

Heera Care Ltd

The Grange

Inspection report

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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

The Grange is a residential care home providing personal care to up to 14 people in a single storey building. The Grange provides residential care as part of short-term intermediate care rehabilitation packages, known as 'step-down care', for people who are transitioning from hospital to their own homes or to more permanent residential care. The service provides support to people living with dementia, physical disability and/or sensory impairment. At the time of our inspection there were 9 people using the service.

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

Governance processes were not adequately utilised to ensure effective management and oversight. There was no evidence of learning from accidents and incidents. The provider's monitoring system had not identified these gaps. There were discrepancies between the service's record keeping for accidents and incidents, those referred to safeguarding, and those required to be reported to the Care Quality Commission. Staff administering medicines were knowledgeable about the administration process. However, there were discrepancies with stock control and medicine storage.

Soiled laundry and clinical waste were not being stored and disposed of correctly or in a timely manner.

There were shortfalls in feedback systems. For example, no staff meetings or staff supervisions for almost 6 months prior to the inspection. Some service user questionnaires had been completed and were generally positive. However, no system was in place to formally analyse these.

We have made a recommendation for the provider to review and implement regular feedback mechanisms to ensure people and relatives are fully engaged in the running of the service.

Staff understood safeguarding procedures and people told us they felt safe. Systems were in place to promote the safe recruitment of staff. Sufficient numbers of staff were available to support people's needs in a timely manner. Systems were in place to maintain the safety and maintenance of the building. Staff receive support, the service had an open-door policy, and staff report good teamwork. The service and its staff had regular involvement with a wide range of professionals and positive working relationships had been developed. 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.

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 good (published 29 October 2022).

At our last inspection we recommended that the provider review their systems for reporting safeguarding concerns and update their practices accordingly. At this inspection we found discrepancies between the

provider's recording systems in relation to safeguarding concerns, concerns reported to the Local Authority, and those reported to the Care Quality Commission.

Why we inspected

We received concerns in relation to the management of medicines, staffing levels and knowledge, and the management of the service. 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 COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified breaches in relation to good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The 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 undertaken by 3 inspectors. Two visited the service and 1 reviewed documents sent by the provider following the inspection.

Service and service type

The 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. The Grange is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 reviewed information we had been sent by the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people and 4 relatives, 4 staff, a deputy manager, the Registered Manager, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records relating to the care of people and the management of the service. Following the inspection visit we continued to review documentation provided by the service, such as policies, staffing rotas, training records and 3 care plans and associated documents.

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 good. 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.

Using medicines safely

- The provider had not ensured the proper and safe use of medicines.
- The service did not always follow relevant national guidelines around storing medicines and disposing of them. For example, there was no temperature monitoring of the medicines room, stock control was not always evident, and there was no clear process for the disposal of those medicines which were no longer required. These had not been identified by the provider because checks had not always been undertaken.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had processes in place for those people who received 'as and when' medicines.
- Medicines were administered by trained and competent staff.

Learning lessons when things go wrong

- The provider's governance systems did not support learning lessons and making improvements when things went wrong.
- Safety concerns were not always addressed. For example, the service monitored falls each month, and one person had suffered falls over several months. However, there was no evidence of an overarching view of these. This meant the provider was unable to identify any improvements that may be needed to either the person's care or their environment to prevent further incidents.
- Record keeping about accidents and incidents was not consistent. There was limited use of systems to record investigations and improvements made when incidents and near misses were reported.

Systems had failed to evaluate and improve the service and the care people received. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we recommended that the provider review their systems for reporting safeguarding concerns and update their practices accordingly. At this inspection we found discrepancies between the provider's recording systems in relation to safeguarding concerns, concerns reported to the Local Authority, and those reported to the Care Quality Commission. Improvements to the service had not been made. This

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

- Staff were knowledgeable about how to report abuse and how to identify possible safeguarding concerns.
- A person said, "I feel safe here and I feel it helps me." A relative said, "She's well looked after. They are wonderful here."

Assessing risk, safety monitoring and management

- Risks to people were assessed and their safety monitored and managed to support their safety and respect their freedom. However, personal emergency evacuation plans did not accurately reflect who was living at the home during our inspection visit. This was raised and immediate action was taken to rectify.
- Staff had a good understanding of people's risks.

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. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- There were sufficient numbers of suitable staff to support people's care needs. Observations found care was provided in a calm and unhurried way.
- A person told us, "I can normally find staff if I need them, the staff are helpful, staff are respectful."
- Staff received training. However, not all staff members had received a recent supervision. It was noted though that all staff had started to receive regular supervisions since the appointment of the new deputy managers had commenced 3 months previously.
- Staff were recruited safely. The service undertook a range of checks to seek assurance that potential employees were safe to work with vulnerable people.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were not assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- We were not 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

- Visits were being undertaken within current guidelines. There were no restrictions on visiting.

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 good. 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; 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; Continuous learning and improving care

- Systems and processes in place to assess, monitor and improve the quality and safety of the service had not always been completed.
- The registered manager had not always ensured quality performance activity or their regulatory requirements had been accurately recorded. For example, there were discrepancies in accidents and incidents, safeguarding and statutory notification records.
- The governance system did not record reviews of cleaning schedules, PPE use and laundry processes. The Registered Manager told us there was not a current system in place as the service was transitioning to a new IPC system recommended from an external audit in July.

Systems had failed to assess, monitor and mitigate the risks relating to the service. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Although a management feedback check had taken place, it was not evident that people or relatives' views had been sought since our last inspection visit. This meant the provider was unable to accurately monitor the quality of the service.

We recommend the provider reviews and implements regular feedback mechanisms to ensure people and relatives are fully engaged in the running of the service.

- The service held regular staff meetings. Staff were able to share their views.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The service had two new deputy managers who had started to build a culture of openness. Staff felt supported by their managers and were able to raise concerns.
- One staff member told us, "There's good communication." Another said, "I love working here." However,

another staff member commented, "Better if [registered] manager (was) here every day."

- The service worked closely with health professionals such as GPs, District Nurses, and physiotherapists.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 17 (1)(2)(a)(b)(f)</p> <p>The provider had failed to ensure they had regularly and consistently assessed, monitored and improved the quality of the service.</p> <p>The provider had failed to ensure they had regularly and consistently assessed, monitored and mitigated the risks to the service.</p> <p>The provider had failed to ensure they had regularly and consistently evaluated and improved their practices.</p>