

Hill Care 3 Limited

Pelton Grange Care Home

Inspection report

Front Street
Pelton
Chester Le Street
County Durham
DH2 1DD

Tel: 01913701477

Date of inspection visit:
18 February 2019

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29 March 2019

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: Pelton Grange provides personal care for up to 47 people; nursing care is not provided. At the time of our inspection there were 33 people living at the home, some of whom were living with a dementia.

People's experience of using this service: Medicines were mostly managed safely. Improvements had been made to the recording of prescribed creams and guidance for staff on 'when required' medicines. Flooring had been replaced and other improvements had been made to the environment.

Staff training in key areas was not up to date, although plans were in place to address this. Staff received more regular supervision meetings with their managers.

Checks on the quality and safety of the service had improved. Issues identified through these checks were being addressed at the time of this inspection.

At this focused inspection we found improvements had been made. The provider had followed their plan and legal requirements were now met. While improvements had been made we could not improve the overall rating from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Rating at last inspection: Requires Improvement (report published 21 July 2018).

Why we inspected: At the previous inspection we found breaches of Regulations 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because: pressure relieving mattresses were not set correctly; records relating to the administration of prescribed creams were not accurate; people's medicine records lacking detailed guidance for staff relating to 'when required' medicines and patches which attach to the skin and contain medicine; staff training and supervisions were not up to date; and the provider did not have effective quality assurance processes to monitor the quality and safety of the service.

Following the previous inspection we asked the provider for an action plan which said what they would do to meet legal requirements in relation to the above issues. We undertook this focused inspection to check they had met legal requirements and to confirm they had followed their action plan and made improvements to the service. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pelton Grange on our website at www.cqc.org.uk.

Follow up: We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

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

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 ●

Pelton Grange Care Home

Detailed findings

Background to this 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 inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

Pelton Grange is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on 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. The registered manager took up their post shortly after the previous inspection.

Notice of inspection:

This inspection was unannounced which meant the provider did not know we would be visiting.

What we did:

Before the inspection we reviewed the information, we held about the service. This included the statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service to gain their views.

During the inspection we spoke with the registered manager, the regional manager (provider's representative), the deputy manager, two care assistants, the administrator, the cook and a member of housekeeping staff. We looked at medicine records for six people, training and supervision records for 10 staff and other records relating to the management and quality monitoring of the service.

Is the service safe?

Our findings

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

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. Regulations may or may not have been met.

Using medicines safely

- Medicines were mostly managed safely. Improvements had been made to the recording of topical medicines records (for prescribed creams or ointments).
- Detailed guidance for 'when required' medicines was mostly in place. One person's care notes lacked detail about when their prescribed medicine for anxiety should be given. We spoke to the registered manager about this and they said they would amend this immediately.
- At the last inspection pain relief patches were not managed safely. At this inspection we found nobody was prescribed pain relief patches.

Assessing risk, safety monitoring and management

- Pressure relieving mattresses were set correctly. The registered manager had sought advice from the community nursing team and staff followed this to reduce people's risk of pressure damage.
- There was no malodour. Flooring in one toilet and several bedroom carpets had been replaced since the previous inspection. A refurbishment plan was in progress.
- A new carpet cleaner had been bought. On the day of our visit domestic staff were receiving training on how to use this.

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 effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- Staff training in key areas was not up to date. Some improvements had been made to staff training since the previous inspection, but this remains an area for improvement. A training plan was in place to address the shortfalls in staff training. A significant number of training courses were scheduled for the coming months, in areas such as safeguarding, fire safety and mental capacity. We will check this training was completed at our next inspection.
- Staff supervisions had improved. These took place more frequently and contained more detail to better support staff development.
- The registered manager told us staff annual reviews were due in March and April 2019.

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Staff training in key areas remained an area for improvement. Plans were in place to address this.
- Since the previous inspection, improvements had been made to medicines, the environment, the effective use of pressure relieving mattresses, staff supervisions and quality monitoring.
- The manager had registered with the Care Quality Commission in August 2018. They took up the post shortly after the previous inspection.
- The registered manager and regional manager had a clear understanding of their responsibilities, and were committed to improving the service to provide high quality care.
- CQC were notified of incidents and events as required.

Continuous learning and improving care

- Improvements had been made to checks on the quality and safety of the service.
- When an incident occurred this was investigated thoroughly and lessons learnt where appropriate.
- Actions arising from audits carried out by the provider and manager were captured in ongoing improvement plans with target dates for completion. All actions had been completed or were being addressed at the time of our inspection.