

Norton Care Limited

# The Grange Nursing Home

## Inspection report

Watershaugh Road  
Warkworth  
Morpeth  
Northumberland  
NE65 0TX

Tel: 01665711152

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

Date of inspection visit:

11 July 2017

14 July 2017

21 July 2017

Date of publication:

18 August 2017

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The Grange Nursing home provides care and accommodation for up to 23 people some of whom have are living with dementia. Accommodation is provided over two levels with lift access. There were 21 people living at the home at the time of the inspection.

We last inspected the care home in May 2016 and rated the service as requires improvement and identified a breach of the regulation relating to safe care and treatment. People who required support with moving and handling could not currently have a bath or shower because the bathroom was being modernised and adapted and fire instruction had not been carried out at regular intervals for night staff.

This comprehensive inspection took place on 11 July 2017 and was unannounced. Two further announced visits were carried out on 14 and 21 July 2017 to complete the inspection. At this inspection we found that action had been taken with regards to the breach and the provider was now meeting all the regulations we inspected against.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The provider's main director was the nominated individual and oversaw the management of the service.

Prior to and during our inspection, we received information of concern relating to one person's care and the management of the service. We took this information into account whilst planning and carrying out our inspection. Throughout this report, we state that people and the majority of relatives told us the service was safe, effective, caring, responsive and well led. This was due to the concerns we received which related to each key question. We checked the specific issues raised and examined other important sources of information outlined in the background section of this report to complete our inspection and support our judgements and ratings. The concerns raised in relation to this one person's care are being dealt with outside of this inspection process.

We received mixed feedback from people, relatives and staff about whether there were sufficient staff deployed. We spent time observing the care which was provided in the late afternoon/early evening. This period of time was very rushed and several people had to wait for assistance. We have made a recommendation that the provider reviews staffing levels to ensure that staff are deployed to meet people's needs in a timely manner.

We checked staff recruitment. We noted that two staff had a Disclosure and Barring Service [DBS] Adult First check in place. This had been obtained to ensure they were not barred from working with vulnerable people; however their full check with details of any possible cautions and convictions had not been received at the time of their employment. We noted that a risk assessment had not been completed with regards to this

issue. The registered manager addressed this immediately.

Checks and tests had been undertaken to ensure that the premises were safe. Fire safety checks and instruction had been carried out. Action had been taken to ensure the environment was suitable for people with a dementia related condition. The main bathroom had been refurbished and fully adapted.

There were safeguarding procedures in place. Staff were knowledgeable about what action they should take if abuse was suspected. The local authority safeguarding team informed us there were no organisational safeguarding concerns regarding the service.

Medicines were managed safely. This included the management of controlled drugs which require stricter controls because they are liable to misuse.

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

Records confirmed that training was available to ensure staff were suitably skilled. Staff were supported through an appraisal and supervision system.

People's nutritional needs were met and they were supported to access healthcare services when required.

We observed positive interactions between staff and people who lived at the service. Staff promoted people's privacy and dignity. There were systems in place to ensure people were involved in their care and support.

Care plans were in place, which detailed the individual care and support to be provided for people. Arrangements for social activities met people's individual needs.

There was a complaints procedure in place. One family had requested a copy of the complaints procedure to make a formal complaint.

Audits and checks were carried out to monitor the quality of the service. There was a system in place to manage people's monies. The manager had difficulty in locating certain receipts which were eventually found. We have made a recommendation that the provider reviews its recording system for the management of people's monies.

The provider had notified CQC of all events and changes at the service in line with legal requirements.

Further information is in the detailed findings below.

## 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.

Care delivered in the late afternoon/early evening was very rushed and several people had to wait for assistance.

We found shortfalls regarding staff recruitment.

Checks and tests had been carried out to ensure that equipment and the premises were safe. Regular fire tests and instruction had been carried out. The main bathroom had been refurbished and fully adapted to meet the needs of people.

There were safeguarding procedures in place. Medicines were managed safely.

### Is the service effective?

**Good** ●

The service was effective.

We found that action had been taken to improve in this key question. The design and décor of the environment met the needs of people with a dementia related condition.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Records confirmed that training was available to ensure staff were suitably skilled. Staff were supported through an appraisal and supervision system.

People's nutritional needs were met and they were supported to access healthcare services when required.

### Is the service caring?

**Good** ●

The service remains caring.

### Is the service responsive?

**Good** ●

The service remains effective.

## Is the service well-led?

Good 

The service was well led.

We found that action had been taken to improve in this key question. There was a registered manager in place. The provider's main director was the nominated individual.

The provider had notified CQC of all events and changes at the service in line with legal requirements.

A number of audits were carried out to monitor the quality of the service. We made a recommendation that the provider reviews its recording system for the management of people's monies.

There were systems in place to involve people, relatives and staff in the running of the service.

# The Grange Nursing 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 checked 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.

The comprehensive inspection took place on 11 July 2017 and was unannounced. Two further announced visits were carried out on 14 and 21 July 2017 to complete the inspection. The inspection was carried out by an inspector, specialist advisor in nutrition and an expert by experience.

Prior to our inspection, we checked all the information we had received about the service including notifications the provider had sent us. Statutory notifications are notifications of deaths and other incidents that occur within the service, which when submitted enable us to monitor any issues or areas of concern.

We contacted the local authority's safeguarding and contracts and commissioning teams. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used their feedback to inform the planning of the inspection.

The manager completed a provider information return (PIR) prior to the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

During the inspection, we spoke with five people who lived at the home and nine relatives. We also consulted with a nurse practitioner, a community psychiatric nurse, an infection and control practitioner from the local NHS trust, two members of the behavioural support team, a care manager, a social worker and a mental health social worker manager. Following our inspection, we contacted a development officer from the local NHS Trust's learning and development team, a registered manager from a nearby nursing home and the station manager from Northumberland Fire and Rescue Service.

We spoke with the nominated individual, manager, the clinical lead, two nurses, a team leader, four care

workers, a member of the domestic team, a laundry assistant, the activities coordinator and the maintenance man. We also spoke with a member of night shift by phone following the inspection to find out how care was delivered at night. We examined six people's care plans and medicines administration records. We also checked records relating to staff and the management of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

# Is the service safe?

## Our findings

At our last inspection we rated this key question as requires improvement. We identified a breach in safe care and treatment. People who required support with moving and handling could not currently have a bath or shower because the bathroom was being modernised and adapted and fire instruction had not been carried out at regular intervals for night staff.

At this inspection we found that action had been taken to improve with regards to this breach. The bathroom had been refurbished and fully adapted and regular fire safety checks and instruction had been undertaken. We contacted the local authority's fire safety team who had recently visited the home who told us that no concerns were identified.

Checks and tests had been carried out to ensure that the premises and equipment were safe. A key pad system was in place for security. One staff member said, "Everything is secure, there's a sensor mat at the bottom of the stairs which alerts staff if residents access the stairs." Staff told us and our own observations confirmed that there was sufficient equipment available. One staff member said, "I have seen a lot of improvements. They have the tilt and space shower chair which is so much safer. Another staff member said, "We've got everything, hoists, stand aids, slide sheets – we've got everything."

Staff told us that the lack of storage space was an issue. Staff had ensured that equipment was stored as safely as possible and did not encroach on any fire exits. The provider had purchased a shed which was going to be used to store excess equipment.

We checked staffing levels at the service. We received mixed feedback about whether there were sufficient staff on duty. Comments from people and relatives included, "The staff are hard worked" and "They could do with more staff."

Although occupancy levels were similar to the previous inspection; the dependency of people living at the home had increased which had affected staffing levels. A staffing tool was used which was linked to people's dependency levels. This recorded that the provider was staffing the home at 49 care hours over the recommended levels. We spent time observing the care that was provided in the late afternoon and early evening. This period of time was very rushed and several people had to wait for assistance. Staff told us that more staff would be appreciated. Comments included, "We could do with four [care workers] in the afternoon" and "We just manage."

We recommend the provider reviews staffing levels to ensure that staff are deployed to meet people's needs in a timely manner.

Following our inspection, the manager wrote to us and explained that this issue had been addressed. He explained that an additional member of staff had been deployed in the early evening. He stated that he was also present since he worked from 12 – 8pm. We will follow this up at our next inspection.



We spoke with one member of staff on night duty to find out how care was provided at night. They told us there had been previous issues with staffing levels which the provider had addressed.

People and the majority of relatives were complimentary about the staff at the home. Comments included, "They have found decent staff" and "The staff are all lovely."

We checked staff recruitment procedures. We found that two staff had a Disclosure and Barring Service [DBS] Adult First check in place. This had been obtained to ensure they were not barred from working with vulnerable people; however their full check with details of any possible cautions and convictions had not been received at the time of their employment. The manager told us that due to staff sickness and the sudden departure of several staff, urgent action had to be taken to recruit staff to ensure people's safety. We noted that a risk assessment had not been completed with regards to this issue. The manager addressed this omission immediately. Full DBS checks and references had been obtained for the other staff whose recruitment files we examined.

People and relatives told us people were safe. Comments included, "They are in safe hands," "I have no complaints here – it's safe" and "Aye, it's safe." The local authority safeguarding team informed us that there were no organisational safeguarding concerns with the service. Staff were knowledgeable about what action they would take if abuse were suspected. One staff member said, "I always follow the rule, 'See it, report it'."

Risk assessments for people who used the service were in place, which had been identified through the assessment and support planning process. We noted that risk assessments had been completed for a range of areas such as moving and handling, falls, malnutrition and pressure ulcers. This meant that risks were minimised and action was taken to help keep people safe.

Staff told us and records confirmed that one person required restraint during personal care. Detailed plans were in place which had been written by the behavioural support team. These instructed staff how to carry this out safely and ensure the least restrictive intervention was taken. The advanced practitioner told us, "They strive to use the least restrictive approaches."

We checked medicines management. Since our last inspection, new cupboards had been built for the safe storage of unwanted medicines prior to their disposal. Medicines administration records were completed accurately. We looked at the management of controlled drugs. These are medicines which require stricter controls because they are liable to misuse. We found that all aspects of medicines management were carried out safely.

## Is the service effective?

### Our findings

At our last inspection we rated this key question as requires improvement. We found the design and décor of the environment did not fully meet the needs of people with a dementia related condition.

At this inspection we found that the action had been taken to ensure the environment met the needs of people who lived at the home. Bedroom doors had been painted and door knockers and numbers had been added. One member of staff told us, "One lady now calls her room, her apartment, it's much more dignified."

Stone effect wallpaper had been used to decorate the downstairs corridor and tranquil window scene pictures were displayed. A bar area had been built in the small lounge with bar optic dispensers for sherry and ginger wine. The manager told us these were people's favourite drinks. The bar had been opened the day prior to our inspection by a local entertainer. One staff member said, "It's a nice environment now." The provider told us of their plans to build a conservatory which would lead into a secure garden area which people could access safely.

People and the majority of relatives told us that staff effectively met people's needs. Comments included, "The staff are good, they are knowledgeable" and "They know what they are doing and have my mam's best interests at heart."

Staff informed us they felt equipped to carry out their roles and said there was sufficient training available. The manager told us, "We value training and endeavour to continuously improve our skills. We try to ensure that we keep up to date with contemporary working practices." Records showed they had completed training in health and safety and other key topics related to the needs of people who lived at the service, such as dementia care. The infection control practitioner told us they had trained 90% of staff at the home. An advanced practitioner from the behavioural support team told us, "Attendance at formulation [information sharing] sessions are great, the amount of staff that attend is by far the best in comparison to other care homes."

Induction training was carried out to ensure that staff achieved acceptable levels of competence to deliver care safely and effectively. Staff completed the Care Certificate as part of their induction. The Care Certificate is a set of nationally recognised standards to be covered as part of induction training of care workers. The staff development officer told us that staff had attended recent training on the Care Certificate.

Staff received support to understand their roles and responsibilities through supervision and an annual appraisal.

The 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 Act 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked the provider and manager were continuing to work within the principles of the MCA and that any conditions on authorisations to deprive a person of their liberty were being met. The manager had submitted DoLS applications in line with legal requirements.

Staff were following the principles of the MCA. One staff member told us, "We take the least restrictive option when it comes to care."

People and the majority of relatives were positive about meals at the service. One relative said, "I come for my Sunday lunch and the food is lovely. They give him assistance and he has regular drinks and they bring ice cream, scoops in a bowl or cornetto's and homemade milkshakes."

We checked the home's menus and found they met the Government's 'Eatwell' guidelines. There was the option of fruit and vegetables at every meal which made up a third of people's daily recommended intake. The Eatwell guide is a policy tool used to define government recommendations on eating healthily and achieving a balanced diet.

There was an emphasis on home baking and people enjoyed homemade cakes, scones and biscuits. The fridge was full of cream, butter, cheese, high fat yogurts and full fat milk to fortify people's diets. Kitchen staff spoke passionately about ensuring people got the best possible diet which met their needs. The cook had undertaken the local NHS Trust's 'Care Homes and Nutrition Training'. She told us she had found it very beneficial and had altered practice at the home with regards to pureed meals by fortifying them due to their low calorific value.

One person required feeding via a Percutaneous Endoscopic Gastrostomy (PEG) tube. This is a form of specialist feeding where a tube is placed directly into the stomach and by which people receive nutrition, fluids and medicines. Staff carried this out this feeding technique correctly and safely. Accurate records were maintained of all feed and fluids administered through the PEG. Recent visits by a dietician and nutrition nurse were recorded and no concerns were raised.

People and relatives told us and records confirmed that staff supported them to access healthcare services. A nurse practitioner visited on the first day of our inspection. A community psychiatric nurse visited on the second day. We saw evidence in records that staff had worked with various agencies and accessed other services when people's needs had changed, for example, consultants, GP's, district nurses, speech and language therapist, dieticians, the chiropodist and dentist. This demonstrated that the expertise of appropriate professional colleagues was available to ensure that the individual needs of people were met to maintain their health.

## Is the service caring?

### Our findings

At our last inspection we rated this key question as good. At this inspection we found the provider had continued to ensure good outcomes for people in this key question.

People and the majority of relatives told us staff were caring. Comments included, "Everybody is a friend," "The lasses look after her," "They [staff] are professional but caring," "The girls are tip top," "The staff are so kind, kind to everyone, kind to relatives... They are approachable, everyone is," "I am fussy about care, and I am glad he is here," "The staff keep her very clean and comfortable, I can't fault them," "They treat both of us as a couple, I feel cared for when I come in every day," "I would say it's friendly, caring and homely" and "I am happy with the care. They [staff] have always been here for my mother. The staff understand."

Health and social care professionals were positive about the care. Comments included, "They are interested and very, very person centred. The staff have a really good rapport with the residents. They are fabulous" and "I have never seen her smile before she came here, they are doing so well."

Staff spoke with pride about the importance of ensuring people's needs were held in the forefront of everything they did. The manager told us, "As much as we value all other areas of the service, we take particular attention to care since this has a massive impact on the welfare, enjoyment of life and self-esteem of individuals." We spoke with a member of non-care staff. She told us, "Being here has totally changed my feelings towards older people and dementia. I love my job." Other comments from staff included, "I enjoy it here. I like to hear their stories and I like to help people" and "I like chatting, we have a laugh. They all know I love horses and they will ask how my foals are, it's nice to be able to bring a bit of me into the job."

We observed positive interactions between staff and people. Staff displayed warmth when interacting with people. They were very tactile in a well-controlled and non-threatening manner. One person reached out for a hug which was immediately given. We observed good humoured banter between people and staff. The nurse got people a drink of water to take their medicines, he told people, "Here we go, a glass of water from the great well of Warkworth! [water cooler]." On the evening, he gave one person a glass of sherry which he said was from the Grange's very own vinery which made the person laugh. She told us, "What's he like!"

Staff were knowledgeable about people's life histories and their likes and dislikes. The manager told us, "Our motto 'to us it's personal' highlights how we value individualised care delivery systems." One page profiles were available which detailed people's likes and dislikes. A 'Getting to know you document' was also completed. This included information about the person's life history. This meant information was available to help staff deliver person centred care which met the needs and preferences of people.

Staff treated people with dignity and respect. They spoke with people in a respectful manner and knocked on bedroom doors before they entered. One relative told us, "They are respectful towards her; someone is always here when I ask for anything." Staff had applied privacy film to the bottom of one person's windows because they sometimes got undressed without closing the curtains.

People and the majority of relatives told us they were involved in decisions about people's care. Comments included, "I am involved – you are involved as much as you want to be," "When mum was poorly they put me at ease and always had answers to my questions" and "I am very happy, they keep you informed and they are lovely with my husband." We noted that people or their relatives had signed their care plans to indicate that they agreed with the plan of care to be provided.

## Is the service responsive?

### Our findings

At our last inspection we rated this key question as good. At this inspection, we found that the provider had continued to ensure good outcomes for people in this key question.

People and the majority of relatives told us that staff were responsive to people's needs. Comments included, "I think everything is tip top" and "Yes, they are responsive."

Health and social care professionals told us staff were responsive to people's needs. Comments included, "I have no concerns about The Grange or the staff. I find them to be very welcoming of input from the behaviour support service and have always offered me the information I need to know," "I'm very impressed," "The Grange have been absolutely fabulous," "They have ensured positive outcomes for her," "The Grange came to the rescue and they understood his particular needs... We have a little gem here with the Grange" and "Lots of places couldn't manage [name], but they can here. They go out of their way."

Each person had a care plan for their individual daily needs such as mobility, personal hygiene, nutrition and health needs. These gave specific information about how people's needs were to be met and gave staff instructions about the frequency of interventions. Care plans were regularly reviewed to ensure people's needs were met and relevant changes were added to individual care plans.

There was an activities co-ordinator employed to help meet people's social needs. People and the majority of relatives told us that people's social needs were met. Comments included, "We have good entertainment," "I thoroughly enjoy what is going on," "They go to Bedlington day centre, to the church and go out to places like for fish and chips," "[Name of activities coordinator] organises parties – they go 110%, 100% is not good enough" and "I don't usually come in through the day, I come in about now, but I hear what they have been doing. She has a better social life than me."

There was a complaints procedure in place. At the time of our inspection, one family had requested a copy of the complaints procedure to make a formal complaint. CQC do not have the power to investigate or resolve complaints about care services on behalf of individuals. We help to signpost people to relevant organisations and to complaints advocacy organisations. We also use the information we receive to plan our inspections, focus our activity and inform our judgements and ratings.

Various feedback systems were in place to obtain people's and relatives' views. Surveys were carried out and meetings held. One relative told us, "They have relatives and residents meetings – everything you need is on the notice board." The manager told us that if relatives were unable to attend the meetings, they were offered a copy of the minutes. This was confirmed by one relative who told us, "They asked me if I wanted copies of the minutes – I didn't."

## Is the service well-led?

### Our findings

At our last inspection we rated this key question as requires improvement. The manager was not registered with the CQC and there was no elected nominated individual to oversee the management of the service. In addition, we had not been notified in a timely manner of one person's injury which required hospital treatment.

At this inspection we found that improvements had been made. The manager had registered with CQC and one of the provider's directors was the nominated individual. The provider had notified CQC of all events and changes at the service in line with legal requirements.

People and the majority of relatives spoke highly of the home and the management of the service. Comments included, "It's three quarters to the way to outstanding," "Everything is tip top and what they do is good," "I would definitely recommend it," "When we came to have a look around, it just felt right," "People [members of the public] will ask me, 'Is your mam happy there?' and I reply 'Deliriously happy,'" "[Name of manager's] heart is in the welfare of the residents," "[Name of manager] is always available. He is a nice chap," "[Name of clinical lead] is a rock," "He's a good manager" and "[Name of clinical lead] is fantastic."

Health and social care professionals were also complimentary about the home and management. Comments included, "I would have no concerns if a member of my family were to reside there," "They appear to be a well led home as well, with both the manager and his deputy seeming to be very keen to do the best for the residents in their care and also keen for their staff to have the appropriate skills to do this" and "[Names of manager and clinical lead] are a good partnership."

The manager worked various hours and generally worked late morning until late evening. We noted he did not record his hours on the rota, so we could ascertain the number of staff on duty. This was addressed immediately. Some staff told us they would prefer that he worked 9 until 5 so he was available to speak with professionals and support them. One staff member said, "[Name of manager] is supportive when he is here, but he could be here more. Sometimes he needs to be here for support and accessing the professionals as a manager." We discussed this feedback with the manager who stated, "I work late mornings until late evenings so that I can monitor all shifts... This also gives me the chance to sit in the evening handover and gain more insight to residents' issues and to see night staff. Our person-centred approach to the holistic needs of the residents means that residents care also needs to be monitored at night too."

Staff told us that the provider was supportive and visited the home regularly. One staff member said, "[Name of provider] is very approachable, he is in regular contact and is always aware of what is happening." The provider undertook a monthly visit and completed a report. He also carried out the manager's supervision and appraisal.

A number of audits were carried out to monitor the quality of the service. Action plans were in place which detailed actions to be completed. We checked the system in place for dealing with monies at the home. We read an email from an external bookkeeper who the provider used to audit and monitor their finances. The

bookkeeper had stated, "From what I could see, accurate records are being kept of any monies being used from petty cash." We examined records relating to four people's finances. We found that the balance recorded on people's statements tallied with records of monetary outgoings, deposits and receipts. The administrator was off on the third day of the inspection and the manager had difficulty in locating certain receipts which were eventually found. The manager told us that weekly audits were carried out. It was not clear however, which staff carried out these checks.

We recommend that the provider reviews its recording system for the management of people's monies.

Following our inspection, the manager wrote to us and told us that a new monies recording form had been devised and was going to be implemented after staff training in August 2017.

Accidents and incidents were monitored and analysed to ascertain if there were any trends or themes. Action was taken if concerns were identified. Sensor alarms had been purchased for those at high risk of falls. Staff told us and our own observations confirmed that a member of staff sat with people in the lounge to ensure their safety. This action had reduced the number of falls. In January, February, March and April 2017, there had been no falls. There had been one in May and three in June 2017.

Surveys were carried out to obtain people, relatives, health and social care professionals and staff feedback. A 'You said... we did' report had been completed following the most recent survey which was carried out in January 2017. We noted that three people and one relative had rated the exterior of the home as poor. As a result, new flower beds had been planted, a new sign for the home had been purchased and benches had been painted. One relative said, "The staff have always been good at listening at what we want."

Following our inspection we contacted the nominated individual who told us, "I am proud of the care that we provide at The Grange and are continuously trying to improve the care we offer our residents. There are examples of good team working, communication and organisational skills at the home. I am particularly pleased about the resident/family and staff meetings that happen regularly and we try and act on feedback received."