

# Countrywide Care Homes (2) Limited

## Earsdon Grange

### Inspection report

Thorntree Drive  
Wellfield  
Whitley Bay  
NE25 9NR

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09 November 2017

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 13 May 2016. We found the provider met the requirements of the regulations and we rated the home as Good.

After that inspection we received information relating to the safety of people living at the home. In particular, whether there were sufficient staff deployed to supervise people to keep them safe. As a result we undertook a focused inspection 9 November 2017 to look into those concerns. This report only covers our findings in relation to those topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Earsdon Grange on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Earsdon Grange is registered to accommodate up to 48 older people who require assistance with personal care. There were 40 people living at the home at the time of the inspection.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and staff told us the home was a safe place to live.

Staff showed a good understanding of safeguarding and knew about the provider's whistle blowing procedure. Staff confirmed they did not have concerns and had not needed to use the whistle blowing procedure. They also said they would not hesitate to raise concerns if needed. Previous safeguarding concerns had been fully investigated in line with the local authority's safeguarding procedures.

When we visited the home we found there were enough staff on duty to meet people's needs. People and staff confirmed this was the case. We saw staff were visible around the home and answered nurse call bells quickly. The registered manager monitored staffing levels on a regular basis.

Medicines were managed safely. Senior staff had been trained to administer people's medicines and accurate records were maintained to confirm medicines were administered safely.

Health and safety checks were carried out including checks of fire safety, gas safety, electrical safety and specialist equipment. Where potential risks had been identified, a risk assessment was in place to minimise the risk. The provider had up to date procedures to deal with emergency situations.

There were effective recruitment checks in place to help ensure new staff were suitable to work at the home. For example, requesting and receiving references and checks with the Disclosure and Barring Service (DBS).

Incidents and accidents were logged, fully investigated and monitored. Records showed appropriate action

had been taken following incidents to help keep people safe.

People and staff gave positive feedback about the approach of the registered manager. They said she was supportive and approachable.

The provider carried out a range of quality assurance checks to help maintain people's safety and wellbeing.

There were opportunities for staff to give feedback about the home through attending regular team meetings or speaking directly to the registered manager.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People and staff said they thought the home was safe.

There were sufficient staff deployed to meet people's needs in a timely manner.

Staff had a good understanding of safeguarding and the provider's whistle blowing procedure and they knew how to report concerns.

Medicines were managed safely.

The provider carried out regular health and safety checks and emergency procedures were in place.

The provider operated effective recruitment procedures.

Incidents and accidents were logged, investigated and monitored.

### Is the service well-led?

Good ●

The service was well led.

People and staff gave only positive feedback about the registered manager.

The provider had a structured approach to quality assurance.

The registered manager had been proactive in submitting statutory notifications.

There were opportunities for staff to give feedback about the home.

# Earsdon Grange

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted in part by notification of an incident following which a person using the service sustained a serious injury and died. We also received information from relatives alleging issues relating to insufficient staff to supervise people. The information shared with CQC indicated potential concerns about the management of risk of falls and staffing levels. This inspection examined those risks and general safety of the home.

This inspection took place on 9 November 2017 and was unannounced. The inspection was carried out by one inspector.

We reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted the local authority commissioners for the home.

During this inspection we spoke with six people living at the home. We also spoke with the registered manager, the deputy manager, a senior care worker and two care workers. We looked at medicines records for people using the service and recruitment records for five staff. We also looked at a range of other records related to the quality, management and safety of the service.

## Is the service safe?

### Our findings

We found the registered manager completed a monthly accident and incident analysis. This provided a detailed account of all of the accidents that had occurred in the home with relevant information included to enable trends and patterns to be identified. Records showed individual accidents had been fully investigated and action taken to keep people safe. Action taken included updating risk assessments, accessing medical assistance and increased monitoring.

We viewed the care records for people who were identified as being at risk of falling. This showed appropriate risk assessments and care plans were in place. Where people had been assessed as requiring specific equipment this was provided. Some people who had fallen on more than one occasion had been referred to a specialist falls team for advice and guidance. For example, one person had been assessed as a 'high' falls risk. They had a specific mobility and falls risk plan in place. This identified they had been provided with a sensor mat near their chair and bed to alert staff that they were mobilising. This meant they could immediately check on the person's safety.

We discussed safety with people who lived at the home. They did not raise any concerns with us about safety in the home and felt it was a safe place to live. One person said, "I have always been happy here. The girls are very caring, I have not had any problems. I am not frightened to ask them anything. I am sure they would deal with it." Another person told us, "Oh yes it is safe. The staff keep you right. They are very good." A third person said, "Safe, oh yes very safe. The staff are good. They are very good if you need them."

Staff also confirmed they felt people were safe. One staff member said, "It is very safe, there is always someone around." Another staff member told us, "It is a really safe home. We do assessments when people first visit the home to get to know them. We have alert mats [to alert staff to a falls risk] in people's room or in the lounge." A third staff member told us, "Safe, yes we have key pads on all the doors. We always know the whereabouts of all the residents."

People and staff told us there were usually enough staff deployed to meet their needs. One person said, "There is always somebody [staff] available. I feel you are not isolated. There is always somebody around." Another person commented, "If you press the buzzer they come and see everything is alright. They come quick." One staff member commented, "We have enough [staff] for both floors." Another staff member told us, "We have enough to meet people's needs, it is really busy. All at a safe level, there is nobody at risk." We observed staff were visible around the home and responded to nurse calls quickly.

The registered manager confirmed the usual staffing levels for the home were six care staff during the day and five on a night time. In addition to care staff a range of ancillary staff were also deployed including an activity co-ordinator and domestic, admin, laundry, maintenance and kitchen staff. Rotas we viewed confirmed the staffing levels the registered manager identified had actually been deployed. The provider had a specific dependency tool which was used as part of the process for monitoring staffing levels. The tool showed that actual staffing deployed exceeded the numbers recommended by the tool.

Staff had a good knowledge of safeguarding and knew how to report concerns. Records confirmed the registered manager had made appropriate referrals to the local authority safeguarding team. Where required investigations had been carried out in line with the locally agreed safeguarding procedures.

Staff knew about the provider's whistle blowing procedure. They said they had not needed to use it whilst working at the home but would not hesitate to do so. One staff member told us, "I have not had to use it. Nothing has gone that high level. It would be absolutely fine if I needed to use it." Another staff member commented, "I would definitely raise concerns." A third staff member said, "I have not used it. I would use it, I would report concerns most definitely."

Medicines were managed safely. Only trained staff administered people's medicines. The provider used an electronic system to record and account for the medicines people received. We saw these medicines records were accurate at the time of our inspection. Regular medicines audits were carried out to help identify any issues relating to people's medicines.

The provider completed a range of health and safety checks to keep the premises and specialist equipment safe for people to use. For example, checks of fire, gas and electrical safety, as well as specialist equipment such as hoists and slings. These checks were up to date when we visited the home. Where potential hazards had been identified, appropriate risk assessments were in place to minimise the impact on people. The provider also had up to date policies and procedures so that people continued to receive care in emergency situations.

The provider had effective recruitment procedures to check that new staff were suitable to work at the home. This included completing a range of pre-employment checks, such as requesting and receiving references and checks with the Disclosure and Barring Service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with vulnerable people.

## Is the service well-led?

### Our findings

The home had a registered manager. They were fulfilling the requirement to submit statutory notifications to CQC for notifiable incidents in the home. People and staff all confirmed they felt the home was well-led. They said they found the registered manager supportive and approachable. People commented: "I have never had any problems with [Registered manager]"; "[Registered manager] is lovely. You can go to her anytime to speak with her. I have no complaints"; and, "[Registered manager] is very good, I am not complaining."

Staff comments included: "This is the best home I have worked in. [Registered manager] always has an open door policy. She is there for you. She is very accommodating, I have no problems going to her. She is really good and tries to accommodate your needs"; "[The home is] really well managed. [Registered manager] is a really good manager. She is very approachable, you can speak with her about anything"; and, "Very well managed. The manager is good, you can go to her for anything."

The provider still had arrangements in place to provide opportunities for people and staff to share their views and suggestions about the home. For example, through attending regular meetings or speaking with the registered manager. We viewed the minutes from the last residents' meeting. The meeting had been well attended by people who lived at the home. Topics discussed included safeguarding, cleanliness, links with the local community and people's opinion of the care provided. Feedback from people who attended the meeting was positive. Coffee mornings aimed at raising awareness of specific issues had also been arranged. For example, discussions about infection control and oral health care. One staff member said, "[Registered manager] listens to anything you have to say."

During our last inspection the provider operated a range of quality assurance audits to check people received a good standard of care. We found during this inspection that this continued to be the case. For example, this included audits and checks of medicines administration systems, care plans and infection control.

People and staff described the home as having a positive and welcoming atmosphere. People's comments included: "It is a nice and comfortable home. In my opinion it is a smashing home"; and "Lovely, it is a very nice home." Staff commented: "Good, bubbly"; "It is a good atmosphere. Residents get on well with the staff, lots of laughing and giggling"; and, "I like the way everybody interacts with residents. Families join in with everything. It is a happy home."