

Aspire Healthcare Limited

Grasmere Lodge

Inspection report

10-12 Grasmere Street
Bensham
Gateshead
Tyne and Wear
NE8 1TR

Tel: 01914772909
Website: www.aspirehealthcare.co.uk

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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 Lodge is a care home that provides accommodation and personal care for a maximum of 20 people with mental health needs or associated conditions. The service consists of two conjoined houses in a terrace street. At the time of this inspection 15 people were living at the service.

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

The senior management team oversight of the operation of the service needed improvement. The audit tools they used were very basic and did not allow for full scrutiny and critical review. Since the pandemic the management team had infrequently visited the service. The nominated individual stated this was because the service had Covid-19 outbreaks for six out of 25 months but it was unclear why this precluded visiting at other times.

The nominated individual told us they were aware work was needed to repair parts of the building but this had been delayed. They could not say when this work would be completed.

Risk assessments did not always cover pertinent issues or set out the actions needed to keep people safe. Some people smoked in their bedrooms and would not leave the room when the fire alarm sounded. Individual fire risk assessments had not considered issues around the fire integrity of the bedrooms. The provider confirmed they would explore improvements, which could be made fire risk management in the service.

Recruitment practices needed to be improved as items such as full employment histories, interview questionnaires, current photographs and references which matched the people named on the application form were missing.

The nominated individual confirmed none of the senior management team's audits had led to the development of action plans. The governance system had not picked up issues despite there being areas for improvements. such as the repairs to the building, improving care records and staff files. No refurbishment plan was in place which meant the registered manager could not know about or plan for any works.

People felt safe. They commented on how staff were able to provide kind and compassionate care. People and relatives told us they had a positive relationship with the registered manager and staff. The registered manager and staff team had worked hard to maintain good working relationships with health and social care professionals. These relationships had supported them to deliver effective care and support.

There were enough staff on duty. Medicine management was effective. Incident monitoring records showed staff reviewed accidents and identified where lessons could be learnt. Staff adhered to COVID regulations and procedures.

Rating at last inspection

The last rating for this service was good (published 23 November 2018).

Why we inspected

We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

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 coronavirus and other infection outbreaks effectively.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to the provider oversight of the service. Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service and we will continue to work with partner agencies. We will also request a specific action plan to understand what the provider will do immediately to ensure the service is safe. We will work alongside the provider and the local authority to closely monitor the service. We will return to visit in line with 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 ●

Grasmere Lodge

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

One inspector carried out the inspection.

Service and service type

Grasmere Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Grasmere Lodge is a care home without nursing. 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 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service and a relative about their experience of the care provided. We spoke with the registered manager, a senior carer and two care staff. We also contacted the nominated individual who provided information about the senior management team's oversight and governance arrangements. We reviewed three people's care records, medicine administration records, two staff files and a variety of management and quality assurance records.



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 changed to requires improvement. This meant some aspects of the service were not always safe and there was an increased risk that people could be harmed.

Staffing and recruitment

- Recruitment practices did not always meet the legal requirements. Full employment histories were not requested on application forms. There were no interview questionnaires or current photographs. References did not always match the people nominated on the application form and there was no explanation as to why they didn't.
- The provider's central team are responsible for the maintenance of staff files and therefore it was unclear if the missing documentation was clerical error or they were not obtained.

The provider had failed to ensure governance arrangements were effective at identifying gaps in practice or sure staff maintained accurate, complete and contemporaneous records. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Over the last few years minimal staff changes had occurred, as staff retention was good.
- There were enough staff on duty and no agency staff were needed.

Assessing risk, safety monitoring and management

- The provider needed to ensure work to improve the building was completed. The nominated individual told us they were aware work was needed however this had been delayed as they were unable to get a builder. They had yet to be provided with a prospective start date.
- The registered manager told us the shower room above the damaged ceiling had repeatedly flooded. A new lino flooring had been fitted, which did not extend up the side of the rooms and in places the sealant had gaps. This meant water could continue to leak under the floor.
- Risk assessments did not always cover pertinent issues or set out the actions needed to keep people safe. For instance, one person was at risk of serious injury because their behaviour could adversely effect their physical health. No risk assessment had been completed.
- Fire risk management needed to be improved. At times people smoked in their bedrooms or were reluctant to leave their bedrooms when the fire alarm sounded. Individual fire risk assessment were in place but did not consider how to improve environmental protections. The nominated individual confirmed they would liaise with the fire authority to consider measures, which could be taken to minimise these risks.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were safeguarded from abuse. Staff had received safeguarding training and understood what constituted abuse.
- People told us they felt safe. One person said, "It's a good care home. The staff are really spot on and

[registered manager's name] is the best manager ever."

- Accidents and incidents were monitored to see if lessons could be learnt to keep people safe. For example the registered manager and staff had worked with people around alcohol use and keeping themselves safe in the community.

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 working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

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.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance.

Using medicines safely

- Systems were in place to make sure medicines were used safely.
- Medicine administration records were completed appropriately. Protocols were in place for 'as required' medicines which outlined clearly when the medicine was to be given.

Is the service well-led?

Our findings

Well-Led – this means 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 good. At this inspection this key question has changed to 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 understand quality performance, risks and regulatory requirements; Continuous learning and improving care

- The governance arrangements needed to be improved. The senior management team oversight of the service had not included a critical review of what was contained in the registered manager's audits for over two years. The nominated individual stated this was because the service had Covid-19 outbreaks for six out of 25 months but it was unclear why this precluded visiting at other times.
- The senior management audit tools were basic, as these only addressed whether items were in place such as care plans and not their quality or relevance, which meant they did not allow for full scrutiny and critical review.
- Action plans had not been developed despite the nominated individual being aware repairs and refurbishment were needed.

The provider had failed to ensure effective systems were in place to assess, monitor and improve the quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 was aware of their responsibilities under duty of candour.
- Notifications had been sent to alert the CQC and local authorities when incidents had occurred.

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; Working in partnership with others

- The staff team worked in partnership with people. People told us they had a positive relationship with the registered manager and staff. One person said, "You can't fault it here, the staff are great and [the registered manager] is brill. They are doing a real good job and nothing needs to be improved."
- Staff were very passionate about providing good care outcomes and understood how to support people manage the challenges life might bring.
- The registered manager and staff team had worked hard to maintain good working relationships with health and social care professionals. These relationships had supported them to deliver effective care and support.

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	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure governance system and processes were operated effectively. Regulation 17(1)(2)(a)(b)(c)(e)