Kargini Care Services Limited

Grasmere 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 well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Grasmere Nursing Home is a nursing home providing nursing and personal care to up to 20 people with a range of health care needs, including people who were coming to the end of their lives and people with complex medical conditions. At the time of our inspection, there were 15 people using the service.

People's experience of using this service and what we found
Risks to people had not always been identified, assessed, and documented to ensure they were protected from avoidable harm. Care plans lacked information and guidance for staff on how to manage risks or how to support people safely. There not been a registered manager in post since June 2022, although there were plans to recruit one. Auditing systems were not effective in monitoring or measuring the quality of the service overall to drive improvement.

People told us they felt safe living at the home. Staff knew people well and were attentive to their needs. People received their medicines as prescribed, and medicines were managed safely. There were enough staff to look after people. Visitors to the home were made welcome.

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
The last rating for this service was good (published 28 September 2017).

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.

We undertook a focused inspection to review the key questions of safe and well led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Grasmere Nursing Home on our website at www.cqc.org.uk.

Enforcement
We have identified breaches in relation to the identification and assessment of risks to people, monitoring, oversight, governance of the service and due to the provider not having a registered manager in post.

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?

Requires Improvement

The service was not always 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.

Grasmere 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. 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
The inspection was undertaken by 2 inspectors.

Service and service type
Grasmere Nursing Home is 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. Grasmere Nursing Home 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. There had not been a registered manager in post since June 2022. The provider was in the process of recruiting a new registered manager

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used information gathered as part of monitoring activity that took place on 11 August 2022 to help plan the inspection and inform our judgements.

We used all this information to plan our inspection.

During the inspection
We spoke with 4 people, 2 relatives, and a friend of a person living at the home, about their experience of the service. We spoke with the provider who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the nurse on duty, the cook and 2 care staff.

We reviewed a range of recordings including 7 care plans and multiple medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Requires Improvement

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

- People's risks were not always identified or assessed to protect them from harm.
- We could not be assured that people who were at risk of pressure damage or had skin integrity issues, had appropriate steps in place for staff to follow to reduce the risk. For example, people cared for in bed were provided with pressure relieving mattresses. These are designed to protect people from skin breakdown. Whilst we saw these mattresses were switched on and working, there was no guidance to show they were at the correct settings for each person's weight. This put people at risk of skin breakdown or a worsening skin condition because pressure relieving mattresses must be set correctly to work effectively.
- Staff had identified people at risk of choking but had not completed assessments or referred people to other health care professionals. For example, staff told us about a person who was identified as at risk of choking. At lunchtime, we observed this person eating a normal diet, without any oversight or support from staff. The person also had a bowl of sweets in their room which could pose a choking risk. We were told that as the person had capacity to choose what to eat, staff had not considered it necessary to complete a risk assessment.
- We spoke with staff about the International Dysphagia Diet Standardisation Initiative (IDDSI). This is a tool that provides information and guidance about modified diets and fluids. Staff were unaware of this tool, and we could not be assured that some people's food was prepared in a safe way and in line with current guidance.

The provider had failed to ensure people were protected from the risk of harm. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 not always working within the principles of the MCA. However, appropriate legal authorisations were in place to deprive a person of their liberty.

● Documentation relating to best interests decisions did not show how these decisions had been made in line with the requirements of the MCA. We have written about this further in the Well- Led section of this focused report.

Systems and processes to safeguard people from the risk of abuse
● People were protected from the risk of abuse.
● People told us they felt safe living at the home. A person commented, "I feel very safe, although I do suffer from a medical condition sometimes that causes me to be anxious. Staff are kind and reassuring when this happens".
● Staff had completed safeguarding training. A staff member explained, "Safeguarding is about the protection and safety of all the residents. We do everything for their safety and our own. If we see any unexplained injuries, we talk with the nurse in charge or the owner. I can also report to CQC or the safeguarding authority."

Staffing and recruitment
● There were enough safely recruited and trained staff on duty to meet people's care and support needs. The provider used a dependency tool to assess how many staff were needed according to people's specific needs. A staff member told us, "We do have enough staff. Even during Covid we had 4 care staff on the floor with 11 residents".
● We observed staff were attentive to people's needs and no-one had to wait for staff to assist them.
● Staff were recruited safely. We reviewed two staff files. Staffing records showed that Disclosure and Barring Service (DBS) checks had been completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Nurses had their registration with the Nursing and Midwifery Council checked.

Using medicines safely
● All aspects of medicines were managed safely. A person said, "I have no concerns about my medicines. I always receive them on time and it's nice not having to worry about remembering them".
● We observed staff administering medicines to people at lunchtime. This was done sensitively and safely. The nurse on duty practiced good hand hygiene when giving medicines to each person. People were asked if they required any pain relief medicines.
● We observed a staff member calling the GP surgery to chase a prescription for a person who had been discharged from hospital with their own medicines, some of which were in short supply.

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 supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was responding effectively to risks and signs of infection.
● 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.
● People were encouraged to receive visits from relatives and friends. On arrival, any visitors signed the visitors' book and used the hand sanitiser provided. There were no restrictions on visiting. We observed

visitors were made welcome by staff at the home. The nurse on duty took time to chat with people's relatives and to provide updates on their loved ones.

Learning lessons when things go wrong

- Lessons were learned if things went wrong.
- When asked how lessons might be learned from any incidents, the provider said, "It would depend on the individual circumstances and the incident. If someone had a fall, we'd consider whether it was a 'one-off' or likely to happen again. We'd think about best practice to prevent any falls and that would be shared with the team. Our handover meetings have changed. We do longer handovers now, and [named staff] calls the observation meetings where we pass over changes and things that have happened in the home."

Requires Improvement

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 requires improvement. At this inspection the rating has remained 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.

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

At our last inspection, some aspects of medicines management required improvement. These related to the administration of 'as required' medicines, medicines audits, and inclusion of up-to-date guidance and information in the provider's medicines policies.

At this inspection, improvements had been made. Medicines to be given as required were administered by nurses in line with the provider's protocols and local guidance. The provider's medicines policy was current, including for homely remedies such as over the counter medicines.

- Systems to measure and monitor the service overall were not sufficiently robust to ensure people received a consistent, high standard of care.
- Oversight and day-to-day management of the home was largely the responsibility of 2 nursing staff. The last manager had cancelled their registration in June 2022. It is a regulatory requirement, and a condition of registration, to have a manager in post who is registered with CQC, for a new manager to be in the process of registering with CQC, or for the provider to show they are actively recruiting. The provider told us they visited the home regularly and had daily contact over the phone with staff. They also said they had offered the post of manager to a candidate and were waiting to hear if it had been accepted. We are taking separate enforcement regarding the lack of a registered manager.
- Nursing staff had not received clinical supervisions since the last registered manager left in 2022; the provider was not medically trained. This meant they were unable to discuss any issues of a clinical nature or receive appropriate support and guidance.
- Care records were not always completed, lacked information and were not effectively reviewed. For example, people at risk of skin breakdown, did not have repositioning charts completed. If people needed to be admitted to hospital in an emergency, information about their care and support needs was not readily accessible or available to go with them.
- Documentation relating to best interests decisions for some people did not show how these decisions had been made in line with the requirements of the Mental Capacity Act 2005.
- No formal requests for feedback from people and their relatives had been made. The provider told us this was due to the low number of people in residence.

The provider had failed to implement effective governance systems to monitor the quality and safety of the service provided. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● We asked the nurse on duty how accidents and incidents were reviewed. They told us there had not been any accidents or incidents, mainly because most people were cared for in bed. There were incidences of people being admitted to the home with pressure ulcers, and these should have been notified to CQC, but were not.

The provider had failed to notify CQC of incidents. This is a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

● The provider told us they would ask a manager at from another service to come in and review all the care plans, so information included would be updated and relevant.
● Some audits had been completed such as environmental audits, temperature checks, call alarms, wheelchair checks, Legionella testing and fire safety.

Working in partnership with others
● The provider worked in partnership with a range of health and social care professionals.
● The home received referrals for admissions from hospitals and from local contracts and commissioning authorities.
● With no manager in post, the provider said no staff were currently members of any local forums or networks.

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; 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
● There was a positive staff culture at the home and people received a good standard of nursing care. For example, a person described how staff encouraged them to be as independent as possible and how they could wash themselves at the sink without assistance.
● Staff were patient, warm, friendly, and kind with people, and there was a shared sense of humour. The atmosphere of the home was vibrant, but there was also a relaxing calmness that had a positive effect on people's welfare. A relative told us, "I like it here. We looked at other places, but they're so accommodating here and it's very homely. It's also nicely furnished. The food is better here than at home; three course meals every day. All the staff are caring and very experienced, welcoming, and helpful".
● People's diverse needs were catered for. For example, a person had hearing loss, so staff were in the process of making 'flash cards' to aid communication. Other people used subtitles on their televisions to help them understand the content of the programmes they were watching. A person with poor eyesight had a magnified clock and talking books.
● Staff told us they enjoyed working at the home. A staff member said, "I think it is the only home where we work like a family. There is a lot of communication between us and the last manager was very good. We help each other a lot and are a very good team."
● The provider explained their understanding of duty of candour. They said, "It's about honesty, openness, putting your hand up when you've made a mistake, reporting where appropriate. We have very frank and open conversations with relatives."

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 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to send us notifications of other incidents.

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 Risks to people had not been fully assessed and documented, putting them at risk of harm. Regulation 12 (1) (2)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Auditing systems were not sufficiently robust to monitor or measure the care delivered or the service overall. Regulation 17 (1)(2)(a)(b)(c)