

Sovereign Care (North East) Ltd

# The Grange

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Inadequate** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

The Grange is a residential care home providing accommodation and personal care to people living with a mental health condition. At the time of inspection 17 people were living at the home. It is an adapted building and care is provided over two floors.

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

We found people were not always protected from the risk of harm. Staff failed to wear personal protective equipment (PPE) appropriately. Infection control procedures needed to be improved.

Incidents were not always recorded and so there was no evidence that lessons had been learned.

Staff had not received the required training and competency checks to ensure they had the necessary skills to support people's needs. The home had accepted the temporary admission of a person whose needs could not be appropriately supported by the staff. We have made a recommendation about assessing future admissions.

People were receiving medicines as prescribed and medical records were completed and up to date.

People told us they felt safe living at the home and received good care.

Up to date and appropriate policies were in place but had not been effectively implemented. Quality monitoring systems failed to identify staff were not adhering to the home's policies, relevant guidance and best practice when working in the home. Staff did not understand their incident recording and reporting responsibilities.

Staff felt supported by the management.

### Rating at last inspection

The last rating for this service was good (published 18 February 2020).

### Why we inspected

We undertook this targeted inspection to look at infection prevention and control (IPC) 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 coronavirus and other infection outbreaks effectively.

We inspected and found there were concerns with the use of PPE and IPC measures therefore we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

## 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 monitor the service 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 safe care and treatment, staffing and good governance at this inspection.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

## Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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?

**Inadequate** ●

The service was not safe.

Details are in our safe findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-led findings below.

# The 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 Care Act 2014.

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

One inspector carried out this inspection.

#### Service and service type

The Grange 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 had a manager registered with the Care Quality Commission. 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

We gave 24 hours' notice of the inspection to allow the care home and us to manage the risks associated with COVID-19.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from Durham local authority and County Durham Infection Control team.

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 the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, senior care support worker and care support workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at one staff file 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 requested further information to be sent when we extended the scope of the inspection from targeted to focused.

# 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 good. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

### Preventing and controlling infection

- Staff did not always follow best practice guidance to manage the risks of cross infection. One senior member of staff did not initially wear a mask. This same member of staff was later seen wearing a mask which was not approved for use in a care setting. Staff wore long sleeves, watches and bracelets which was not in line with government guidance. Only limited and ineffective training in PPE had taken place.
- Visitors were not screened appropriately. Social distancing was not always maintained. People were not isolated on admission into the home. This put people and staff at risk of cross infection.
- Aspects of the environment did not support safe infection control measures. For example, bathroom flooring was stained with rust and flooring was chipped. This made it more difficult to keep clean. The walls along the stairs and carpets were dirty.
- Toiletries and personal items were stored in communal bathrooms. This created a cross infection risk for people in the home.
- Drinks for people were left next to open clinical waste bags. Unused PPE was stored next to open clinical waste bags. Changes were made following our visit to improve the safety of used PPE disposal.

The risks associated with infection control were not safely managed. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management

- The safety of the building had not been maintained. Damp patches on the ground floor needed to be further addressed. The back door of the home had holes in it. Skirting boards, doors and door frames were damaged.

Risk was not adequately identified, reviewed and managed. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- COVID-19 specific risk assessments were in place for both staff and people.

### Staffing and recruitment

- Staff were not appropriately trained and competent to meet people's needs. Staff had received limited and ineffective training in PPE. Staff had not received Covid-19 specific training or up to date training in infection prevention and control. Staff did not follow the home's policies and procedures in place to keep people safe.
- Staff supported people with behaviours that may challenge others. Not all staff had received training, or up to date training, to appropriately support people with these needs.

- Staff did not always understand their incident reporting responsibilities. For example, incident reports were not completed for a person who left the home on two separate occasions when the person was knowingly COVID-19 positive.

This failure to have the right staff on duty to meet people's needs safely increased the risk of potential harm to people. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had an effective and robust recruitment procedure in place. They carried out appropriate identification and security checks when they recruited staff.
- There were enough staff on duty to provide care to people.

#### Learning lessons when things go wrong

- There was no evidence of lessons learned following incidents. Incidents were not always recorded which meant no analysis of incidents could be undertaken. For example, an incident report was not completed when a person, who was knowingly COVID-19 positive, threatened to spit at staff. This meant that lessons could not be learned.
- Improvements had not been made since the last inspection.

This failure to appropriately record and learn from incidents was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Systems and processes to safeguard people from the risk of abuse

- People were not always safeguarded from the risks of abuse. The home had accepted the admission of a person whose needs could not be appropriately supported by the staff. Care plans were not in place for this admission.

We recommend the provider implements robust measures to ensure they are a suitable placement for all new admissions and appropriate care plans and risk assessments are in place.

- People told us they felt safe and were well cared for. One person told us, "They are a brilliant team...very caring." Another person told us, "Oh yes, I definitely feel safe."
- All staff had completed up to date safeguarding and whistleblowing training.

#### Using medicines safely

- Appropriate arrangements were in place for the safe administration and storage of most medicines. However, prescription topical creams were found in the ground floor communal bathroom. The senior care worker immediately resolved this issue during our inspection.
- Staff who administered medicines were appropriately trained and were required to take an annual competency assessment.



# 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 good. At this inspection this key question has now deteriorated to requires improvement. 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.

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

- Leaders did not always have the right skills, knowledge and experience. Staff failed to follow policies and guidance in the absence of the registered manager. Staff in charge did not wear appropriate PPE and did not recognise that staff were not following the policies in place to keep people safe from harm.
- Quality assurance audits had not identified the issues we had found during this inspection.

This failure to identify and manage risk was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was no evidence of incident recording, analysis, or lessons learned. This had deteriorated since our last inspection.
- Services that provide health and social care to people are required to inform CQC of important events that happen in the service in the form of a 'notification.' There was a delay in notifying CQC of two incidents in December 2020.
- Services that provide health and social care to people are required to inform CQC of the categories of people they will be supporting and these are known as 'service user bands'. Services are required to record service user bands in a key document known as their 'statement of purpose'. The home is providing care to people with dementia and has recorded this in their statement of purpose; however, this service user band is not applied to their CQC registration.

This failure to understand regulatory requirements was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People's relatives were happy with the communication from the home. One relative told us that the home would, "Ring straight away if there are any updates."

- Staff felt supported in their roles. One staff member told us, "[The registered manager] is 100% supportive." Another staff member told us, "[The registered manager] is very approachable" and "You can go to [the registered manager] with anything."
- Regular staff meetings took place and staff told us they were encouraged to participate and give feedback.
- Regular residents' meetings took place including one to one meetings to ensure people were kept up to date and could provide feedback about their experiences and 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	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems to support good governance were not robust.  Regulation 17 (1) and (2) (a) and (b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff did not have sufficient training to care for people safely.  Regulation 18 (1) and (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 12 HSCA RA Regulations 2014 Safe care and treatment  12 (1) and (2) (a) (b) (c) (d) and (h) People did not receive safe care. Aspects of the premises were not safe. Measures to prevent infection were not safe.

**The enforcement action we took:**

Urgent imposing positive IPC conditions