

Marton Care Homes Ltd

Dene Grange Care Home

Inspection report

Dene Road
Hexham
Northumberland
NE46 1HW

Tel: 01434603357

Date of inspection visit:
28 July 2022
01 August 2022
02 August 2022

Date of publication:
21 September 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Dene Grange Care Home is a residential care home providing nursing and personal care for up to 50 people across three separate units over two floors. The service provides support to older people with a range of health issues, including people living with dementia. At the time of our inspection there were 26 people using the service.

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

Safety procedures were not robust, including those in connection with fire procedures and maintenance of the premises. Risk assessments were not always in place.

The premises did not always provide a stimulating environment for some people, and in places required redecoration and further maintenance to be completed.

The providers quality assurance systems were not always effective and had not found issues, including those identified during the inspection. People's care records, including monitoring charts, needed to be improved.

People were supported to have maximum choice and control of their lives and staff always support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, a review of mealtimes was to take place to ensure people were always offered a choice and to ensure food was well presented.

Medicines were managed well. We have made a recommendation to review procedures to ensure best practice was always followed.

We were somewhat assured with infection control procedures and have signposted the provider to additional support to enhance their procedures.

We received mixed responses about the management team and some staff said morale was not good. Staff support systems were not up to date as programmed by the provider. Improvements were planned to take place.

Safe recruitment procedures were followed, and an ongoing recruitment drive was in place. Enough staff were in place. There were some gaps in staff training, but the provider took immediate action to address this.

Despite the issues we found, people felt safe and relatives confirmed this. Staff were kind and compassionate.

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

Rating at last inspection

This service was registered with us on 1 June 2020 and this is the first comprehensive inspection. We carried out a focussed inspection on 28 January 2022 which only reviewed infection control procedures and therefore the service was not rated at that time. The last rating for the service under the previous provider was good, published on 1st May 2018.

Why we inspected

We undertook this inspection because the service had not been previously fully inspected since registering with the CQC under the new provider. We also wanted to follow up on concerns shared with us via the local authority regarding safety at the 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 have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches in relation to safety, the premises and governance of the service 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, local authority and Northumberland Fire and Rescue Service 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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Dene Grange 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 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 one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Dene Grange Care 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. Dene Grange Care 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 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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority commissioning and safeguarding teams. We also contacted the local fire authority and Healthwatch for feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The information received supported the planning of the inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 11 people living at the home and contacted six relatives via telephone to gather their views. We spoke with the nominated individual, regional manager, registered manager, deputy manager, a nurse, the activity coordinator, a senior carer, four care staff, a member of domestic staff, the cook, the administrator and the maintenance person. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke to a visiting podiatrist.

We contacted 32 members of staff via email and received five responses.

We looked at nine people's care records and reviewed 11 medicine administration records. We looked at three staff files in relation to recruitment, induction, training and support. We also reviewed policies and procedures and a range of quality assurance checks.

We continued to seek clarification from the provider to validate evidence found. We further reviewed training data, quality assurance records and policies and procedures.

We contacted Northumberland Fire and Rescue Service to confirm actions they planned to take after their visit, and they assured us they were monitoring the situation and would return to further inspect soon.

We contacted with the local authority to share our initial findings. We also contacted the local area medicines optimisation team and asked them to support the provider.

Is the service safe?

Our findings

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

This is the first comprehensive inspection of this newly registered service. This key question has been rated 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

- Safety monitoring was not robust. The local fire authority had recently visited and issued an enforcement notice. Although some immediate action had been taken, including additional fire safety training, there were still issues to address.
- Other areas of safety monitoring were not always effective, including those routinely conducted via weekly maintenance and management checks. This included checks on bed pressure relieving mattresses and exposed wires on bed handsets.
- Risk assessments were in place although not all risks had been assessed, including those in connection with lone working with complex people or assessing individual risk for someone using a kettle independently.
- Call bells were not always in place or turned on. Two staff members told us, "Night staff keep unplugging them." The registered manager was made aware of this and was investigating these allegations.
- Chemicals were not always stored safely. Two bottles of cleaning fluid were found in unlocked cupboards. We removed these and immediately and brought it to the attention of the regional manager.

The provider's procedures for assessing, reviewing and managing the risks to people's health and safety were not robust, placing people at risk 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

- Medicines were managed safely. People received their medicines on time. 'As required' medicines protocols were not always in place.
- Topical medicines such as creams, did not always have full details of where the medicine should be applied, and records were not always completed to show the application had been applied as prescribed. The regional manager said they would address these issues immediately.

We recommend the provider review their medicines procedures in line with best practice.

- Staff medicines competencies were carried out to ensure they were safe to administer people's medicines.
- People and relatives were happy with medicines management. One relative said, "The manager is spot on. They have taken control of [person's] medication and arranged for them to keep their own GP for the time being. It's taken the strain away from me."

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 somewhat assured that the provider was accessing testing for people using the service and staff. Monitoring of staff testing was not robust, but the provider put in place updated procedures to address this and enhance monitoring.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Some bare wood was still present in places, including handrails which meant this could not be cleaned effectively. The provider told us they were going to address this immediately. One relative told us "The home is certainly very clean."
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were somewhat assured that the provider's infection prevention and control policy was up to date, although infection control procedures were not fully adhered to.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

People were visited by those who were important to them and visiting procedures were in line with current guidance. Relatives were complimentary about communication, particularly during the pandemic when visits were curtailed. Where professionals visited, they were not always asked to produce evidence of testing prior to entering the home in order to keep people safe. The provider was going to address this immediately.

Staffing and recruitment

- Staffing levels were sufficient to meet people's needs. During some weeks staff absence had impacted on staffing levels and agency staff had been used to fill any gaps. People and relatives felt there was sufficient staff.
- Safe recruitment procedures were in place. Staff were required to provide employment references and Disclosure and Barring Service (DBS) checks were completed before staff started employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- The provider had a continuous recruitment drive in place to attract new staff. This continued to be difficult due to the national shortage of care staff applicants. The provider had a range of incentives to attract new applications.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. One person said, "I feel as safe as houses here. I'm getting old and decrepit, but I feel safe here."
- Staff knew how to keep people safe from abuse and had received safeguarding adults training.

Learning lessons when things go wrong

- When accidents and incidents occurred, incident forms were completed by staff and body maps were completed, if required. These were reviewed by the registered manager and safeguarding referrals were made when needed.

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.

This is the first comprehensive inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's needs

- Internal and external decoration and maintenance, including missing or worn signage, was not always meeting people's needs. Bedrooms were often sparsely decorated and did not ensure people lived in a stimulating environment.
- Work was required in the garden areas to ensure it was safe and suitable for people. This included additional fencing, replacement signage, removal of broken or obsolete items and further tidying. The provider had started to address these issues.
- One unit and part of another unit on the ground floor were not in use. Some rooms, including bedrooms, ensuite bathrooms, communal showers, and lounges required refurbishment to allow these areas to be reopened. This had been identified by the management team and we were told a refurbishment programme was due to start in August.

The provider had not always ensured service design, decoration or maintenance met people's needs. This was a breach of Regulation 15 (premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's holistic needs were assessed, and care plans put in place. Some care plans did not include pertinent information about people's health needs. For example, a podiatrist told us staff ensured one person used pressure relieving footwear at specific times, however this information was not included in their care plan.
- People and their relatives were included in care planning and choices. One relative said, "As soon as [person] arrived, we had a meeting to discuss what care [person] needed and how it was to be done." Another relative said, "He didn't want a female carer doing this [personal care] and he now has a male carer to help him bathe. He's very happy with that."

Supporting people to eat and drink enough to maintain a balanced diet

- People were not always given choice at mealtimes, particularly those with cognitive impairment. People were sometimes presented with meals they had not chosen.
- Meals were based on a four-weekly meal plan. Staff told us the quality of meals varied, depending on who was on duty in the kitchen. One staff member said, "There is hardly ever any cooked breakfasts."
- The presentation of meals, particularly soft or pureed meals needed improvement to make them look more appetising. We raised the issues with the regional manager who told us they were bringing in a cook

from another care home to support staff.

- People's diets were in line with their care plans. One relative said, "[Person] says they are happy with the food. They always have a hot meal every day and never tells me they are hungry. They can ask for anything they like if not keen on what the meal of the day is." Another relative said, "I would say that [person] has got their appetite back again."

Ensuring consent to care and treatment in line with law and guidance

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 MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff supported people to make their own decisions wherever possible.
- Staff had received MCA training.
- Mental capacity assessments had been completed and recorded. Where people lacked the capacity to make decisions, decisions were made in their best interests.
- DoLS authorisations were in place when needed.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained in how to meet people's needs. Where there were gaps in training records, the management team took immediate action to put plans in place for staff to complete the training, including fire safety and behaviours which challenged staff at the service.
- Staff, including agency staff received an induction.
- Staff received support via supervision, annual appraisal and team meetings. Some supervision sessions were a little behind what was expected by the provider but were planned to take place.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked closely with other agencies to ensure people received the care they needed. People had received input from healthcare professionals including occupational therapists, opticians and speech and language therapy teams. One relative said, "When [person] had an episode last week they were straight away in touch with a GP, and I was kept informed at every stage."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first comprehensive inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care

- People were able to make decisions. One person wanted to visit the hairdresser and was observed in the hairdresser's room having their hair washed and blow dried. One relative said, "We were part of the discussion about the care plan and I'm pleased that they agreed to encourage [person] to walk and regain their strength and hopefully go back home to live independently."

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff were kindhearted and treated them with empathy. One person said, "The staff are very kind; chatty, but not too chatty." One relative said, "Staff are very kind and caring and really want to do a good job. They are approachable and friendly."
- We observed good interactions between people and the staff team. One staff member sat with a person who had become upset. They comforted them and gave reassurances which helped the person settle.
- Staff respected equality and diversity. A relative said, "The way they [staff] look after the residents is very good. Staff know all the people they look after; what their needs are, what their personalities are. They try their best to treat them like a human being."
- Staff were thoughtful and had held a summer fete, including one staff member shaving their hair to raise money. This had raised more than £800 to be used to take people out to a pantomime at Christmas.

Respecting and promoting people's privacy, dignity and independence

- Independence was maintained wherever possible.
- People were respected. One relative said, "The staff are very caring and respectful when they help him." Another relative said, "When staff carry out personal care, they are very good at understanding [person]; they sometimes refuse to have pads changed, but they are never forced to have it changed. They just humour [person] and return later when they are calmer. They always tell [person] what they are going to do before they do it."
- There were some instances where people's dignity was not always maintained. For example, staff observed without interaction, one person removing items of clothing and moving around their unit in a state of undress. One person had curtains in their room which did not secure their privacy. These issues were immediately addressed by the provider, including new curtains purchased.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first comprehensive inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were personalised and provided guidance to staff on how to meet their needs. Although we found no impact on people, not all care records and monitoring charts were fully completed. This included food and fluid charts, personal care charts or information about bed settings in care plans. The management team were going to address this.
- Daily handover meetings took place which allowed staff to discuss each person and agree how the shift would run.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to avoid social isolation and maintain relationships.
- People were supported to engage in activities they enjoyed. One relative said, "The activities coordinator is very good. They organise fayres and fundraising events for the residents fund." Another relative said, "Staff have encouraged [person] to take part in activities and they enjoy them. They went to a church service recently in the home and really enjoyed it."
- People with more complex behaviours were more challenging for staff to support in meaningful activities. The provider agreed that more tailored support, including additional training to staff, would be beneficial and said they would review activities.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified and recorded in care plans. This included reference to the type of communication the person may find difficult and how to support them.
- Staff communicated with people in line with their individual needs.

Improving care quality in response to complaints or concerns

- A complaints policy was in place that provided detailed guidance on how to complain.
- People and relatives knew how to make complaints and told us they had no concerns at this time.

End of life care and support

- Staff provided end of life care to people, supporting them at the end of their life while comforting family members and friends.
- End of life care plans were in place when needed. One person was currently on end of life care. They were receiving appropriate support with other healthcare professionals involved, when required.

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.

This is the first comprehensive inspection for this newly registered service. This key question has been rated 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

- Quality monitoring systems were not always effective, including reviewing fire safety, infection control and medicines.
- The provider did not have robust oversight of the service. This included failing to ensure maintenance actions were addressed in a timely manner.

Systems were not robust enough to ensure the quality of the service and ensure that essential tasks had been completed and that people's needs were met. This placed people at risk of harm. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and staff were clear about their roles, but further support was required to fully embed robust systems and practice within the service.
- The registered manager had informed CQC of notifiable incidents in line with regulations.

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

- A positive culture was promoted. However, we received mixed views about the management team and some staff told us that morale was not good. One staff member said staff did not get praised as they should. We raised this with the provider to address. Another staff member said, "I feel all care staff and management work very hard and go above and beyond for all residents."
- Relatives gave us examples of people achieving good outcomes. One relative said, "I've actually just said to [relative] that I think this is the fittest and best [person] has looked for years. They are very settled and that's all down to the manager and their team."
- The registered manager was well known to people and their relatives. One person lit up when they saw the registered manager and said, "Look, there's the Gaffer! Ahh, they are lovely!" One relative said, "I've known the manager for about 10 years, before they became the manager. They have been incredibly kind and helpful and doing a good job. They are trying their best to redecorate the home."

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

- Relatives told us they had been asked for feedback about the service provided. One relative said, "From

the minute we walked through the door, we were welcomed and introduced to everyone on the unit. We were shown round. We were told that we should ask staff anything at all; they even said I could ring in the middle of the night if I needed to." Another relative said, "Staff in the home are all lovely; helpful, kind and go out of their way to keep me informed."

- Staff were involved via staff meetings. However, staff told us that meetings were not always arranged to ensure all staff could attend or at a time that was convenient to them. The provider was going to review this.

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 understood the duty of candour. They said it was about being open and honest and apologising when things went wrong.

Continuous learning and improving care

- The registered manager had identified some areas where improvements were required but as they were fairly new to post, they had not yet had the time to ensure these were fully addressed.
- The management team were very responsive to feedback and immediately started to take action to address concerns raised.
- Efforts were made to improve the delivery of care. This included 'resident of the day' reviews to review people's goals and ensure they were receiving the right levels of care and support.

Working in partnership with others

- Staff at the service worked in partnership with others. Staff shared information with other agencies and professionals regarding people's care. We received positive feedback from several healthcare professionals. One healthcare professional said, "They [staff] have always done exactly what has been asked of them when I have left instructions to follow."

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider's safety monitoring procedures were not robust. Risk assessments were not always in place. Regulation 12(1)(2)
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of poor maintenance. Regulation 15(1)
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured people were provided with good quality care at all times because governance systems were not robust. Regulation 17(1)(2)