

Jade Blossom Limited

# The Grange Nursing & Residential Home

## Inspection report

Smeeton Road  
Saddington  
Leicester  
Leicestershire  
LE8 0QT

Tel: 01162402264

Website: [www.grangesaddington.co.uk](http://www.grangesaddington.co.uk)

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## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service

The Grange Nursing & Residential Home is a residential care home providing personal and nursing care. It is registered to support up to 50 younger and older adults with dementia, physical disability or sensory impairment. At the time of inspection there were 36 people living at the service.

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

Care plans did not accurately reflect people's need for pressure relieving equipment. Pressure relieving equipment was set up incorrectly and checks of pressure relieving equipment were not in place. There was a risk people's skin would breakdown.

Infection control systems and processes had been reviewed to respond to the Covid-19 pandemic. Measures had been put in place to minimise the risk of transmission of the virus. Whilst care staff wore the recommended PPE, kitchen staff did not wear face masks during their duties.

Improvements had been made to medicines systems and processes. People received their medicines as prescribed.

Whilst improvements had been made to quality assurance systems and processes, they did not identify the concerns we found on inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 22 May 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, whilst we found improvements had been made, the provider remained in breach of regulation.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 04 April 2019. 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 and good governance.

We undertook this targeted inspection to check whether 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 and Well-led which contain those requirements.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned

about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Grange Nursing & Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will request an action plan for 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 return to visit as per 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?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### **Is the service well-led?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

# The Grange Nursing & Residential Home

## **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 as part of our Thematic Review of infection control and prevention in care homes.

This was a targeted inspection to check whether the provider 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 and Well-led which contain those requirements.

#### Inspection team

The inspection was undertaken by one inspector.

#### Service and service type

The Grange Nursing & Residential Home 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

We gave the service ten minutes notice of the inspection. This was because we needed to check whether

anyone had Covid-19 at the service.

#### 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 of this information to plan our inspection.

#### During the inspection-

We spoke with four people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, clinical lead, activities co-ordinator and care staff.

We reviewed a range of records. This included four people's care records and six medication records. A variety of records relating to the management of the service, including policies and audits were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and an improvement action plan.

# 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 requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of their action plan in relation to medicines systems and processes, to review infection control processes and concerns regarding wound care. We will assess all of the key question at the next comprehensive inspection of the service.

At our last inspection the provider had failed to manage medicines systems and processes safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst improvements to medicines systems and processes had been made and environmental hazards had been addressed, at this inspection we identified new concerns with pressure area care. The provider remained in breach of regulation 12.

Assessing risk, safety monitoring and management

- Some people were at risk of skin damage. Their risk assessments and care plans did not accurately reflect the type of pressure relieving mattress they needed or how they should be set.
- There were no checks of pressure relieving mattresses to ensure they were set correctly for a person's weight. This put people at risk of skin breakdown.
- One person had an open pressure wound. Their mattress was set for 90kg when they were 45.5 kg in weight. This meant there was a risk their wound would deteriorate further.
- Staff told us people had been weighed in August. However, there was no record of this due to staff absence. There was a risk that weight loss had not been identified, delaying intervention.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded immediately during and after the inspection. They confirmed a full audit of pressure relieving equipment had been undertaken and regular checks of mattress settings had been introduced.
- There had been a focus on staff reporting areas of skin redness to prompt earlier intervention. Records showed action had been taken when areas of redness were identified, and referrals had been made to appropriate healthcare professionals. A staff member said, "Every morning when we do personal care. We write every mark on the body map. It's really good. Nurses review the body maps. If creams are needed, they get prescribed."
- Environmental hazards had been addressed. Exposed piping had been covered and radiator covers

installed.

#### Preventing and controlling infection

- Kitchen staff did not wear face masks while undertaking their duties. Government guidance advises kitchen staff need to wear a mask to prevent them passing on COVID-19 from their mouth and nose to other people in the care home. We discussed this with the manager, who acted to address this. They told us they would continue to monitor compliance.
- Care staff were observed to wear Personal Protective Equipment (PPE) in line with government guidance. There was adequate stock of gloves, aprons and face masks. PPE stations had been installed in corridors and hand sanitiser was accessible throughout the service. A staff member said, "We have plenty of PPE, we don't have a problem with getting it."
- Vinyl flooring had been installed throughout the ground floor and areas of the upper floor. One person told us, "The flooring is new, it is easier to walk on and more hygienic."
- The service was observed to be clean and free of any malodours. Cleaning had been increased in response to the pandemic. We observed domestic staff cleaning high touch areas such as door handles and the doorbell.
- The service had a visiting policy in place to minimise the risk of transmission of Covid-19.
- People felt safe with the infection control measures put in place. One person said, "I am safe here with the virus."

#### Using medicines safely

- There had been improvements in medicines systems and processes. The provider had updated medicines policies to reflect best practice guidance.
- People told us they received their medicines on time. One person said, "Staff know what they are doing, they [medicines] are always on time."
- Pictorial guidance had been implemented to ensure staff knew where to apply creams and ointments.
- Where pain relief patches were used, staff checked they were correctly applied. Body maps evidenced patch sites were rotated in line with best practice guidance.
- Medicines were stored in line with manufacturer guidance.
- Audits of medicines administration Records (MAR) were undertaken. Action plans were developed after each audit.

# 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 requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of their action plan in relation to medicines systems and processes, to review infection control processes and concerns regarding unexplained bruising and wound care. We will assess all of the key question at the next comprehensive inspection of the service.

At our last inspection the provider had failed to manage governance systems and processes effectively. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Improvements had been made to Quality Assurance systems and processes. However, these failed to identify there were no daily checks in place for mattress settings; people's care plans did not accurately reflect pressure relieving equipment; people's mattresses were not correctly set up; people's weight had not been recorded or responded to. This put people at risk of receiving unsafe care.
- The service had not identified kitchen staff were required to wear face masks in line with government guidance.

We found no evidence that people had been harmed however, governance systems and processes were either not in place or robust enough to demonstrate safety was effectively managed. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded immediately during and after the inspection. They confirmed a full audit of pressure relieving equipment had been undertaken and regular checks of mattress settings had been introduced. They instructed kitchen staff to wear face masks and told us compliance would be monitored.
- There had been a change of registered manager since the last inspection and an appointment of a deputy manager and clinical lead. Staff felt well supported by the management team, one staff member told us the manager was, "Very good." The provider was visible at the service and had undertaken a staff meeting the week prior to our inspection, this had been positively received by staff.
- At the last inspection we found medicines systems and processes were not safe, we also identified environmental hazards. At this inspection we found improvements had been made to medicines systems

and processes and environmental hazards had been addressed. Records showed since the last inspection, there had been a focus on driving improvements. An action plan was in place that was reviewed regularly by the management team and provider.

- The registered manager understood the regulatory requirements. The locations rating was displayed, and legally required notifications had been submitted to the CQC.
- Accidents and incidents had been reviewed to identify lessons learned.
- Staff had a good understanding of their roles. Staff knew how to record, and report safeguarding concerns and accidents and incidents. They demonstrated a knowledge of people's care needs such as when people needed to support to change their position and the addition of thickeners to their drinks. We observed kind and caring interactions between staff and people living at the service.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People were at risk of harm as systems and processes were not in place to ensure the safe use of pressure relieving equipment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems were either not in place or robust enough to demonstrate safety was effectively managed.