

Newgrange of Cheshunt Limited

# Newgrange Residential Home

## Inspection report

Cadmore Lane  
Cheshunt  
Waltham Cross  
Hertfordshire  
EN8 9JX

Tel: 01992642449

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

Date of inspection visit:  
09 May 2016

Date of publication:  
08 June 2016

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of Newgrange Residential Home on 29 October & 02 November 2015 at which breaches of regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were found.

Following the comprehensive inspection, the provider wrote to us on 14 December 2015 to tell us how they would meet the legal requirements 31 January 2016. We undertook a further focused inspection on the 09 May 2016 to check if the necessary improvements were made. We found that little improvements had been made and the provider was still not meeting the legal requirements in relation to Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Newgrange Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Newgrange is a purpose built care home and is registered to provide residential accommodation and personal care for up to 38 older people some of whom are living with dementia. At the time of our inspection 35 people were living at Newgrange.

At this inspection we found some improvements had been made, however we also found further improvements were required in areas relating to the completion of people's care records. The improvements made to governance systems were not sufficient, these did not effectively identify and address any areas in people's care plans which needed updates or completion.

The provider and registered manager had implemented a new system of auditing and reviewing the quality of care people received since our last inspection. However, care plans, particularly in relation to nutrition and pressure care had not been completed, or if these were completed contained inaccurate information.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service well-led?

The service was not well led.

The provider continued to not have sufficiently robust arrangements in place to monitor, identify and manage the risks to people who used the service.

Audits had not identified that people's care records were not up to date.

People had confidence in staff and the management team.

**Requires Improvement** ●

# Newgrange Residential Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 May 2016 and was unannounced.

One inspector carried out the inspection.

We reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection we spoke with the provider, the registered manager, two senior members of staff and received feedback from the local authority health and community services. We also reviewed the care records relating to three people and other documents central to people's health and well-being which included various management records.

## Is the service well-led?

### Our findings

At our previous inspection on 29 October and 02 November 2015 we found that records relating to people's nutritional and pressure area care were not completed. We found that staff had not always recorded people's weights, and had not used assessment tools to assess the risks to people considered to be high risk of developing pressure sores. They told us that care plan and medicine audits had been carried out regularly, however we found that the senior staff had audited their own files, and merely indicated each criteria was met on a checklist. When we reviewed this further we found anomalies around this and gaps in care plans where the senior staff had indicated there were none. We found that governance systems used by either the provider or registered manager did not clearly identify and manage the issues we identified throughout the inspection.

On the 14 December 2015 the registered manager and provider wrote to us and informed us of how they intended to meet the legal requirements. They told us that, "The Registered Manager had developed, and put in place a revised, improved and comprehensive system for the complete compilation, assessment, monitoring and auditing of risks to the quality of service provided." The action plan further noted that it would, "Mitigate the risks to the health and wellbeing of service users, including a process to improve individual service user's records / plans of care." They told us that these new processes would be embedded in the home by 31 January 2016.

When we inspected Newgrange Residential Home on 09 May 2016, we found areas where improvements had been made. The registered manager developed a policy and statement in relation to governance and quality assurance systems. This document very clearly described how frequently reviews and audits were to be carried out and by whom. For example, this clearly recorded that audits of medications were to be carried out monthly with people's care records completed bi-monthly. We saw that the provider visited the home very frequently. Once a month they completed their own review of the home with the registered manager and documented any areas for improvement. These areas and actions were followed up in their next visit to ensure the actions were completed.

However, we checked the records for one person we reviewed at the last inspection, and the files of two people who required constant monitoring for nutritional and pressure area needs. We found that for the person we reviewed at the last inspection the care provided met their needs; however the documentation and assessments were not completed. For example, this person spent a vast proportion of their day in bed requiring frequent repositioning to minimise the likelihood of developing pressure sores. Staff had not routinely assessed the risk of developing pressure ulcers and they were not using any nationally recognised assessment tools to indicate the level of risk and preventative measures or actions taken to reduce the risks. At this inspection, we found that staff had completed the assessment tool, and appropriate equipment was in place, such as pressure relieving equipment. However reviews of the persons condition, such as risk of developing a pressure sore, or nutritional needs had not been reviewed as required. The last review was completed two months prior to our inspection where there was a requirement for this to be done monthly. Furthermore, the calculation used to attribute a risk level was incorrect. We reviewed the last assessment in March and found that staff had attributed a score that placed them at high risk of developing pressure areas.

However, when we rechecked the assessment, we found this should have been calculated as very high risk. This meant that this person was at risk of not having their needs responded to because an accurate assessment of the risks to their health had not been maintained.

At our previous inspection we found that people's risk of weight loss had not been monitored. Staff had not documented people's weights, and had then subsequently not reviewed people's needs robustly. At this inspection we found no improvements in this area as staff were not consistently recording people's weights as required. In all three records we looked at we found that people who required monthly weighing where staff had failed to do this. In one example this was for a period of four months. We found for the other two people that staff had not recorded the weight in the assessment tool. We asked why this had not been completed, and one of the senior managers told us, "We do the weights monthly, they [Staff] just haven't completed the charts." However, once again we found that the assessment tools were not correctly calculated to attribute the right risk level. For example we rechecked a nutritional assessment tool referred to as a MUST tool, and found that the person's body mass index (BMI) had been recorded but not correctly attributed when assessing the risk. We rechecked this with the registered manager and found the risk level increased with the correct calculation. For all the records we looked at we found similar omissions in recording and a lack of accurate assessments of people's care. We further found that when recording people's BMI, staff did not record the specific BMI measurement for people, but recorded a broad range between 18.5 and 25.

The registered manager told us that staff audited the care records on a bi-monthly basis and reviewed these with a senior manager. When we looked at the audits that had been completed we saw that frequently actions that were identified had not been carried out, or issues we identified throughout the inspection had not been identified. For example, none of the three incomplete MUST or pressure area (waterlow) assessments had been identified, and for one person who was unable to be weighed, staff had not referred to the district nurse for an alternative method of measuring their weight as noted in the audit form. We asked the registered manager if they randomly reviewed peoples care records in the interim period and they told us they did not. This meant that where actions were identified through reviewing people's records they were not always completed for a period of two months, until staff had the next meeting with their line manager where they discussed the actions. The registered manager told us, "I thought this was done, I am really deflated and trusted them all to make sure the care plans were complete."

This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we looked at the records of people's personal care however such as positioning charts or food and fluid records, we found these were completed accurately, concisely and provided an account of the care a person received or food and fluid they were provided with. We spoke with one health professional who told us, "The care in Newgrange is in my opinion excellent, staff report to us their concerns straight away and whatever people need the home provides." We were satisfied that the issues identified during the inspection related to insufficient reviewing and recording in people's records and did not impact the daily care provided. Staff managed this through daily handover, discussion of people's needs through team meetings and effective team work.