

St. Matthews Limited

Kingsthorpe Grange

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Kingsthorpe Grange is a nursing home registered to provide care for up to 51 people living with mental health conditions and dementia. At the time of the inspection 34 people were living in the home.

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

Systems to monitor the quality and safety of the service were in place to ensure people received safe and person-centred care. These required time to be embedded in the service to ensure they were sustained and improvements continued.

Risks to people's care had been identified but some plans in place to mitigate the risk were not always sufficiently detailed enough to provide the level of information staff required to support people safely.

Staff understood how to protect people from harm and followed good hygiene practices to prevent and control infection. There were sufficient staff deployed to meet people's needs and people could be assured staff were recruited safely.

People could be assured they received their medicines as prescribed. Staff received training in managing medicines and their competencies had been checked.

People's needs were assessed, and care plans guided staff how to meet those needs. A system was in place to monitor people's health needs, this needed to be embedded and sustained.

People were supported to eat and drink. Mealtime experience could be improved to provide a more social environment.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Refurbishment plans were in place and improvements to the environment had been made. This needed to be sustained and improvements continued.

Feedback from families and visitors to the home was sought to help drive the improvements needed.

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

Rating at last inspection and update: The last rating for this service was inadequate (published 11 January 2022) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements

had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 10 January 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last 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 COVID-19 and other infection outbreaks effectively.

We carried out an unannounced comprehensive inspection of this service on 24 November 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, staff training, nutrition, dignity and management of oversight.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

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

Follow up

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Kingsthorpe 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 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

This inspection was carried out by two inspectors, a specialist nurse advisor 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

Kingsthorpe Grange 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. Kingsthorpe Grange 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 and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We observed how staff interacted with people to help us understand people's experience of the service. We spoke with five people who used the service and five relatives about their experience of the care provided. We spoke with 20 staff including three provider's representatives, a regional manager, head of human resources and maintenance lead, two nurses, three agency nurses, an advanced senior carer, two senior carers, five health care assistants, a housekeeper, cook, the deputy manager and the registered manager.



Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed 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; Learning lessons when things go wrong

At our last inspection the provider had failed to assess the risks to the health and safety of people using the service or take action to mitigate risks. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Since the last inspection, plans to mitigate against identified risks had been revised to include more detail to help staff mitigate the risks. For example, people who had diabetes plans were detailed to include the type of diabetes, normal blood sugar levels and guidance for staff on management of the condition. However, we did find other risks identified, such as risks associated with people living with epilepsy, plans did not always contain sufficient information to mitigate the risk. The registered manager rectified this during the inspection.
- People who needed monitoring for some specific health risks, had not always been identified which may have put people at risk. Following discussion with the deputy manager checks were put in place.
- People's health was monitored daily and the registered manager had ensured clinical handover sheets were detailed and accurate. Daily meetings had been introduced for staff to communicate any concerns about people's health, get updates on people and any other relevant information to keep people safe.
- One relative told us, "As soon as they realise that [loved-one] might be deteriorating, they call the GP and ring me to update me on her health. They act fast."
- Health and safety checks of the building and environment had improved. Daily and weekly checks were in place. We observed staff checking window restrictors and reviewed safety audits in relation to water temperatures and fire safety. These needed to be fully embedded and consistently maintained.
- Staff had received health and safety training and were aware of the danger people were exposed to if cleaning products were left accessible to people. Cleaning products were secured, and cleaning schedules evidenced regular cleaning of high touch areas had been undertaken. One staff member said, "We have had good training and are given regular updates."

Preventing and controlling infection

At our last inspection the provider had failed to assess, prevent and control the spread of infections. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 12.

- Cleaning schedules were in place and we observed staff using the correct cleaning products when cleaning frequently touched areas.
- 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 followed government COVID-19 guidance on care home visiting. Visitors were welcomed at any time and given appropriate PPE. One relative said, "We still do a flow test at home and wear a mask when visiting, if we haven't got a mask there is always one available."

Systems and processes to safeguard people from the risk of abuse

- People were cared for safely and were protected from the risk of harm. Staff knew what signs to look for to keep people safe from harm or abuse and there were up to date procedures and information available to support them. Any unexplained bruising or injuries to people were documented and investigated and appropriate action taken.
- Families assured us they felt happy with the care their loved one received and were kept safe. One relative said, "[Loved-one] has made improvement since leaving the hospital and put in their care so I feel that they are safe living there."
- The registered manager understood their responsibilities to keep people safe and had raised concerns appropriately with the local authority and notified the Care Quality Commission as required.

Staffing and recruitment

- People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place. Staff were checked for any criminal convictions and satisfactory employment references were obtained before they started to work at the home.
- The provider used a Tool to identify the level of staff required to support people's individual needs. Families told us they felt there was sufficient staff to care for their loved-one. One relative said, "There is enough staff and I also notice it when I am in the lounge visiting."
- The provider continued to recruit; agency nurses and care staff were used regularly to cover vacancies.

Using medicines safely

- Since our last inspection improvements had been made in relation to the management of creams. Creams were stored securely, dated when opened and found to be in date.
- Protocols were in place for medicines given as and when required and these were updated monthly following discussion with a GP. There was a weekly medication audit with daily spot checks.
- Staff followed the provider's medicines policy and procedures and had received training in the administration of medicines; their competencies were regularly checked.

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.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection the provider had failed to safely meet people's nutritional and hydration needs. This was a breach of regulation 14 (1) (meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- Mealtime experience needed to be improved. Although staff were attentive to individual's during mealtimes, they were task focussed, with little social interaction making the whole mealtime experience functional as opposed to a social event.
- Since our last inspection a system had been put in place to ensure all staff knew of people's dietary needs and fluid requirements. Action had been taken if people had not met their fluid targets and staff were attentive to encourage people to eat and drink.
- Kitchen staff were provided with information about people's dietary needs. The cook confirmed she was given the information she needed to ensure people's individual dietary requirements were met.
- People told us they got enough to eat and drink and the food was alright. One relative said, "They [Staff] do encourage [loved-one] to eat and drink, they cut up their food for them and they have enough to eat and drink." Another said, "The food normally looks good and presentable."

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff had the training and competencies to carry out their roles. This was a breach of regulation 18 (2) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Since our last inspection staff had undertaken a variety of training and their competencies had been tested. Staff from agencies had also been included with the training. This meant staff had up to date knowledge and demonstrated best practice.
- Staff told us they felt more confident and able to support people. One staff member said, "We have had better training and I feel have more knowledge around people's behaviours." Another said, "I have

completed training on diabetes and dysphasia."

- All staff, including agency staff, had regular supervision. One staff member said, "I have supervision every two to three months and an annual appraisal. [Registered manager] helps us a lot."
- The training delivered and access to specialist training, such as training in dementia care, needs to be maintained and sustained for us to fully assess its effectiveness on the quality and delivery of care.

Supporting people to live healthier lives, access healthcare services and support; Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

At our last inspection the provider had failed to do all that is reasonably practicable to mitigate risks to peoples' health and safety. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Following the last inspection, the National Early Warning Tool (NEWS) had been introduced which meant staff were able to detect quickly if a person's health was deteriorating and seek the appropriate medical assistance. One relative said, "They ring to update us on [loved-one] health. If they have ulcers or creams and need to see a GP." This needed to be maintained and sustained for us to fully assess its effectiveness.
- Staff had access to the information they needed to follow best practice, for example, to manage the care for people with diabetes.
- People were referred to external health professionals as required. We saw evidence of referrals being made to speech and language therapists, dieticians and physiotherapists. One relative said, "[Loved-one] sees the GP, Chiropodist, and also has reviews with the dermatology clinic and mental health team."
- People had their weights monitored regularly and the service used evidence-based tools to identify risks associated with pressure ulcers and malnutrition.
- People's protected characteristics under the Equality Act had been considered. Culture, religion and communication needs were discussed and recorded. Specific staff had been identified to support one person who shared the same language as English was not their first language. Menus had also been translated to enable the person to make choices for themselves.
- People and those important to them had been involved with their care plan. One relative said, "I have been a part of putting the care plan together, they have kept it up to date."

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

- People had been encouraged to bring items in to personalise their rooms.
- An area of the home had recently been refurbished to create a more dementia friendly environment for those people living with dementia. Improvements were needed in other areas of the home to make the environment more homely and less clinical. One relative said, "The home can be more homely and attractive, but I have seen improvements."
- People had access to a secure garden.

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.

- People's capacity to make their own decisions was assessed as required and records were clear in the assessment of whether a person had capacity or not. Best interest meetings were completed when a person lacked capacity and a decision was required. Relevant people were involved in best interest decision appropriately.
- There were DoLS in place for people using the service to keep them safe from harm. The service applied for them appropriately and kept a record of the authorisations and any conditions imposed.

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 our last inspection we rated this key question inadequate. At this inspection the rating 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 understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection the provider had failed to have systems and processes implemented and embedded to assess, monitor and improve the quality and safety of the service, and assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider's audits had improved, however, had not identified all potential areas of risk such as there was no system to monitor some specific health risks nor pressure mattress levels. We pointed this out on the first day of inspection and when we returned this had been rectified. Audits needed to be embedded and sustained for us to fully assess their effectiveness.
- Clinical systems had improved. There was now a system in place to monitor and maintain emergency equipment and oversight of people's clinical observations had improved. These needed to be maintained and sustained for us to fully assess their effectiveness.
- Staff had completed a comprehensive set of training and their competencies were tested. One staff member said, "Everyone does the training, including staff from agencies, this has helped us care for people well."
- Policies and procedures were in place which took into consideration best practice guidance for staff to follow. Staff spoke with confidence about the guidance they had been given in relation to the management of diabetes, managing people's behaviours and infection prevention and control.

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 open and honest when things went wrong, they informed families and external agencies as needed.
- The registered manager notified the Care Quality Commission (CQC) of events they were required to by law and the provider had displayed the previous rating as required.

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

characteristics

- Since the last inspection meetings for relatives had been set up. Following the first meeting, questionnaires had been sent to gather feedback. Responses had yet to be collated. Relatives told us communication had not always been good, but they had seen improvements since the last inspection.
- An electronic reception system had been introduced which enabled all visitors to log their feedback as they left the home. The information gathered helped to drive improvements.
- Daily meetings were held with staff which kept them updated on people's health needs and gave staff the opportunity to feedback any concerns or issues.
- Relatives and staff spoke positively about the registered manager. The staff felt confident issues were addressed when needed. One member of staff said, "[Name of registered manager] is very good, she has helped us a lot, organised staff well, there have been massive improvements."
- One relative said, "I have spoken to the registered manager and she seems really nice. They keep me informed of any developments by phone."

Working in partnership with others

- The provider worked closely with local mental health teams and local authorities.
- The provider had commissioned a review by an independent speech and language therapist to assess the service to use an audit tool so they could move forward with nutritional care plans for people and taking action with the support of the GP.