

Brancaster Care Homes Limited

# Cartmel Grange

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Cartmel Grange is a residential nursing home providing accommodation for persons who require nursing or personal care and the treatment of disease, disorder or injury to up to 73 people. The service provides support to older people who may have a physical disability and or be living with dementia. At the time of our inspection there were 69 people using the service.

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

We were not assured staff training and documentation consistently identified and monitored risks. We have made recommendations about the management of some medicines and the quality assurance processes within the service.

Safeguarding procedures were in place, and staff had received training to protect people from abuse. The provider was recruiting staff to provide continuity of support to people. We were assured with the processes in place to prevent the spread of infection.

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.

People told us they were happy at the home they praised the staff and were confident any comments or complaints they made would be listened to. The management team worked in partnership with health professionals to meet people's health needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 21 February 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Enforcement and Recommendations

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 and will take further action if needed.

We have identified breaches in relation to the management of risk, and that systems and audits did not identify the concerns we found at this inspection.

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

#### 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe 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** ●

# Cartmel Grange

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

One inspector and one Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Cartmel Grange a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cartmel Grange is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service and three relatives who shared their views of the service. We spoke with thirteen members of staff, including the operations manager, registered manager, deputy manager, co-ordinators, carers, area administrator, the chef and a housekeeping member of staff. We also spoke with a visiting health professional.

We had a walk around the home to make sure it was homely, suitable and safe. We observed the care and support people received. This helped us understand the experience of people who could not talk with us.

We reviewed multiple medicine administration records, medicines stocks and storage and observed medicines administration. We reviewed five people's care records and looked at five staff files in relation to recruitment. We looked at a variety of records relating to the management of the service, including policies and procedures.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The management team had not fully assessed the needs of some people receiving support. This meant staff did not always have the training required to ensure care and treatment is consistently delivered in a safe way. At the time of the inspection visit the provider was seeking appropriate training to guide staff and support people. After the inspection the provider had introduced new policies related to behaviour management.
- Some care plans did not have information to guide staff on how to support people safely. Where risk had been identified there was no guidance for staff on how to manage and reduce the risk.
- Good practice measures to manage the risk of COVID-19 were not consistently followed. Staff were observed sat close together not wearing Personal Protective Equipment (PPE) when on their break. Daily testing of staff had been introduced by the provider, however not all staff had taken and confirmed a negative test before supporting people.
- Each person had a personal emergency evacuation plan [PEEP]. A PEEP is a plan for a person who may need assistance, for instance, to evacuate a building or reach a place of safety in the event of an emergency. Some PEEPs did not have the correct information related to people's bedroom numbers. This information was updated during the inspection.

We found no evidence that people had been harmed however, systems were either not in place or completed consistently so all that is reasonably practicable to lessen risk was done. This placed people at risk avoidable of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Some medicines were not stored safely. People can be at risk by the accidental swallowing of thickening powders. Three people's thickener was not risk assessed and stored safely. The prescribing labels on two tins of thickener were not legible.
- Documentation related to the temperature checks of the rooms and fridges that held medicines on three units had not been consistently completed.
- Some prescribed medicines were signed as given by trained staff who did not witness the person being given or swallowing the medicine.

We recommend the provider follow best practice guidance on the storage and administration of medicines.

- The registered manager and provider were responsive to our feedback to put safeguards in place to

ensure care and treatment was provided in a safe way.

- People received their medicines safely and was administered in a person-centred way allowing people time to take their tablets at their own pace. One person told us, "Yes I get my medicine. It depends on which end of the building they start. It is usually within 10 minutes each day."
- Controlled drugs were stored safely and the stock we looked at matched the stock levels recorded. Controlled drugs are drugs that are subject to high levels of regulation as a result of government decisions about those drugs that are especially addictive and harmful.
- Where people were prescribed medicines they only needed to take occasionally, guidance was in place for staff to follow. This helped to ensure those medicines were administered in a consistent way.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Staffing and recruitment

- The registered manager did not consistently follow robust recruitment procedures. Criminal record checks with the Disclosure and Barring Service were carried out and appropriate references were sought. However, not all application forms held a full employment history and there was no evidence this had been discussed with the candidate. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager and provider were responsive to our feedback and reviewed their processes to follow best practice.
- People gave mixed feedback on staffing levels. One person told us, "There seems to be hundreds of staff." A second person said, "There seems to be a high turnover of staff and when they are on holiday or sick there is a shortage." A family member commented, "I do feel staffing levels are low which does raise questions about safety."
- The provider had recruited staff from abroad to ensure safe staffing levels were evident within Cartmel Grange. Feedback from people being supported and carers on the new staff employed was 100% positive.
- The registered manager had structured processes in place to deploy staff effectively throughout Cartmel Grange.

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

- The registered manager had systems to record, report and analyse any allegations of abuse. Staff had received training to recognise abuse and knew what action to take to keep people safe, including reporting any allegations to external agencies.
- Feedback from people, relatives and staff was that Cartmel Grange was a safe place to live. One person told us, "Safe, of course I feel safe." One relative commented, "Yes [relative] does feel safe. [Relative] has not had any safety issues."



## Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The registered manager supported visits for people in accordance with infection prevention guidance. We spoke with three relatives who confirmed safeguards were in place when visiting their relatives.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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.

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

- Systems to assess, monitor and improve the service had not been consistently operated effectively. The auditing processes had not identified the issues we had found during the inspection.
- Medication documents and records to monitor and review people's behaviour were not consistently completed.
- Documentation had not been consistently completed to lessen the risks related to the safe recruitment of new staff.

We recommend the service follow and embed processes to ensure governance systems are operated effectively.

- However, the registered manager was responsive to our feedback and took action to address the shortfalls we had identified. The management team had increased to allow greater oversight of the service delivered.
- The provider completed regular audits that reviewed the environment, health and safety, quality and compliance. The operations director regularly spent time at Cartmel Grange to review the care and support being delivered.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback on the management team was mixed. One staff member stated, "[Registered manager] has been very supportive to me." A second staff member told us the registered manager had good oversight of the service saying, "[Registered manager] she knows what's going on in the home." A third staff member said they found the registered manager, "Not approachable," but said they had other members of the management team they could approach if they had any concerns.
- People, relatives and staff shared positive comments about their experiences with staff at Cartmel Grange. One person told us, "I couldn't be treated better. I think it is a place where I would like to be at the end of my life." A second person said, "The staff are always so respectful." A third person commented, "I couldn't be treated better at the Ritz Hotel."
- Relatives and staff shared mixed feedback. One relative commented, "The staff who are here go above and beyond. The only difficulty is the shortage of staff." A second relative expressed concerns related to poor communication from the management team. In response to claims of poor communication the

management and reception teams had increased which allowed additional weekend support to promote effective communication seven days a week.

- The registered manager had daily handover and team meetings for staff. This allowed staff to be updated on relevant information related to the care and support requirements of people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider have engaged and been frank and co-operative throughout the inspection process.

- The provider had a policy and procedure to guide staff on their responsibilities and action they should take when something went wrong.

Working in partnership with others

- The management team and staff had positive and productive working relationships with health and social care professionals to meet people's needs.

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 12 HSCA RA Regulations 2014 Safe care and treatment                                                                       |
| Treatment of disease, disorder or injury                       | <p>The provider did not do all that was practicable to mitigate risks for people receiving care and support..</p> <p>12(1)(2)(b)</p> |