

Kingsley Care Homes Limited

Downham 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

Downham Grange is a nursing home providing accommodation and personal care to up to 62 people. At the time of our inspection there were 52 people using the service. The service is purpose built and set over two floors with lift access. There are several communal areas, including gardens. The service accommodates people who require nursing or residential care and for people living with dementia.

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

Concerns over the quality and safety of the care provided at Downham Grange led to this inspection. Poor governance and a lack of consistent management over time had resulted in the service being rated requires improvement at the last rated CQC inspection and the service had been unable to retain a good rating over a longer period of time.

At this inspection we found improvements had been made but not firmly embedded. The action plan following the local authority visit in January 2022 had been implemented and most actions had been achieved. Some of the issues raised by the local authority were the same concerns raised by the CQC during their inspection on 18 February 2021. A coroner's court also raised concerns in April 2022 about record keeping, communication and accountability.

The oversight and monitoring of risk had not always been effective resulting in a poor experience for some.

At our recent inspection we found some daily notes did not clearly show how people's needs were being met in line with their needs. Some staff chose to use standard text rather than free text. The provider had contacted the manufacturer of the software to try and improve its use and remove some of the generic, non-descriptive words and icons.

A software champion had been put in place to provide support and enhanced training for staff. These measures had only recently been implemented despite concerns about records being raised consistently across different inspections.

We noted the risks associated with topical creams had not been eliminated as creams were left out in people's rooms and not secure which could cause harm if ingested.

Pressure ulcers acquired at the service had been responded to appropriately and lessons learnt.

Infection control measures were in line with current government guidance, but no checks were in place prior to inspectors or visitors entering the building. This would have helped ensure they were not displaying any symptoms of COVID 19 or if they had completed a recent lateral flow test. The standards of cleanliness throughout the home were high and daily records evidenced regular cleaning.

The registered manager had a good ethos and was supporting staff to make positive changes within the

workplace to help change the culture of the service. They explained that the first hurdle had been to reduce their dependency on agency staff and were now supporting staff to work well together and to develop the team.

Daily management walkarounds were not recorded although there was a tool for managers to use which would help evidence how people's needs were being met.

Staff were being supported to develop their skills and competencies. A number of staff had lead roles and the provider had recently employed food and fluid champions who had an important role in keeping people hydrated. An activity team had been put in place and they worked hard to support care staff, but we noted teamwork across the service was not yet fully embedded.

Staffing levels were appropriate on the day of inspection to the needs of the people using the service. There were core staff teams on each unit which helped to ensure consistency of care for people, whilst rotation of staff and reduction in agency meant staff were familiar with people's needs and this was working well but again had only recently been implemented. Safe recruitment practices ensured suitable staff were recruited.

Medicines were comprehensively managed.

We spoke with fourteen relatives and they were largely positive about their family members experiences. Staffing was a concern for some, and relatives said access to and from the building could be delayed whilst waiting for staff to become available.

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.

Rating at last inspection and update

The last rating for this service was requires improvement (09 April 2021.)

Why we inspected

The inspection was prompted in part by notification of a specific incident. Following which a person using the service died. This incident was subject to an investigation. We wanted to follow up to see if recommendations had been implemented and improvements made.

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.

You can see what action we have asked the provider to take at the end of this full report. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has not changed and is still requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Downham Grange on our website at www.cqc.org.uk.

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 monitor the service and will take further action if needed.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 well led.

Details are in our well led findings below.

Requires Improvement ●

Downham 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

Three inspectors carried out the inspection and spent one day on site and accessed records remotely on a second day. An Expert by Experience spent a day speaking with relatives off site. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Downham Grange is a 'care home with nursing.' 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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 13 July 2022 and ended on 20 July 2022, when inspection feedback was provided. We visited the service on 13 July 2022.

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 quality monitoring team 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.

During the inspection

We spoke with six people who used the service and eleven members of staff including the director of compliance, registered manager, deputy manager, team leader and care staff. We spoke with two relatives during our inspection and one health care professional. We reviewed medicines records and audits and observations of medicines. We also reviewed maintenance and governance records which related to the day to day running and oversight of the service. We carried out observations throughout the day including lunch time on three separate units.

Following the inspection:

We continued to seek clarification regarding our findings following the inspection site visit. We spoke with a further twelve relatives after the inspection. We also reviewed four people's care plans and other records requested via email using the providers online portal service.

Is the service safe?

Our findings

At our last inspection we rated this key question requires improvement. At this inspection the rating 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: Learning lessons when things go wrong

- During our inspection topical creams and toiletries were left unlocked which could cause harm if digested. One relative said a person living with dementia often entered their family members room so could access topical medicines. Other relatives said this was also their experience. We have brought this to the providers attention so they could monitor this and take steps to reduce the likelihood of this occurring. They also assured us they would make sure all creams were securely locked away.
- Staff reported technical problems occurred with the handheld devices which affected their ability to record notes electronically.
- The previous week staff reported there was a whole system failure resulting in them reverting to paper written notes. Problems with accessing and recording care contemporaneously could affect the timeliness of care people received. We raised this with the director of compliance who immediately ordered some additional devices.
- Individual risks were assessed and documented stating what actions staff should take to mitigate risks. Records we reviewed showed regular entries of staff monitoring people's skin integrity to help prevent pressure ulcers.
- Pressure ulcers acquired at the service had been responded to appropriately to prevent further decline and lessons learnt included more detailed daily recording, daily photographs of the wound and further staff training.
- The provider had reviewed people's documentation around their end of life wishes. Do not attempt cardiopulmonary resuscitation (DNACPR) had been updated, and anyone with a DNACPR in place could be clearly identified in an emergency. Prior to this audit a specific incident had occurred where staff were not aware of the persons DNACPR status. This could lead to life sustaining treatments being carried out against the persons wishes. The safeguarding event led to a review in documentation and had not been identified by the provider prior to the incident.
- Processes were in place to review accidents, incidents and other events to ensure actions taken were appropriate and risks reviewed. Previous investigations had led to recommendations some which were still being implemented and embedded.
- No environmental risks were identified, and the building and equipment were regularly maintained and refurbished as required

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

Staffing and recruitment

- Staffing levels took into account people's needs and people received appropriate support with personal care, nutrition and hydration. We found however people's opportunity to engage in planned activities, varied across the home. Staff working on the unit for people living with dementia said staffing fluctuated and this had an impact on the care. Where social activities did go ahead our observations showed limited numbers of people involved.
- Staff were being effectively deployed but the registered manager had only recently looked at the deployment of staff and having core staff and rotating staff to help break up unhealthy practices which had developed over time. Relative feedback was mixed with five relatives raising concerns about staffing levels although they acknowledged the situation was improving.
- One relative told us their family member did not always get up out of bed in line with their needs and attributed this to when a particular member of staff was on duty. This was fed back to the provider to address.
- People were encouraged out of their rooms by staff and asked to join others in the dining room for social interaction and this was a positive experience.
- Core teams and staff champions were being developed and the registered manager had considered complementary roles to support care staff. For example, fluid champions were in place and worked set hours to continuously hydrate people and encourage food intake.
- Staff recruitment and retention was improving, and the use of agency staff had significantly diminished. A relative told us, "Always there when I need them. I couldn't ask for better care."
- Recruitment processes were sufficiently robust. Staff recruitment files showed background checks were carried out. This included Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. References were also sought from previous employers.

Preventing and controlling infection

- Government guidelines were being followed but no measures were in place to help ensure inspectors or visitors were not unknowingly spreading COVID 19 and the inspectors lateral flow tests were not checked. A relative spoken with told us: "Protocols were made clear when I made an appointment to visit. We were given a list of what was needed. Clear and unambiguous."
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- We were 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

Relatives told us the home kept them up to date as to when they could visit and what procedures to follow.

They and people using the service also commented on the cleanliness of the home and the absence of unpleasant smells.

Using medicines safely

- Observations of medicine administration were good. On the day of our inspection three staff were administering medicines and additional staff were trained and on hand to support if necessary, to ensure people received their medicines in a timely way and according to the prescriber's instruction.
- Medicine administration was person centred with staff being responsive to people's needs and requests for additional medicines as required. Staff demonstrated patience and administered medicines safely. Hand washing was observed between helping each person.
- Staff administering medicines received training and their competencies to administer medicines were assessed twice a year or before then should they make an error.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding concerns were raised and responded to appropriately.
- Staff received training and support to help them identify possible abuse and understand procedurally what actions they should take to escalate these concerns.
- One person raised concerns about their safety but staff were clear how they supported people with their concerns so they could be properly investigated.

Is the service well-led?

Our findings

At our last inspection we rated this key question requires improvement. At this inspection the rating has not changed and is still 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A registered manager had been in post for over a year and was supported by a deputy manager who was a registered nurse and had been internally recruited. Under this management positive changes were being implemented but within the last year concerns had been identified by both the coroner's office and the local authority, some of these were long standing issues and had been reflected in the previous CQC ratings for the service.
- Although the manager felt well supported by the operational manager, they told us since coming into post they had been supported by four different operational managers. The current operational manager had been in post eight months and was offering consistent support.
- The provider's quality assurance processes had not always identified service improvements or driven up quality. It has been the CQC, the local authority and the clinical commissioning group who have identified concerns rather than the provider.
- Previous improvements have not been sustained from inspection to inspection which meant people had not received a consistently good service. This was evident from the feedback we received over time from whistle-blowers and individual family members. At our recent inspection families told us the service was improving. One relative told us, "It's (the support's) been rubbish and we have had issues over the years, but everything is getting better staff seem to be getting better. My family member is always smart and shaved now."
- A relative raised concern about a staff member's approach and we identified some differential staff practice and use of language which was not appropriate to the needs of people using the service and showed a lack of understanding of people's needs. We fed this back to the registered manager and head of compliance and asked for further assurances about how they managed staff performance.

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

- Improvements in recording people's care needs were being addressed and staff received training in using the electronic recording system which if used effectively provided a contemporaneous record of care.
- The level of detail in daily notes and the terminology used was discussed as part of this inspection and we were told that some of non-descriptive wording which was included in the software was being removed and staff encouraged to use free text.
- A lack of good recording, poor communication and poor governance increased the risk of people suffering avoidable harm.
- Relative meetings had recently been implemented giving people's family the opportunity to have their say.

Feedback was used to help improve the service. Not all families spoken with were aware of the meetings and the registered manager said there had been poor attendance. However, families recognised communication was improving and they had been asked to contribute to the care plans and the registered manager said a newsletter had been introduced.

- The registered manager knew their staff and was creating opportunities for staff to progress and to develop additional skills and competencies. The deputy manager told us there was always something to learn and they were given opportunities to learn new skills. This was echoed by other staff who wanted to progress, other staff said they had completed mostly eLearning, and this was up to date.
- Staff champions and core teams had been established and positive changes within the service were apparent and we observed an emerging good service. Supervision and observation of practice were taking place and were in line with people's needs.
- Staff recruitment was improving, and a number of financial incentives had been introduced. Staff received other non-financial benefits to help promote their well-being and morale like food items when on shift.
- Oversight of the care and safety of people was given priority. A person told us, "Staff do their best for me," another said, "Staff are brilliant I have no complaint at all, they let me do little things like make my own bed, I like to keep active, I keep the room tidied get the dust pan and brush, the staff do it but I like to do it to please myself."
- Staff were clear about their roles and responsibilities. People were encouraged regularly to eat, drink and participate in activities. Falls were monitored and we saw people had equipment in place such as beds on the appropriate settings, bedrails, drinks and call bells in reach. All equipment had been regularly serviced and reviewed in line with people's care plans and risk assessments.
- Families told us communication was good and they were informed about changes in people's needs. One family member said, "My relative went through a period of weight loss and they informed me daily. GP put them on high calorie drinks." Another said: "They do communicate, my family member had a fall. I got a call that evening, within an hour."
- Current internal compliance audits completed by the provider all showed high rates of compliance which demonstrated improvement across the service. and had not . Audits and spot checks were completed across a twenty-four-hour time frame to give an accurate reflection of the service.

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 service worked with the local authority and other agencies to review and improve the quality of care. Complaints were responded to in a timely way. The service was carrying out recommendations made by the coroner's office following a person's death. Improvements in record keeping had been made but only recently and there remains an ongoing complaint about the standard of care delivered previously.

Continuous learning and improving care

- The registered manager had taken time to get to know the staff and ask them what was working well and what needed improving. They had completed this process with relatives and actions taken showed they were listening to feedback. The registered manager was keen to embed good practice and embrace different ways of working.
- We received compliments about the service including end of life care where staff had attended the funeral to pay their last respects and another who noted that their family member was considered end of life prior to admission but was now doing well and off their anticipatory medicines.
- The quality of care people received was observed throughout the day and we found staff friendly, open and relaxed. Most relatives agreed the care was good. One relative said: "Outstanding, fantastic job." Another said, "They (staff) are very polite. Brilliant with (loved one)." Relatives felt things had improved and particularly mentioned the reorganisation and friendliness of reception staff. Relatives also told us

communication was good, and newsletters helped them stay in touch with what was happening.

Working in partnership with others

- The service worked with other health care professionals to enhance people's experiences. During our inspection we met a health care professional who was complimentary about the service. Families were equally complimentary and felt engaged with the care of their family member and asked to contribute to their plan of care.
- Outside entertainers helped people stay connected, for example pet dogs and donkeys had visited the service and there was contact with the local schools.
- The service had worked positively with the local community inviting people to provide companionship to people living at Downham Grange and attend coffee mornings.