Newgrange of Cheshunt Limited

Newgrange Residential Home

Inspection report

Cadmore Lane
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Ware
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Date of inspection visit: 29 October & 02 November 2015.
Date of publication: 07/12/2015

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

Overall summary

Newgrange is a purpose built care home and is registered to provide residential accommodation and personal care for up 38 older people some of whom are living with dementia. At the time of our inspection 38 people were living at Newgrange.

The inspection took place on 29 October and 02 November 2015. This inspection was unannounced which meant the provider or manager did not know we were coming. We previously inspected Newgrange in December 2013. During that inspection we found that the provider was meeting the required standards.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

Summary of findings

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.

CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection we found that applications had been made to the local authority in relation to people who lived at Newgrange and a number of these were pending an outcome.

People told us they felt safe living at Newgrange. Staff were aware of how to keep people safe and risks to people's safety and well-being were identified and managed. However people's care records were not always updated to reflect the change in their needs. There were sufficient numbers of staff deployed to support people, and the home was calm and relaxed throughout our inspection. There were suitable arrangements for the safe storage, and administration of people's medicines. However, staff did not ensure that medicines were dated when removed from the packet.

People were asked for their permission before staff assisted them with care or support. Staff had the skills and knowledge necessary to provide people with safe and effective care and demonstrated this throughout the inspection. Staff received regular support from management which helped them to feel supported and valued and they told us they felt able to seek assistance when they needed to. People received appropriate support and encouragement to eat and drink sufficient quantities. However, people's nutritional needs were not always assessed or monitored effectively. People had access to a range of healthcare professionals when they needed them and feedback from visiting professionals was positive and supportive of the arrangements at Newgrange.

People's privacy and dignity was promoted they told us they were treated with kindness and compassion by staff that listened to them. Staff spoken with knew people's individual needs and were able to describe to us how to provide care to people that matched their current needs.

People and staff told us the culture in the home was open, supportive and transparent. People's care records were not always regularly updated to provide a comprehensive account of a person's needs and care. However, all staff spoken with were aware these current care needs and how to provide support to them. Arrangements were in place to obtain feedback from people who used the service, their relatives, and staff members about the services provided. People told us they felt confident to raise anything that concerned them with staff or management. The provider did not always have arrangements in place to regularly monitor and review the quality of the care and support provided for people who lived at Newgrange.

Summary of findings

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.

Medicines were not always managed safely; however people received their medicines when prescribed.

Staff were aware of when to report abuse, and people told us they felt safe living at Newgrange.

Incidents and accidents were reported and investigated by the manager.

There were sufficient numbers of staff deployed.

Requires improvement

Is the service effective?
The service was not always effective.

People were supported to eat and drink sufficient amounts; however people's weights were not regularly monitored and reviewed.

People received support from staff who were appropriately trained and supported to perform their roles.

Staff sought people's consent before providing all aspects of care and support; however capacity assessments had not always been carried out for specific decisions.

People were supported to access a range of health care professionals to help ensure that their general health was being maintained.

Requires improvement

Is the service caring?
The service was caring.

People were treated with warmth, kindness and respect.

Staff had a good understanding of people's needs and wishes.

People's dignity and privacy was promoted.

Good

Is the service responsive?
The service was responsive.

People were supported to engage in a range of activities.

People were given the support they needed, when they needed it, and were involved in planning and reviewing their care.

People's concerns were taken seriously and they were encouraged to provide feedback to the management team.

Good

Summary of findings

Is the service well-led?

The service was not always well led.

The provider did not have sufficiently robust arrangements in place to monitor, identify and manage the quality of the service.

Audits had not identified that people's care records were not up to date, and actions from the manager's audits did not clearly address any areas of concern.

People had confidence in staff and the management team.

Requires improvement 

Newgrange Residential Home

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 was planned to check 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.

This inspection took place on 29 October and 02 November 2015 and was unannounced.

One inspector carried out the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that requires the provider to give some key information about the service, what the service does well and improvements they planned to make. We also reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection we observed staff supporting people who used the service, we spoke with four people who used the service, four members of staff, the registered and deputy manager. We also spoke with a two visiting health professionals. We received feedback from the local authority health and community services. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to four people who used the service and other documents central to people's health and well-being. These included staff training records, medicine records and various management records.

Requires improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Newgrange. One person told us, "I am happy enough here, I have my friends, my family visit and the carers are a really good bunch." A second person said, "All of us are well cared for and looked after, we couldn't be in safer hands."

Staff we spoke with were able to describe to us what constituted abuse, and what signs they looked for when providing personal care to people, such as unexplained bruising or abrasions. Staff told us they monitored people's moods and observed them for changes in their personality, such as becoming subdued or withdrawn. They told us that they would immediately report any concerns to the management team and would complete the appropriate incident reports to escalate their concerns. Staff we spoke with were confident that the manager would respond if any form of abuse was suspected.

Staff we spoke with confidently explained how their whistleblowing procedures worked, and none of the staff spoken with had any hesitation about reporting unsafe practise to the management. One staff member told us, "I would tell the manager if I thought another carer had harmed someone, and if they didn't act quick enough I would tell you [CQC] the police or social services."

Information about safeguarding adults from abuse was available around the home to people and visitors, and gave them telephone numbers people could contact to report concerns, or for further information. Training records we looked at demonstrated that staff had all received updated training in relation to safeguarding people from abuse and whistleblowing.

Incidents and accidents were reported by staff to the management team. The manager maintained a log of these and investigated each incident accordingly. When we looked at the results we saw that although people had experienced falls periodically, they had not sustained any injuries. As part of the incident review, the manager considered people's mobility needs and whether any adjustments were required. They maintained a record of the number of falls that occurred in the home and reviewed these systematically when the falls occurred to identify possible patterns or trends that may have emerged.

We found that care plan and assessment tools for people were not always reviewed or completed when required. In some circumstances assessments were detailed, current and relevant to the person. For example when people's mobility needs deteriorated, staff considered the least restrictive options to support them, and where bed rails were required, this was carefully assessed and the risks considered. However, in certain examples, particularly around pressure care documented assessments were not available. However, when we spoke with staff about people's specific needs, they were able to tell us how they supported the person, what their needs were and any risks associated with their care or mobility needs. One staff member we spoke with described to us comprehensively how they cared for four of the people we were reviewing. Their description to us of the person's current needs and how they managed this left us assured that although a record had not been completed, staff were aware of how to positively manage risks to people's health and wellbeing. As we further spoke with staff, we were provided with equally comprehensive feedback. This meant that although staff had not always completed or updated the record, they routinely considered and were aware of how to manage positively risks to people's health and wellbeing.

People we spoke with told us there were sufficient numbers of staff deployed. One person said, "There's never one of them [staff] far away if you want one." A second person said, "They are always here and there fussing around, sometimes there can be too many asking if I'm alright." All the staff we spoke with told us there were enough staff on duty. They said they had busy periods but overall the numbers were sufficient. One staff member told us, "Yes, there are enough of us, in the mornings the domestics help in the dining room with getting the breakfasts ready so we can have more time getting people ready." The manager told us, and records confirmed that they regularly monitored staffing levels; they also told us that they maintained a staffing level higher than what they required. Our observations on the day of our inspection were that the home was peaceful, calm and staff carried out their duties in an unhurried and relaxed manner. This helped create a sociable and relaxed atmosphere throughout the home. For one person who spent most of the time in their room, staff constantly popped in and out throughout the day to make sure they were okay and not lonely. This demonstrated to us that the manager continually ensured there were sufficient numbers of staff deployed to support the needs of people living there.

Requires improvement

Is the service safe?

People we spoke with told us they received their medicines when they needed them. One person told us, "Here they come, right on time just before lunch with my tablet." We observed at lunchtime that medicines that were required to be given with or just after food were administered at the right times as prescribed. People, who were prescribed 'As required' medicines for symptoms such as pain, were asked whether they felt they needed a tablet, and staff acknowledged their decision. Only trained staff administered medicines and they were able to carry this task out undisturbed. When medicines were handed to people, staff ensured they were taken in their presence, and only signed the medication administration record (MAR) once they were satisfied they had been consumed. This meant that staff were not distracted and could be assured people had taken their medicine safely. We checked the MAR records for 10 people and found no errors or omissions in the record to suggest people had missed a dosage.

Staff regularly monitored the temperature of the fridges to ensure medicines were stored within safe temperature ranges, but did not record the temperature of the medicine room or trolley. We brought this to the manager's attention who acknowledged the need to ensure medicines were kept at the appropriate temperature and ordered thermometers immediately.

Medicines were booked into the home by two members of trained staff, both of who counted medicines and signed for the amount received. This ensured that discrepancy's in stocks were minimised. However, when boxed medicines were opened, staff had not signed or dated them. This meant that it would be difficult to track back any discrepancy in the stocks as staff would not know when the box was opened. A recent medicines audit had noted that boxes were dated when opened, however we found each of the six packets we looked at did not have a signature or date on them. This meant that the auditing process had not been as effective as it could have been and had not identified this. The manager took immediate action and requested that all medicines were signed and dated from the date of our inspection.

Requires improvement

Is the service effective?

Our findings

People we spoke with told us they thought the staff were sufficiently trained to support them. One person we asked told us, "Oh yes, definitely, they certainly are well trained."

Staff we spoke with told us they were well supported by the management to provide care to people. They told us they received a comprehensive induction, and ongoing training and development once they had passed their initial probationary period. Many of the staff team were long standing employees, having been working at the home for well over ten years. They told us that they had annual refresher training in areas such as safeguarding, mental capacity, moving and handling and dementia care. Staff told us they were able to work towards a nationally recognised qualification in care, and that they were able to freely seek additional training opportunities.

Staff told us that they felt able to approach any senior member of the staff team including the manager for support. They told us that they received regular supervision and an annual appraisal of their performance. One staff member said, "The managers are really good, if we have any problems we can just go straight to them, it's a very supportive team."

Throughout the inspection we saw staff obtained people's consent prior to providing care to them. Staff took the time to explain what they needed to do, and waited for people to agree. We observed examples where people refused initially and staff acknowledged this and returned later when the person was ready for them to assist. Staff we spoke with were aware of the requirements of the Mental Capacity Act 2005 (MCA). One staff member told us, "Because someone may not be able to make a decision about one thing, it doesn't mean they can't about other things, so we treat everyone as if they can first." Mental capacity assessments had been completed by the manager, however these were generic and not always specific to the decision being made. For example, we saw do not attempt resuscitation decisions had been made for people that lacked capacity. We asked to see a copy of the capacity assessment that the manager would have undertaken, however one had not been made specifically for this decision. The manager had considered the persons capacity in line with other decisions, however not for this one. They manager assured us they would completely reassess capacity and the resulting decisions. However this is an area that required improvement, to ensure that decisions for those people who may lack capacity are made in line with the MCA 2005.

Staff and the management team demonstrated to us their understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. We saw that the manager had completed the relevant assessments and had forwarded these to people's relevant local authorities and were awaiting an outcome. This meant that at the time of our inspection people were not unlawfully deprived of their liberty, and the manager had sought the least restrictive option.

People we spoke with we positive about the food they were provided with. We observed staff offer people a choice of meals at lunchtime, and people were provided with ample drinks to accompany their meal. One person was heard to ask what else they could have if they did not want the main lunch. The staff member was seen to go through a range of different options for them to have, when the person then sat back in their chair, thought about the choices, and in the end went for their original choice. One person told us, "The food is very good, very fresh and there is always lots of it."

People were supported to eat a wide range of healthy meals, supported by staff who knew their needs well. Where people required assistance with eating, this was done in a sensitive and caring manner, at a pace the person was comfortable with. We spoke with the chef, who was knowledgeable about people's individual nutritional needs. They provided a freshly prepared menu that was based on people's preferences, and catered for any special requirements such as diabetic diets or allergies. They spent time talking to us about specific people's needs, and described how they provided jams for diabetics, and wheat and gluten free meals for those who required this. They told us that food was routinely fortified to ensure people who required a high calorie intake were eating a calorific diet to maintain their weight. We observed that the kitchen staff were hands on with people during breakfast and lunch; they sought feedback from people, and encouraged people to eat their meals and offer further portions.

Where people were at risk of weight loss or who had experienced weight loss, both care staff and kitchen staff were aware of this. However, when people had been weighed routinely the care plan had not always been

Requires improvement

Is the service effective?

updated or reviewed with the current weight. Even though people were referred where necessary to dieticians or speech and language therapist for additional support, this meant an accurate assessment of people's nutritional needs had not been maintained. We spoke with staff who were aware of those people at risk, and were able to describe to us how they supported their dietary needs. However, a clearly documented assessment had not been maintained which was an area that required further improvement. This is because when professionals review people's weights, they would not be able to review a person's progress accurately, without previous records.

People told us they were supported by a wide range of healthcare professionals when they needed them. One person said, "When I want to see the doctor, I just say to the staff and they arrange it for me." We saw that people were able to freely access professionals such as GP's district nurses, chiropodists, opticians and dentists. We spoke with one visiting GP who told us that the staff were responsive in calling them if they were concerned about a person and that staff followed the instructions they gave them. They said, "Staff are above average, they know when people's needs change and they recognise. There are no occasions when I felt that people were in danger. The manager is clued up [manager] keeps things moving." One visiting health professional told us in their view people were well cared for at Newgrange. They said, "They are what I call on the ball, if there is a problem they react quickly."

Where people needed additional equipment to support them, staff acted very quickly to get this in place. For example, one person returned from hospital and staff noted a small red mark developing on a pressure area. Concerned that this may result in the person's skin breaking down over time, they acted in a preventative manner and ordered pressure relieving equipment, a profiling hospital bed, and ensured the area was referred to professionals and regularly creamed and monitored. We found that since the previous inspection there had been only one incident of a pressure area, which was acquired from a hospital admission.

Good

Is the service caring?

Our findings

People we spoke with told us that the staff were caring and treated them in a dignified manner. One person said, "They know me and I know them, we rub along quite nicely and they do things with the minimum of fuss." A second person told us, "Exceptional care that is above and beyond what you would find anywhere else."

Care was centred on people's individual wishes and preferences. Throughout the inspection we saw that staff offered people the choice of where to spend their time and with whom they wished, where to sit for lunch, what drinks they wanted to have and when, and whether they wanted to socialise or be left alone. This demonstrated that people were able to make their own choices about how they spend their day and receive their care. One person told us, "I am free to do as I wish, and the staff don't make us do anything. If I want to go to my room I can, they pop along to see if I'm okay, but I feel very much in control."

People told us they felt staff listened to their views about their care and treatment. They said they had a keyworker who regularly spoke with them about their care needs. One person told us, "I think [staff member] has a very good understanding of what I need because they listen to me, a simple thing I know, but very important to me." Care records we looked at were written clearly identifying what was important to people, and how to meet their needs. Staff we spoke with confidently were able to describe how to provide care to people that was individual. For example, one staff member spoke about four different people's needs and how they managed to meet them individually.

People were treated in a dignified manner that protected their privacy and maintained their independence. People were not rushed in the morning to get ready for the day, and could choose to stay in bed longer if they wished. One staff member told us, "[Person] doesn't want to get up early so we will go back about 10.30." When people were brought to the communal areas, they were clean, well-groomed and presentable. When staff were required to assist people or enter their rooms they did so in a dignified manner and with minimal fuss. When people were assisted this was carried out away from people, behind closed doors, and sensitively. One person told us, "When they come along in the morning they knock, then call out to me 'Good morning', and close the door before they start anything." A second person said, "I am happy the staff treat me in a very dignified way."

Staff were friendly and cordial in their involvement with people and visitors. People told us their relatives were able to visit freely whenever they wanted to and that maintaining relationships with families and friends was important to them.

Good

Is the service responsive?

Our findings

People and visiting health professionals told us that staff were responsive to people's needs. One person said, "They are very quick to help me when I need it." A second person said, "They know me and how I am, there isn't anything I can think of that they don't help me with when I ask them to."

Where people were assessed as being at risk of developing a pressure sore, we saw staff had sought the appropriate pressure relieving devices and equipment. They were referred to the appropriate professional and staff were observed to frequently discuss people's support needs both in handover and throughout the day. We saw staff asking each other constantly through the day if they had checked on one person, or if they had assisted another person. This constant communication and support helped ensure people's needs were met when needed.

People told us they were able to contribute to the assessment and review of their needs. They said that staff completed a thorough assessment of their needs and that both they and their family were consulted. Care records we looked at contained a biography of the person and what was important to them, alongside an assessment of the person's health and well-being needs that considered what they could do for themselves. For example, people were encouraged to wash and dress with minimal support from staff to maintain their dignity and independence. Where family was important to people, these formed part of their plan to encourage family to visit and to speak with people about this and other areas important to them. Where people had been able to contribute to their assessment, staff clearly had a detailed understanding of people, and how to meet their needs in a manner that was person centred and responsive to their particular requirement. One staff member told us, "Life history enables us to connect with people and talk about things that are important to them."

People were provided with a range of different social activities, and supported to pursue their own hobbies and interests. The manager was in the process of recruiting a further activity staff member, however in the interim period care staff ensured that people were engaged with activity and were not isolated. There was a range of activities provided during the week that people were able to either participate in or not, including visits from pets, music and entertainment and quizzes, crazy golf and singing. Where people preferred to pursue their own interests, staff supported them to play games such as cards or dominoes or to read quietly in the lounges. One person told us, "There's always something going on, I can join in or sit quietly with the staff."

People we spoke with told us they felt confident to raise their concerns or complaints with the management team. Information was made available that informed them how to raise a concern and what to expect when they did so. The home had a complaints log and each complaint raised had been investigated and responded to. One person told us, "If there is ever something that needs resolving the managers are onto it." This meant that the home had an open culture of dealing with and managing complaints.

Requires improvement

Is the service well-led?

Our findings

People and staff we spoke with told us the manager promoted and open culture where people felt able to contribute to. They told us the manager was approachable and listened to their views and opinions. One person told us, "Yes, I can have my say and [manager] listens to that."

Staff told us they were able to contribute to the running of the home. They said they felt their ideas or suggestions were readily accepted and the manager was willing to try new approaches. For example, staff told us that they suggested trialling a shopping trolley with toiletries and sundry items for people to purchase who did not have family to provide them or who could not get out. They said the manager whole heartedly agreed to this; however after giving it a go, they found that it was not widely popular, so decided to stop the idea. Staff told us that this was however a positive example of the approach from the manager who always looked for ideas and ways to improve people's who lived at Newgrange.

Staff told us that they were able to attend regular team meetings where they could raise any issues, discuss concerns and speak about improving the home. We saw that regular resident meetings were held and minutes demonstrated to us that people were actively encouraged to provide their views. We saw from the minutes of a recent meeting that all people attended and each in turn was provided the opportunity to comment. Issues discussed were around things such as people's safety and welfare, food, the environment, and feedback on the care people receive. Any points identified were noted for action by the manager.

The manager had also sought feedback from people via a resident's survey. The results of the last survey completed in September 2015 were positive with comments about areas such as care received, food, activities and the environment. Where issues were identified, it was clear how these were resolved. Following the Sept 2015 survey, which highlighted a lack of private areas within the home, suitable alternatives had been identified for private conversations. In addition to people's bedrooms, the large reception area had been furnished with easy chairs, coffee and tea machines, and is well lit and used extensively for this purpose.

Overall we found that the manager did not have a robust system in place to audit and monitor the quality of service provided. They told us that care plan and medicine audits had been carried out regularly, however we found that the senior staff had audited their own files, and merely indicated each criteria was met on a checklist. When we reviewed this further we found anomalies around this and gaps in care plans where the senior staff had indicated there were none. We asked how the manager ensured the care plans were current and up to date. They told us that the deputy managers in supervision reviewed the care plans with the staff; however they conceded they may have trusted the findings of the staff too much, and not thoroughly audited the file themselves. They told us they would take greater responsibility in future to physically review care files themselves.

The provider carried out regular audits of the home through visits and spot checks of the quality of care provided to people. Where these checks reviewed areas such as care planning, they did not record a time frame for completion of identified concerns. For example, in the audit carried out in August 2015, they identified care plans were gradually being reviewed during supervisions to ensure they were person centred and complete. However no timeframe had been recorded for this, and the managers corresponding 'To do' list did not include this for August or September. When we looked at how the manager reviewed and developed the service we saw they had not developed a robust management plan that clearly identified concerns and gave specific reviewable timeframes to achieve the improvements. They maintained a monthly list, that documented a task to be completed, but did not explain how they would achieve this. For example, October's 'To do' list noted, "Care plan monitoring, full review of process." However it was not clear what had been identified or how they would make the improvements. When we looked back over the lists the manager completed we found issues dated back some months that had yet to be addressed. For example, in July 2015 they had noted, "Audits of care plans ongoing, discuss seniors." However no timeframe or review of this had been completed until October 2015 when they once again identified care plans required addressing. This meant that issues identified through monitoring were not always effectively acted upon.

We found that people's care records were not always up to date. Staff had not always recorded people's weights, or

Requires improvement

Is the service well-led?

documented the monthly review of people's needs. In some examples, people's documented needs were wildly different to those they currently had. One person who was unable to mobilise independently for example, had their care plan documenting, "[Person] is very mobile and independent." A water low assessment, considered good practice in assessing and monitoring the risk of a person developing a pressure sore had not been completed for people where required. We identified one person who spent a vast proportion of their day in bed, and who required two hourly repositioning to minimise the likelihood of them remaining in one position and developing a pressure area. Staff had not routinely assessed their risk by using an assessment tool specifically for this identified need. However, the lack of accurate records did not mean that people received poor care. Staff and people living at Newgrange had built relationships up over many years. The staff team were stable and did not use agency or temporary workers. This meant that when we spoke with staff they were very clear about what people's current needs were, and were able to meet those needs when required. Much of the care planning carried out at Newgrange was through staff awareness and discussion daily; however, the manager had not ensured that an accurate and contemporaneous record was maintained for each person.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us they were in the process of reviewing a new care planning system with the staff and that they would act swiftly to ensure the appropriate assessments were completed. When we visited the home on the second day, the manager and staff had completely reviewed two people's care that had particularly complex needs. We found that the updated record was accurately completed with the appropriate assessments in place. The manager assured us that they would ensure all peoples records were accurate and reviewed regularly by members of the management team in future.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Good Governance Regulation 17 (1) (2) (b) (c) Systems or processes were not sufficiently established to assess and monitor the risks relating to the quality and safety of the services provided, and also to mitigate the risks to the health and wellbeing of service users. An accurate and contemporaneous record had not been maintained in respect of each service user.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.