

Kingsley Care Homes Limited

Downham Grange

Inspection report

Clackclose Road Downham Market Norfolk PE38 9PA

Tel: 01366387054

Website: www.kingsleyhealthcare.com

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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

Downham Grange is a nursing home which is registered to provide personal and nursing care to up to 62 people. At the commencement of the inspection, there were 45 people living in Downham Grange. Care is provided to people in three separate wings, each with separate adapted facilities.

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

The oversight and monitoring of risks to people's safety required improvement. Risks had not always been assessed or managed appropriately. Some people's care records contained inaccurate or conflicting information. This increased the risk of people receiving care that was unsafe and that could result in harm.

The registered manager had already identified some of these issues and was working to make the necessary improvements, but these had not yet been fully embedded. Following our inspection, the provider told us they had reviewed their monitoring systems and enhanced them to ensure risks to people's safety were identified and managed effectively. We will check these are effective when we next inspect the service.

People and relatives were happy with the quality of care provided at Downham Grange. All felt they or their family member was safe and that the home was managed well. They felt listened to and that the management and staff were approachable, friendly and kind. Good communication had been in place which had been particularly important during the pandemic.

There were effective systems in place to protect people from the risk of abuse. People received their medicines when they needed them, and good infection control procedures were in place to reduce the risk of the spread of infection as much as reasonably possible.

There were enough staff to keep people safe, but staff told us they could not always spend as much time with people as they wished. The registered manager agreed to keep staffing levels under regular review.

Incidents and accidents were recorded and investigated so lessons could be learnt to try to reduce them from happening again.

Staff told us they enjoyed working at Downham Grange and felt the leadership of the home was good. The majority felt supported and listened to.

Rating at last inspection

The last rating for this service was Good (published 26 July 2019).

Why we inspected

We received concerns in relation to staffing and the management of risks to people's safety. As a result, we undertook a focused inspection to review the key questions of Safe and Well-Led only.

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.

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 have found evidence the provider needs to make improvement. Please see the Safe and Well-Led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Downham Grange on our website at 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 reinspection 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?	Requires Improvement
The service was not always safe.	
Is the service well-led?	Requires Improvement
The service was not always well-led.	



Downham Grange

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 team consisted of two inspectors 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

Downham Grange 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.

What we did before the inspection

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 reviewed the information we had received about the service since the last inspection. This included notifications the home had sent us and information received from the public. Providers must notify us by law about certain incidents that occur such as serious injuries or allegations of abuse. We also sought feedback from partner agencies such as the local authority and clinical commissioning group. We used all this information to plan our inspection.

During the inspection

Inspection activity started on 18 February 2021 and ended on 9 March 2021.

During the inspection we spoke with seven people living at Downham Grange, five relatives, seven staff and the registered manager. We also spoke with two provider representatives being the director of compliance and an operations manager.

We reviewed five people's records in relation to the care they received, several medicine records, two staff recruitment files and some records in relation to the management of the service.

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 now 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

- •Improvements were required to the management and assessment of risks to people's safety.
- •Risks had not always been assessed when appropriate to do so. One person had not been assessed for the risk of dehydration which they had experienced in the past. Also for this person, there was no clear information in their care record to show what action staff needed to take to keep the person safe, should they have a seizure. Another person had bed rails in place but no assessment had been completed to demonstrate risks associated with using these had been considered.
- •Three of the five people's care records we reviewed contained conflicting information regarding how risks to their safety should be managed. This increased the risk staff could provide them with the incorrect care which could result in harm. For example, one person's record had contradictory information relating to whether staff should attempt to resuscitate them if needed. For another person, how their food needed to be prepared to reduce the risk of them choking had been inconsistency recorded. A further person had conflicting information regarding what action staff needed to take to reduce the risk of the person falling.
- •Some people had been assessed as requiring re-positioning at a particular frequency to reduce the risk of either developing a pressure ulcer or the deterioration of an existing pressure ulcer. Records demonstrated this had not always occurred for two people in line with their assessed needs, therefore increasing the risk in this area.
- •On occasions, there had been a delay in assessing people's risk of malnutrition. Although no one had been harmed due to this, it increased the possibility of action not being taken promptly.

During the inspection, the registered manager told us they had acted on our feedback with regards to the shortfalls above. They said they had corrected the errors and improved their monitoring and oversight in these areas. We will check at the next inspection this has occurred.

•Risks in relation to the premises and equipment people used had been managed well. For example, regular checks had been conducted in relation to fire safety and equipment people used had been regularly serviced to ensure it was safe.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse.
- People told us they felt safe living in Downham Grange and the relatives we spoke with agreed with this. One person said, "Yes I do feel safe. The staff are always careful." A relative told us, "[Family member] is safe. They are transferred using a hoist and then into a wheelchair. They [staff] are very safety aware when helping [family member].

•The staff we spoke with had a good understanding of how to safeguard people from abuse and harm. Records showed they had received training in this area. They understood how to raise concerns about poor care if needed and felt confident to do so.

Staffing and recruitment

- •There were enough staff deployed to keep people safe and to meet their needs. One person told us, "There are lots of them, I don't know where they all come from, they don't rush too much." Relatives commented they felt staff were busy and worked very hard to meet their relative's needs.
- •Staff told us they could keep people safe but sometimes felt rushed and could not spend as much time with people as they wished. During our visit to the home which occurred between the hours of 10am to 1pm, we observed staff were busy but were able to meet people's needs.
- •The registered manager kept staffing levels under regular review and amended them in line with people's needs as necessary to keep them safe. For example, one person required an enhanced level of support and therefore, an extra staff member had been deployed.
- Sufficient checks had been conducted to ensure staff were of good character before they started working for the provider. However, for one staff member they had detailed their past employment history in years rather than months and years. Doing this would help the provider to identify if there had been any gaps in employment that they could explore further.

Using medicines safely

- People told us they received their medicines when they needed them. One person said, "Yes I receive them, they are on time." The records we viewed confirmed this.
- Medicines were kept securely for the safety of people living in the home.
- •Staff had received the necessary training and support to ensure they gave people their medicines correctly and safely.

Preventing and controlling infection

- •Systems were in place to reduce the spread of infection. People told us they felt the home and their rooms were kept clean. One person said, "Yes, it is clean. They (staff) are cleaning and spraying all the time. They take all precautions."
- •We were assured the provider was preventing visitors from catching and spreading infections as much as possible. One relative said, "We haven't visited recently but when we did, it was with armour plating on! All the protection imaginable and temperature taken on the way in."
- •We were assured the provider was meeting shielding and social distancing rules, admitting people safely to the service and were using personal protective equipment (PPE) effectively and safely.
- •We were assured the provider was accessing testing for people using the service and staff, were promoting safety through the layout and hygiene practices of the premises and had acted to try to prevent and manage infection outbreaks as much as reasonably possible.

Learning lessons when things go wrong

• Staff understood the need to record incidents and accidents when they occurred, and this had taken place. The registered manager conducted regular analysis of incidents to identify whether lessons could be learnt. For example, a sensor had been placed in one person's bedroom to help reduce the risk of them falling.



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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent.

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

- •Improvements were required to ensure any potential risks to people's safety were monitored effectively and any identified improvements were successfully implemented.
- Several audits had regularly been completed to monitor the quality of care provided. These had been effective at driving improvement in areas such as medicines management, infection prevention and control and the safety of the premises. However, other areas of care required more effective oversight.
- •An audit relating to the management of pressure care risk had been completed in February 2021 which stated people had been re-positioned in line with their assessed needs. We found this not to be the case for two people whose care we reviewed. This had not been identified during this audit and therefore, it had been ineffective at driving improvement in this area.
- •The care records we looked at as part of this inspection had been regularly reviewed by senior staff, but they had not identified the inconsistencies we found or that certain risks had not been assessed.
- •The provider had identified concerns with regards to the monitoring of people's risk of malnutrition in October 2020. In response, a senior staff member had recorded that risks in this area should be assessed in a timely manner. The registered manager had identified this still required improvement in January 2021 and had reminded staff of this. Although we found some improvements, the timeliness of assessment had still not been fully embedded.

The registered manager and provider were responsive to our feedback and immediately reviewed their processes to improve their oversight and management of risks to people's safety.

• The registered manager fully understood their responsibilities. They had ensured the relevant authorities had been notified of any incidents that had occurred within the home and notified CQC as appropriate.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

•All the people we spoke with told us they were happy with the standard of care provided at Downham Grange. One person said, "Staff are lovely, and they are always careful. They do everything they can for you. The food is lovely especially the puddings and you can have a cup of tea any time. I have met [the manager] and they are doing a grand job."

- •Relatives also told us they were happy with the standard of care provided. They said they were kept informed about their family member's health and welfare which was of importance to them. One said, "When [family member] got COVID-19, the manager rang and offered her help and support at any time if we wanted it. She also told us when [family member] lost weight and what they planned to do about it. As far as I know it is run well." Another relative said, "I can highly commend the manager and as far as I can tell it is very well run."
- •The staff we spoke with told us they enjoyed working at Downham Grange and the majority said the management team were approachable and supportive. One staff member told us, "It is nice to have a manager who has stayed. They are approachable. It's been a very stressful time. The staff are like family." Another staff member told us, "The manager will help us out when we need it. She will listen if we have issues or concerns and she is always there if we need to talk to her."
- •People and relatives told us the communication in the home was good and that they had been supported to keep in contact with each other when the home had been closed to visitors. One person said, "Most of my family are too far away to visit but I have seen my husband and we speak on the phone." A relative told us, "We have visited, and the staff organise video calls so we can see each other."

Working in partnership with others

- •The registered manager told us they had good working relationships with health professionals and regular meetings with the local GPs to support people with their healthcare needs
- The management team and staff had worked closely with other organisations such as the local authority and Public Health England when it had been appropriate to do so.