were present on a daily basis, which provided an opportunity to gather informal feedback from the residents, staff members and family members of the residents.

The manager was qualified and attained the Qualifications and Credit Framework (QCF) level five diploma in leadership in health and social care. The manager informed us that they kept up-to-date with their skills and knowledge by completing their Continuous Professional Development (CPD), attending relevant training for nursing, attending mandatory training, management training and managers meetings.

The manager had an up-to-date job description, however, had not received regular supervision with their line manager. This will be an area for improvement. The manager had received an annual appraisal of their performance.

Staff told us they were happy working at Elder Grange Nursing Home. One member of staff said, "I enjoy working here but some days are really hard."

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

The home employed a training officer and had a dedicated training room. The home also invited external trainers to deliver more bespoke training, to meet the individual needs of the residents.

Staff received formal one-to-one supervisions, group supervisions and an annual appraisal of their performance. The manager had received training specific to providing staff with one-to-one supervision as part of their QCF level five training.

The provider measured success in a number of ways. The manager and clinical sister conducted regular audits of the number of incidents, accidents, safeguarding incidents, complaints and compliments for the service. This information was used to identify trends and address and necessary improvements.

The provider also conducted an annual survey of their services. Service user's, staff and family members each received a questionnaire, asking for their opinions and experiences of the services provided by Elder Grange Nursing Home.

The responsible person produced bi-annual reports, informing on the premises, staffing, resident and family satisfaction and records. The reports identified any areas for improvement and actions required to indicate progress.

Action we require the provider to take

Key areas for improvement:

- Action is required by the provider to ensure that the registered manager receives a minimum of four one-to-one supervisions per annum with their line manager.
[This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing](#)

If areas of improvement have been identified the provider will be required to produce an action plan detailing how the areas of improvement will be rectified within the timescales identified. The R&I team will follow up and monitor any actions undertaken.