

Norton Care Limited

The Grange Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Grange Nursing Home provides nursing and residential care for up to 23 older people, some of whom are living with a dementia related condition. The home is an adapted building with rooms on the ground floor and the first floor. There are shared toilet and bathroom facilities and several communal areas around the home. There were 21 people living at the home at the time of our inspection.

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

This was a targeted inspection that considered safe, effective and well led. Based on our inspection of these three areas we found people were not always supported to receive their medicines in a timely and appropriate manner. Staff recruitment was not always safe, and the provider had failed to carry out full checks before staff began working at the home. There had been improvements in infection control and staff use of personal protective equipment (PPE), although records relating to these areas were not robustly completed. Staffing levels were an ongoing issue for the provider and the numbers of staff on duty did not always meet people's assessed level of need. People and relatives told us staff worked hard to ensure their care needs were met.

People were not always supported by staff who had received up to date training and support. Training records were poorly maintained meaning it was not clear staff had completed important training. Checks that staff were following procedures and guidance were not regularly undertaken. People were supported to access health and social care services to maintain their wellbeing.

Oversight of the quality and safety of the service was not well managed or monitored. Records and documents were not well maintained, and we found gaps in some important areas. The provider and their representative had failed to identify serious omissions around medicines administration and staff recruitment and training. A new manager was in post and had introduced some improvements and changes, but this was at an early stage.

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.

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

Rating at last inspection and update: The last rating for this service was requires improvement (published 22 April 2021) when there was one breach of regulations and we took enforcement action around infection control by imposing conditions on the provider's registration. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection whilst we found some improvements had been made there were additional concerns and further new breaches of regulations.

The last rating for this service was requires improvement (published 22 April 2021). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a focussed inspection to review whether the provider had met the conditions we had previously imposed on their registration. We initially looked at the safe and well-led domains. However, during the inspection we also incorporated the effective domain into the inspection process.

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.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the safe management of medicines, staff training, recruitment, record keeping and management oversight of the service.

Please see the action we have told the provider to take at the end of this report.

We issued a warning notice to the provider in relation to management oversight and quality monitoring of the service. We have specified a date when we expect the provider to be compliant with this notice and improvements made.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

The Grange Nursing Home

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. This was a targeted inspection to check whether the provider had met the requirements of conditions we imposed following our last inspection and whether they were meeting the regulatory requirements they were in breach of previously.

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 team consisted of one inspector.

Service and service type

The Grange Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. Registered managers 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 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what they do well, and improvements they plan to

make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service. We spoke with seven members of staff including the manager, the provider's representative, a registered nurse, a care worker, a domestic supervisor, maintenance worker and the administrator. During and following the inspection visits we spoke on the telephone with the provider. Following the inspection, we spoke with two relatives on the telephone.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance information.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely.

- Medicines were not always managed safely and effectively.
- People were prescribed topical medicines which should be applied to their skin; such as creams, lotions or emollients. We found no records to demonstrate these medicines were being used regularly or correctly and could not be sure staff were applying creams as prescribed.
- One person had been assessed as requiring assistance from staff to deal with their medicines. In the same care plan, they were also described as administering their own eye drops. There were no risk assessments or reviews to ensure the person could do this safely and effectively.

The above shortfalls were a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We checked records for other medicines given regularly and found these were complete and there were no gaps.
- Medicines, including controlled medicines, were stored safely and correctly.
- One person told us they always received their medicines on time and in the way they wanted to take them.

Staffing and recruitment

- Staff recruitment was not always carried out safely and effectively.
- One staff member had been working at the home for four months. There was no record a Disclosure and Barring Service (DBS) check had been undertaken to ensure there was nothing barring them from working with vulnerable people.
- Where staff members had historical convictions identified on their DBS, there had been no checks undertaken to assess and manage any potential risk. The manager and provider took immediate action to ensure a risk assessment was undertaken.

The above shortfalls were a breach of Regulation 19 (Fit and proper person employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider said the service, along with many similar services, struggled to recruit nursing staff to cover shifts but was looking at a range of options to address the issue. The manager told us recruitment was an ongoing issue, although all nursing shifts were presently covered.
- Some shifts were covered by less care staff than was indicated on the monthly dependency assessment, although staff told us that they were still able to care for people's main needs. One person told us, "They've

got time for you. I think there are enough staff. I've not had to wait a long time for help."

- Relatives told us they thought staff were always very busy and more staff would be helpful. They said the core care needs of their relatives were always supported and they felt people at the home were safe.

Preventing and controlling infection

At our last inspection the provider had failed to robustly deal with the risks relating to infection control and was not always following government guidance around safe practices to manage the effects of the COVID-19 pandemic. This was a breach of regulation 12 (Safe Care and Treatment) 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 12 in this area.

- Improvements had been made to enhance infection control practices and limit the risk of infection.
- The manager had introduced PPE stations around the home to ensure staff had easy access to gloves, aprons and masks when carrying out personal care. Waste bins for the disposal of used PPE were also strategically located around the home.
- Staff were wearing appropriate PPE for day to day activities and were able to describe when and how they would use enhanced PPE.
- We observed domestic staff to be cleaning all parts of the home on both days of the inspection. They told us they carried out additional cleaning in high risk areas, although there was no documentation to support this.
- The home had a policy to check visitors before they entered, although the inspector was not asked to produce an up to date LFT test on entering. The manager and provider representative were surprised at this and felt this may have been because it was an inspector entering the home. They gave assurances this was an isolated incident.
- We observed other visitors to the home were subject to checks and wore PPE when in the building. Relatives told us they were able to visit the home subject to proper checks and wearing PPE.

Systems and processes to safeguard people from the risk of abuse

At the last inspection we made a recommendation to the provider that staff should be made aware of the home's safeguarding and whistleblowing procedures.

- At this inspection staff were able to describe the range of concerns that may indicate abuse. They told us what action they would take if they had concerns.
- Information about safeguarding and whistle blowing was on display around the home.
- There had been no recent safeguarding matters that required formal reporting.

Assessing risk, safety monitoring and management

- Risks related to day to day care were considered and action taken to manage these within the home.
- People's care risks were regularly reviewed, including; nutritional intake, skin integrity and mobility.
- Risks related to the environment were monitored and addressed, including; fire risks and fire equipment, water temperatures and food safety checks.
- Records related to regular fire drills were sometimes limited in detail. We spoke with the member of staff responsible for this area about improving the recording of these events.

Learning lessons when things go wrong

- The manager had only recently taken up post. They told us they had looked at the previous inspection

report prior to coming to the home and were aware of the action that was needed.

- They had assessed and reviewed practices and were addressing a range of concerns, although did not have a formal action plan in place.
- Falls and incidents were recorded, and action take to prevent further concerns arising.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff were not always supported to access appropriate training and skills.
- Some staff had not received important training, such as moving and handling and safeguarding training since starting at the home.
- Personal records showed staff had not received an induction or had not fully completed the induction process.
- Training records were incomplete, and it was not possible to determine which training had been completed and whether previous training had been refreshed. A significant number of staff were not included on the training system.
- Following the previous inspection, the provider had indicated they would regularly check staff competencies in key areas, such as use of PPE. No records were available to show this was being undertaken.
- The manager had recently recommenced supervision with a small number of staff, but previous to this no formal supervision had taken place for several months.

The above shortfalls were a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs and choices were assessed and indicated in their care plans.
- People and relatives said staff supported people in an individual manner. One person told us, "Nothing is any fuss."
- Care and support was delivered in line with professional advice and guidance.

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

- People were supported to maintain health and wellbeing through good nutrition.
- We observed people having meals on both days of the inspection. Food looked appetising and people told us they enjoyed it. One person told us, "The food is very good and there is a good mixture."
- Where necessary people's nutritional intake and weight was monitored and recorded.
- Staff supported people with meals in a timely and appropriate manner.

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

- Records showed that the home worked with a range of other services to deliver timely and appropriate care.
- During the inspection we saw professionals visiting the home to treat and support people.
- One person told us they needed to visit the dentist. They told us, "I'm waiting to go and see the dentist. I spoke with the manager this morning and they are sorting it out."

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

- The home was designed in such a way as to support people in an appropriate manner.
- The decoration was homely, although some areas needed updating and refreshing.
- People's rooms were individually decorated and personalised.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The manager was aware where people were subject to DoLS and records were maintained to ensure these approvals were up to date.
- The home maintained a record where friends or relatives held Lasting Power of Attorney (LPA). Copies of the actual documents were not always available in people's care records. We spoke to the manager who agreed to review documentation and ensure copies were accessible.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality performance checks, monitoring systems and oversight by the provider were not robust, and records were not always detailed or up to date.
- Hourly check records in daily care folders were not always completed and showed significant gaps.
- Cleaning checks and audits were not comprehensive and lacked detail. Checks on the quality of cleaning were not robust.
- Medicines audits, quality checks and frequent visits by the provider representative to the home had failed to identify there were no records for the use of topical creams.
- Training records were not up to date; training was not effectively managed and frequent visits by the provider representative to the home had failed to identify some staff had not received training or that training records were incomplete.
- Quality check visits by the provider's representative had failed to identify that DBS checks had not been undertaken.
- There were no formal records of quality visits carried out by the provider or their representative and no action plans resulting from these visits.
- The provider had previously indicated in an action plan they had addressed matters where we found deficits at this inspection.

The above shortfalls were a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the previous inspection we made a recommendation the provider should ensure IPC processes were further embedded in the service. At this inspection we found the manager had taken immediate steps to improve IPC processes and staff compliance.
- There was no formally registered manager at the service. The manager intended to make a formal application to become the registered manager, but no open application was currently showing on the CQC system.

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

- At the previous inspection we had recommended the provider review issues related to the culture at the

home. At this inspection staff and relatives told us they felt morale had improved, although the pandemic continued to put a strain on resources and personal capacity.

- Staff told us they worked as a team and stepped in to cover shifts and support each other. One staff member told us, "It's a nice small home and staff work as a team better now."

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 manager understood their responsibilities under duty of candour. There had been no recent events which required the manager to exercise this duty.

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

- People were involved in decisions about their care as much as possible.
- One person told us how the staff had worked hard to support them to attend a recent funeral.
- Relatives were contacted on a regular basis and involved in decisions about healthcare or other matters.
- A person told us they could raise any matters with the manager, if needed, but had no issues presently. They told us, "I've never had any problems. I'm the sort of person who speaks their mind and would say if I did."

Working in partnership with others

- The service worked with other organisations and stakeholders such as the local authority and health and social care professionals to make sure people received joined up care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems were not in place to ensure there was proper and safe management of medicines including the application and recording of topical medicines. Regulation 12(1)(2)(g).
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider did not have in place robust recruitment procedures to ensure staff employed in the service were competent, skilled and of good character. Regulation 19 (1)(a)(2)(a)(b).
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not have in place robust processes to ensure staff received appropriate support, training and supervision as is necessary for them to carry out their duties. Regulation 18(1)(2)(a).

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems were not in place to ensure The service was operated effectively on in compliance with the regulations. The provider failed to demonstrate they had in place processes to assess and monitor the safety and quality of services and ensure the welfare of service users was protected. Regulation 17(1)(2)(a)(b)(c).

The enforcement action we took:

We issued a warning notice against the provider.