Osmaston Grange Care Home Limited

Osmaston Grange

Inspection report

5-7 Chesterfield Road
Belper
Derbyshire
DE56 1FD

Tel: 01773820980

Date of inspection visit:
02 March 2021

Date of publication:
04 June 2021

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
Osmaston Grange is registered to provide personal care, nursing care and accommodation for up to 80 people across two buildings. At the time of the inspection only one of the two buildings were open and provided accommodation and residential care to people either on a permanent basis or for short-term care, as required. Nursing care is no longer provided at Osmaston Grange. On the day of our visit 25 people were using the service.

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

The provider used a range of audits and systems to monitor the service; however, these had not always identified areas which required improvement. Care plans had not been updated or risk assessment always completed to cover all aspects of people's care. This meant we could not be assured people would receive the care they required for their current needs.

On our last inspection we raised concerns about measures in place to manage COVID-19. At this inspection we found staff had received training in relation to COVID-19, however, other areas in relation to infection control had not been maintained. We found areas which required further improvements, in relation to cleaning touch areas, equipment cleaning and maintenance.

Medicines stock inaccuracies had been identified at the last inspection and this inspection, measures had not been put in place to address these concerns. This meant we could not be assured people had received their prescribed medicine as required.

There were sufficient staff on site, however they were not always deployed to ensure people's needs had been met. We found some elements of the rota had not always been covered which had an impact on the level of care or other duties required.

People and relatives were consulted on aspects relating to the home and the care the people received. The staff worked in partnership with health and social care professionals to support peoples ongoing needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection
The last rating for this service was requires improvement (published 16 October 2020).
The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

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 2 September 2020. 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 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 and Well-led which contain those requirements.
The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service continues to be 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 Osmaston Grange on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to Regulation 12 (safe care and treatment) and Regulation 17 (Good Governance)

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below

Osmaston 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 Care Act 2014.

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
The inspection was completed by two inspectors.

Service and service type
Osmaston Grange 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.

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 all of this information to plan our inspection.

During the inspection
We spoke with two people who used the service about their experience of the care provided. We reviewed a range of records. This included six people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

After the inspection we contacted four relatives who had people using the service by telephone to obtain their views. We also contacted eight care staff who were not on shift at the time of the inspection. We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and additional policies and procedures.

Requires Improvement

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. At this inspection this key question has remained the same. 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, Preventing and controlling infection, Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) 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 12

● At the last inspection the provider completed an action plan which identified that all care plans and risk assessments would be updated. However, we found care plans had not been updated when people's needs had changed. For example, following COVID-19 some people's needs had increased, these had not been reflected in the care plans.
● Risk assessments were not always in place, these related to people's individual health care needs, for example pressure care or diabetes. This meant care plans did not record the actions to take should the persons condition deteriorate.
● Risks were not always reduced. We saw one person required a walking aid to walk safety. They were given two different aids to use. Each walking aid was set to different heights, this meant the person could be at risk of falls due to the equipment not being suitable.
● Staff told us they did not have time to review the care plans and relied on the daily handover. The provider was moving to electronic care planning, one staff member said, "I am looking forward to the electronic care plans as paperwork is often not filled in."
● At our last inspection we identified areas of infection prevention and control which required improvement. Some areas were immediately addressed in relation to staff training and the staff changing area. However, we found other areas still required improvement.
● We identified pressure cushions and mattresses which had not been routinely cleaned as per the cleaning schedules. We also noted that high touch points had not been cleaned when the domestic staff were no longer on site.
●Equipment required to ensure staff had access to good hand hygiene facilities were not always maintained. We found pump and paper towel dispensers were not keep well stocked and found two to be completely empty.
● Some equipment had not been thoroughly cleaned, we observed a walking aid being given to a person following cleaning. The item still had dirt around the handle. This meant we could not be assured of the

cleaning methods in place.

People continued to be placed 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.

Systems and processes to safeguard people from the risk of abuse

● At our last inspection we acknowledged that safeguards had been raised and investigated, however the outcome of these had not always been shared with staff. At this inspection we found staff had received feedback following incidents or safeguards.

● We reviewed the training and found staff had received the training as part of their mandatory training arrangements.

● Staff we spoke with were aware of the importance of raising concerns and felt confident to do so.

Staffing and recruitment

● There was not always sufficient staff to meet people's needs. We saw how one person was delayed in receiving the help they required. Other people's needs had increased; however, these had not been recorded or considered to ensure they received the required level of care.

● Staff we spoke with raised concerns about the level of staffing and being able to meet people's needs. One staff member said, "Since COVID-19, we are stretched in the morning getting people up, due to people being unwell and people who have deteriorated."

● We reviewed the staff rotas. We noted on several occasions the night care had not been covered with the dependency tool agreed level. On these occasions some hours were covered for some of the shift. Staff noted when these situations occurred tasks like cleaning or laundry were not always completed.

● The provider had not considered using agency staff to support the staff team which would have ensured people's needs would be met.

● On this inspection we had not reviewed recruitment processes. However, at our last inspection we found these to be robust. Records showed that staff had been recruited safely to ensure they were suitable to work with people.

Using medicines safely

● At our last inspection we identified there were stock discrepancies and we asked for this area to be improved. At this inspection we found there continued to be concerns accurate records were not maintained of prescribed medicines in the home. This meant we could not be assured that people had received their prescribed medicine as recorded in the medicine administration records.

● Temperatures had been recorded to ensure the medicine room and fridge were kept at the required temperatures to maintain medicine integrity.

●Some people required medicine on an as required basis, we saw protocols were in place to guide staff as to when these maybe required.

Requires Improvement

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. At this inspection this key question has now remained the same. 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.

At our last inspection the provider had failed to ensure that systems were in place to maintain quality and improvement. 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; Continuous learning and improving care, Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Audits had been completed; however, they had not always identified the areas which required improvement. An infection prevention and control audit in February 2021 did not record areas we have identified as needing improvement in the safe section of this report.

- The audit reflected that all wheelchairs were in good working order, however we saw a wheelchair in use without footplates.
- Audits in relation to medicines management had identified the stock errors, however no action had been implemented to reduce this ongoing risk.
- The ongoing refurbishment plan reflected areas which required repairing or replacement. However, we noted areas within the home which had not been recorded. One bedroom had a hole in the door and in one bathroom on the downstairs corridor had a hole behind the shower head. The plan did not identify a timescale as to when items identified would be replaced or repaired.
- Staff we spoke with felt there was not always an open culture and this impacted on people's dignity. This was also reflected in the staff survey which had recently been completed and shared with us. At the time of the inspection the provider had not had an opportunity to review the survey or to address these concerns.
- Staff felt that often the staff teams did not work as a whole team. One staff member said, "We need to work more as a team, it feels separate the day and night shifts, and that impacts on the people." These views were reflected by several staff we spoke with and in the providers survey to staff.
- Some staff felt that communication could be improved. Staff felt the handover was effective for people's needs, however this did not always cover aspects within the home. For example, when the storage place was changed for the cleaning products or the hospital wheelchairs. This could delay staff in obtaining these items when required.

● Some bedroom doors had inappropriate locks in place. This had been raised on the providers fire safety inspection. These were being replaced; however, safety measures or risk assessments were not in place to ensure peoples safety had been considered to reduce the risk.

Systems were not in place to ensure continued oversight. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 provided us with the required notifications following any events or incidents within the service, to help us monitor people's safety the service.

● The provider had displayed the latest inspection report within the home. We noted the providers website was not up to date, so we asked the provider to remove this link. At this inspection we noted the website link now reflected the home was closed. We have again asked the provider to review the website and ensure it is correct in line the providers business status.

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

● People had recently been consulted about the service they received and these were shared with us, we noted overall people were happy with the care they had received. These surveys had not been analysed by the registered manager at the time of the inspection.

● One survey response had identified that people struggled with the uneven carpet in the lounge. This had been identified on the refurbishment plan, however there was no timescale for replacing the carpet. No risk assessments had been completed to consider the risk to people until the carpet was replaced

● We observed people had not been supported with meaningful activities during our inspection. We observed people remained seated with limited stimulation, several people were in their room and only received contact for personal care tasks.

Working in partnership with others

● Relationships with health and social care staff had been maintained throughout the COVID-19 period.

● We saw that referrals had been made to the local GP or district nurse services when people required additional care, in relation to pressure care.

● The registered manager had used falls information and identified one person of concern. They had liaised with health and social care professionals to ensure all measures had been considered and were appropriate to the person had been put in place.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

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	The provider must ensure the premises used by the service was safe and reflected good practice in infection control. Care plans and risks were not completed to reflect current needs or risks.

The enforcement action we took:

To have issued an WN in Regulation 12

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	The provider did not have established systems and processes to ensure the safety of the services being provided. These services had not been assessed, monitored and ongoing improvements made. Risks had not been reviewed placing individuals and others at risk of harm.

The enforcement action we took:

Issued a WN in Regulation 17