

Grangefield Care Limited

# Grangefield Residential Care 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

Grangefield Residential Care Home is a residential care home providing personal care to 13 people aged 65 and over at the time of the inspection. The service can support up to 23 people.

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

Monitoring and management of people's identified risks required improvement. Unexplained bruising on people had not been investigated for possible cause and body maps had not been used to accurately record any bruising. We have made a recommendation about risk assessments and monitoring

Safety checks were in place for the environment however, there was no record of water temperature checks for baths and showers prior to people using them. Audits had not identified gaps in recording of care delivery such as fluid charts, bowel movement charts and oral hygiene.

Medication administration records (MAR) were in place and people's medicines had been administered as prescribed. However, Protocols were not consistently in place.

Audits had not identified gaps in recording of care delivery such as fluid charts, bowel movement charts and oral hygiene.

We were assured that infection prevention and control measures were in place and being followed by staff.

People and their relatives were positive about the care and support provided. Staff were recruited safely and there was enough staff to meet people's needs.

We were assured with infection control.

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 10 April 2020).

### Why we inspected

We received concerns in relation to infection prevention and control at the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what action was necessary and proportionate to keep people safe as a result of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Grangefield Residential Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we 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?

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** ●

# Grangefield Residential Care 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 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

The inspection was carried out by two inspectors.

#### Service and service type

Grangefield Residential Care Home 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

This inspection was unannounced.

Grangefield Residential Home had a COVID-19 outbreak which affected the staffing and levels of care they were able to complete.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

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 used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with 11 staff including the registered manager, care staff and kitchen staff.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files 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.

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

- Fluid charts did not evidence people had received sufficient fluid intake. We did not see evidence people who were suffering with irregular bowel movements were offered additional fluids.
- People who had been identified as being at risk of developing pressure sores did not have a care plan or strategies recorded for staff to follow to reduce the risk. One person had a pressure sore on their foot and some staff had recorded they had supported the person to elevate their foot and other staff had not recorded this. There was no clear direction recorded in the persons care plan for staff to follow. However, staff told us they regularly repositioned this person to relieve the pressure on their foot.
- Regular temperature checks on water had been conducted however, we saw that the temperature of the water on occasions was higher than recommended. We saw no evidence staff checked water temperatures of baths and showers before people used them. Staff told us they used their hands or elbows to check this. Following the inspection, the registered manager put thermometers in place for staff to use.
- Unexplained bruising on people had not always been investigated for possible cause and body maps had not always been used to accurately record any bruising.
- Staff received training on safeguarding and understood how to recognise and report abuse. One staff member said, "If I noticed any marks or a difference in people's behaviour, I would go to [the registered manager]."
- People told us they felt safe. One person said, "I do [feel safe], staff look after us here."

We recommend the provider reviews all risk assessments and strategies in place to ensure staff are following them.

Using medicines safely

- Medication administration records (MAR) were in place and people's medicines had been administered as prescribed. However, stock checks of medication did not correspond with the amount recorded on the medication system. We saw no evidence this had been identified and investigated for any possible administration errors.
- Protocols were not in place for 'as required' medicines. The registered manager agreed to implement these immediately after inspection.
- Staff had not recorded the temperature of rooms where medication was stored. This was implemented following the inspection.
- Staff had received training in safe administration of medicines. One staff member told us they were in the

process of being trained and was researching which medicines people take, to be able to provide them with any information they need.

#### Staffing and recruitment

- Staff were recruited safely. The provider completed pre employment checks such as references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers
- The provider did not use a tool to calculate how many staff were required per shift to meet people's needs. However, we did not find any evidence that the service was short staffed. One person said, "I use my call bell and they always come." Staff told us that there was enough staff to meet people's needs.

#### 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 meeting shielding and social distancing rules.
- 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 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.

#### Learning lessons when things go wrong

- The manager reviewed all accident and incident forms. Trends and patterns were investigated to ensure lessons could be learnt.



# 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 Requires Improvement. At this inspection this key question has remained the same. 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

- Audits in place did not identify areas of improvement found during the inspection. The medication audit did not identify when MAR charts had not been filled in correctly. For example, missed signatures. We identified the record count of medicines did not match the actual amount of medicines in the service. This had not been identified or investigation to identify any possible concerns.
- Audits had not identified gaps in recording of care delivery such as fluid charts, bowel movement charts and oral hygiene.
- Audits were in place to check staff response to people's call bells however, these had not been completed since August 2020.
- Health and safety audits were in place however; the audit was missing checks on flushing of water in vacant rooms and water temperatures. This was added to the audit by the registered manager following the inspection to identify any future concerns.
- Some of the providers policies were out of date and required updating.

Working in partnership with others. Continuous learning and improving care

- We saw evidence of referrals being made to external healthcare professionals when required such as GP, dietitian and the speech and language therapy team. However, one person required a referral to a occupational therapist, this had not been completed in a timely manner. Following the inspection, the referral was sent.
- The service had worked closely with the local infection prevention and control team to ensure correct procedures were being followed to reduce the risk of infection.

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

- Aspects of people's care plans were person centred however, we identified information in some people's care plans was inaccurate or lacked detail. For example, how a person mobilised or what staff needed to look out for regarding behaviour.
- People and relatives spoke positively about the care provided. One person said, "Staff are pleasant and nice." Another person said, "All staff know me, they are all friendly and if I wanted something special they would get it for me."
- Staff demonstrated they knew people well. One relative said, "One of the key factors on choosing

Grangefield was its staff, the fact there are around 20 residents means the staff know, understand and care for [person] on a level that I do not believe could be achieved in a larger care home."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We saw evidence the service had met with people on a one to one basis to gain their feedback on the care provided.
- Relatives told us they were kept up to date with relevant information regarding their loved one. One relative said "They [the service] have previously asked for feedback and have held relatives' evenings to bring us up to date and raise concerns." Another relative said "[the registered manager] took a couple of photos with [person] approval to send to myself and my sister which we were very grateful for as we cannot see her."
- Staff told us they attended team meetings and had regular communication from the registered manager and other staff. Staff were positive about the registered manager and advised they would go to them if they had any issues or concerns.
- The registered manager demonstrated knowledge of the accessible information standard and advised that this would be implemented as required

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

- We saw no evidence of any recent complaints made by people, relatives or staff. However, people and their relatives told us they would feel comfortable making a complaint should they need to. One person told us "If I don't like something, I would tell them."
- The registered manager understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.