

St. Matthews Limited

# Kingsthorpe 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

### About the service

Kingsthorpe Grange is a nursing home registered to provide personal and nursing care for up to 51 people living with dementia and/or mental health needs. At the time of inspection there were 48 people residing at the service.

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

Systems and processes to ensure oversight of the service required improvement. Audits were not effective in ensuring completed records were in place and some audits had not been completed regarding reviewing daily tasks.

People were at risk due to care plans not always being in place. Risks to people had not been consistently recorded or strategies implemented to reduce the known risks to people.

People received medicines from staff who received training and understood a person had the right to refuse medicines. There were some recording issues with medicines. However, we found people did receive their medicines as prescribed.

People, relatives and staff were supported to feedback about the service and understood how to complain and felt they would be listened to.

People were supported by staff who had been safely recruited and received appropriate training to complete their roles.

People were protected from abuse. The systems and process were in place and staff understood how to recognise and report and concerns.

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

### Rating at last inspection

The last rating for this service good (published 08 August 2019).

### Why we inspected

We received concerns in relation to safeguarding. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kingsthorpe Grange on our website at [www.cqc.org.uk](http://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 monitor the service.

We have identified breaches in relation to risk assessments and care plans, medicine management and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will continue to monitor information we receive about the service until we 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Kingsthorpe 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

This inspection was completed by two inspectors.

#### Service and service type

Kingsthorpe 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.

The service did not have a manager registered with the Care Quality Commission in place during our inspection. However, the deputy manager was 'acting up' as manager until a new registered manager was employed. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with two people who used the service and six relatives about their experience of the care provided. We spoke with nine members of staff including the manager, directors, and care workers.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

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

# 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 good. At this inspection this key question has now deteriorated to requires improvement. 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; Using medicines safely

- People were not consistently protected from known risks. For example, two people had no risk assessments or strategies to mitigate known risk. Another person's risk assessment did not contain the details of their risks or strategies implemented to reduce these risks. When people were not able to use a call bell to summon support a risk assessment with strategies had not been completed. This put people at risk of harm. The manager implemented these immediately after the inspection.
- People who required support to reposition themselves to reduce the risk of skin pressure damage did not consistently have this need met within the prescribed time frames. We found records that showed repositioning had been over two hours longer than set time on multiple occasions. This put people at risk of pressure damage.
- People who were at risk of falling did not have their wardrobes attached to the walls to prevent the wardrobe falling on them if they pulled it when falling. We found no risk assessments to identify the risk and what strategies were used to mitigate the potential risk of harm. The manager ensured all wardrobes were attached to the wall following the inspection.
- We found no evidence of water temperatures being taken to reduce the risk of scalding for people. The health and safety executive (HSE) guidance states water temperatures in care home should not be above 44 degrees. The manager implemented water checks after the inspection.
- Medicines management required improvement. We found when people were given 'as required' (PRN) medicines, the reason for administering the medicine had not always been recorded.
- Medicines had not always been signed as administered. For example, we found two people who required thickener in their fluids to reduce the risk of choking did not have records to confirm this had been administered. Another person had missing signatures on their medicine administration record. This put people at risk of not receiving their medicines as prescribed.
- One person who required their medicines to be administered covertly, did not have the necessary documentation in place.

The provider had failed to assess the risks to the health and safety of people using the service or take action to mitigate risks, and to ensure the safe administration of medicines had been completed. This was a breach of Regulation 12(2)(a)(b)(g) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff explained to people the medicines they were being given and when a person refused staff followed the providers procedures.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. Staff received training and understood the signs to look for regarding abuse. Staff told us they knew how to record and report any concerns they may have.
- Systems and processes were in place to record and investigate any unexplained injuries to people.

Staffing and recruitment

- The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers. These are checks to make sure that potential employees are suitable to be working in care.
- Staff and relatives told us, and we observed there were enough staff to meet people's needs. When a person required 1 to 1 support this was arranged, and additional staff were deployed on each shift. A relative said, "Staff are always responsive to [person] they never rush and are always considerate."
- Staff completed regular training to ensure they had the knowledge to complete their role. Staff told us they felt the training was sufficient for them.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed to identify trends or patterns to ensure lessons were learnt.

# 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 good. At this inspection this key question has now deteriorated to 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The systems to assess and monitor the service failed to provide the information the management required to manage and improve all areas of the service.
- Systems and process were not effective in ensuring people's care needs were documented, this meant staff did not have all the information they required to meet peoples' needs. We found two people had no care plans in place and another person had the wrong name recorded within their care plan. The provider put these in place after the inspection.
- Systems and process were not effective in ensuring risks to people had been assessed, recorded and mitigated. For example, water temperatures were not being checked, wardrobes had not been attached to the walls and risk assessments had not always been completed for each person. Staff did not have the information they required to mitigate known risks.
- Medicine audits were completed; however, the medicines audits had not identified the documentation for 'as required' and covert medicine were absent; people were at risks of not receiving their medicines as prescribed.
- Audits had not been completed on daily records such as repositioning charts and food and fluid charts. There was a lack of oversight of the skin and nutritional care people received.
- Systems and process were not effective in ensuring people's consent had been sought in line with legal frameworks. We found no evidence of consent to share information with people's families or friends.

The provider had failed to have systems and processes in place to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager was aware of their regulatory responsibilities and submitted notifications to the Care Quality Commission as required.
- When audits were completed, they contained action plans to ensure any concerns were rectified.

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 manager understood their responsibility under the duty of candour. The duty of candour requires

providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.

- Complaints were appropriately responded to in a timely manner. An easy read format complaints form was available for people who used the service to understand how to make a complaint.
- Staff and relatives told us they knew how to complain. A relative said, "Although I have never needed to complain, I know who to speak to and I know they will deal with my concerns and fix it."

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

- People, relatives, staff and other professionals visiting the service had been asked to feedback on the care they received or witnessed. We saw the previous survey from 2020, the feedback received was collated and reviewed to identify any required improvements.
- When people required additional support with communication the manager told us all documentation could be amended into large print, easy read, pictorial or another language.
- Staff told us they received supervisions and held regular staff meetings where concerns, feedback and information were discussed and shared. Staff told us they felt fully supported by the manager.

Continuous learning and improving care; Working in partnership with others

- The provider was committed to continuous learning and improvement. The manager listened to feedback and sent an action plan through to identify what actions they would be taking to improve the service.
- We saw evidence of partnership working with other agencies to meet people health care needs. Referrals were made to healthcare professionals and people were supported to attend appointments.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had failed to assess the risks to the health and safety of people using the service or take action to mitigate risks. The provider had failed to ensure the safe administration of medicines had been completed.

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 had failed to have systems and processes in place to assess, monitor and improve the quality and safety of the service