

Norton Care Limited

The Grange Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Grange Nursing Home provides nursing and residential care for up to 23 older people, some of whom are living with a dementia related condition. The home is an adapted and extended building with rooms on the ground and first floors. The home has a lift for access to the first floor. There are shared toilet and bathroom facilities and several communal areas around the home. There were 22 people living at the home at the time of our inspection.

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

People told us there were enough staff to help them with their care needs. Staff told us at busy times the home would benefit from more staff. We have made a recommendation about this.

People were supported to take their medicines in the right way at the right time. Where people needed to have creams and lotions applied these were done appropriately. Risks were assessed and managed. People were protected from the risk of infections and staff followed Covid-19 guidance and used PPE appropriately. The provider had learned lessons from the previous inspection and introduced a number of changes and organisational improvements.

Relatives and staff said the environment of the home needed updating and redecorating. A professional said some areas of the home could be better adapted to help people living with dementia. We have made a recommendation about this. Staff had undertaken a range of training although there remained some areas that needed to be completed. Additional staff development was planned to help them better support people's needs. People were supported with their eating and drinking. We spoke with the manager about how people could be better supported, and their dignity enhanced. People were supported to live healthier lives and access a range of health services.

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

Improvements to the management and monitoring of the service had been made, although the provider acknowledged there was still further work to be done. People and relatives felt there was a need for consistent management. Staff felt there were still improvements needed to help increase staff morale and ensure they received good and timely support. We have made a recommendation about this. A professional told us the manager was approachable, responded to suggestions and had the interests of people living at the home at heart. Some processes were in place to engage with staff and people, although further work was required as the home emerged from the pandemic. People's wellbeing was supported through the home working in partnership with a range of other services.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 7 January 2022). There were breaches of regulation in relation to safe care and treatment, fit and proper persons employed, staffing and good governance. We issued a warning notice and told the provider they needed to improve. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations, although further work to sustain improvement was required.

Why we inspected

We undertook this focussed inspection to check whether the Warning Notice we previously served in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. We also followed up on other actions we told the provider to take at the last inspection. The inspection was further prompted in part due to concerns received about staffing, nutrition, cleanliness and management of the home. A decision was made for us to include those concerns in our inspection and examine those risks. This report only covers our findings in relation to the key questions, safe, effective and well-led, which contain those requirements. We found no evidence during this inspection that people were at risk of harm from these concerns.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

Recommendations

We have made recommendations in the safe, effective and well led sections relating to the review and implementation of best practice guidance. Please see the full report for further details.

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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective?

The service was not always effective.
Details are in our effective 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 ●

The Grange Nursing Home

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.

This was a focussed inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also followed up on other breaches of regulations we found at the previous inspection and concerns related to the CQC from potential whistle blowers.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

The Grange Nursing Home is a 'care home'. 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. The Grange Nursing Home is a care home with nursing care. 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 no registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before 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 the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service. We spoke with 12 members of staff including the manager, the operations manager, a registered nurse, three care workers, a housekeeper, laundry worker, team leader, activities co-ordinator and two cooks. Following the inspection, we spoke with four relatives on the telephone and one professional. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management of the service, including policies and procedures. Following the inspection we emailed a large number of staff and invited them to express their views about the home. We received one reply.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

Staffing and recruitment

At our last inspection the provider failed to have in place robust processes for the recruitment of new staff. This was a breach of regulation 19 (Fit and proper person employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19 in this area.

- There were mixed responses about the level of staffing and whether people were supported appropriately.
- Improvements had been made to ensure staff recruitment was safe and effective and people receiving care were properly protected.
- New staff were subject to a range of checks, including a Disclosure and Barring Service (DBS) check. Risk assessments had been undertaken prior to them commencing work.
- Staff said mornings and mealtimes should have additional staff support to ensure people were cared for appropriately.
- Relatives said most times there were enough staff although occasionally staff seemed rushed and quite busy. Comments included, "There are usually plenty of staff" and "Sometimes when I'm there, buzzers go off for a long time. Staff seem busy. I wonder if there were additional staff they might be addressed quicker."
- The provider used a dependency tool to monitor people's needs. For most shifts there were four care staff and a qualified nurse on duty, although sometimes this could drop to three care staff. Several people needed two staff to support their personal care and one person needed three staff to support specific care needs.

We recommend the provider monitors dependency levels and staffing to ensure care is provided in a safe and timely manner.

Using medicines safely

At our last inspection the provider had failed to robustly deal with risks related to the safe management of medicines and the effective recording of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 in this area.

- Improvements had been made to ensure medicines were managed safely and effectively.

- Previously topical medicine (creams and lotions) records had not been completed. At this inspection records had been established to ensure staff recorded when they applied topical medicines.
- Other medicines were managed and stored appropriately, and controlled medicines were stored safely and monitored when given.
- Medicine records were up to date with only minor gaps in recording.

Systems and processes to safeguard people from the risk of abuse

- The provider had in place a range of safeguarding policies and these were displayed prominently on a noticeboard. The provider also had in place a detailed whistleblowing policy.
- Safeguarding incidents were fully recorded at the home and action taken. Staff understood safeguarding issues and how to report them.

Assessing risk, safety monitoring and management

- Risks related to day to day care were considered and action taken to manage these within the home.
- People's care risks were regularly reviewed, including; nutritional intake, skin integrity and mobility. We spoke with the manager about ensuring risk information was fully transferred onto the new electronic records system.
- Risks related to the environment were monitored and addressed, including fire risks and fire equipment and hoisting and lifting equipment.

Preventing and controlling infection

- Effective systems for preventing and managing infection control were in place.
- PPE stations were located around the home and there was a good supply of protective equipment.
- Staff wore PPE effectively and in line with current government guidance, including aprons, masks and gloves when providing personal care.
- Domestic staff cleaned all areas of the home and also carried out additional cleaning in high risk areas. Bathrooms and toilets were kept clean and fresh. Staff commented some areas of the home were difficult to keep clean because they needed updating or renewing, in particular carpeted areas.
- The kitchen had received a five-star rating from the local authority in 2021.

Visiting in care homes

- The home had a policy to check visitors before they entered.
- Information about visiting requirements was on display in the entrance area.
- People and relatives told us there was an open-door policy on visiting and they could call in at any time. A number of visitors came to the home during the inspection.

Learning lessons when things go wrong

- The provider had in place systems to learn lesson when things went wrong.
- Following the previous inspection, the provider had developed an action plan to address shortfalls. The operations manager showed us how this had been worked through and matters addressed. They acknowledged there were still areas where they wanted to make further improvements. We spoke about the need to maintain improvements and further develop safe management strategies.
- Falls and accidents were monitored and reviewed. Where necessary, action was taken to prevent further accidents occurring.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to have in place robust systems to ensure staff were appropriately trained and received an induction when starting to work at the home. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18 in this area.

- The provider had improved processes to provide and monitor staff training within the home.
- The operations manager told us training and development was one of the areas where there was still work to be done, as part of the overall action plan.
- Staff had been enrolled with the local authority Learning and Development Unit (LDU) and were required to complete all training which the provider deemed mandatory. Staff had completed a number of LDU programmes and had accessed a range of additional training including; moving and handling and safeguarding training
- Staff were enrolled on specialist oral health training organised through a local health provider. Additional training, including areas such as dignity and respect and dementia awareness had been programmed. A number of staff still needed to complete this training.
- Supervision meetings had been undertaken, although information recorded was limited. It was not always clear staff had been able to discuss matters important to them. Some staff told us it had been a while since their last supervision.
- There was no clear process to monitor that staff put into practice what they had learned through training. We spoke with the manager about improved observation and oversight.
- New staff were required to undertake a period of induction when starting work and documentation supported this.

Adapting service, design, decoration to meet people's needs

- Some areas of the home needed updating and redecoration.
- Rooms and hallways had scuffed paint and torn wallpaper. Carpets were worn and soiled in places, despite deep cleaning by housekeeping staff. Some furniture needed to be replaced.
- Relatives and staff told us the standard of decoration need to be improved. Comments from relatives included, "It's in need of a bit of an update" and "The room is very simple, just a bed and a chair – it's no home from home. But I suppose they just sleep in there." Staff commented, "The decoration could do with a

bit of an upgrade" and "It needs modernising but I'm not sure there are the funds."

- A health professional told us the environment of the home could be improved to better meet the needs of people living with dementia.

We recommend the provider develop a programme of improvements for the home and seek out advice and best practice regarding dementia friendly environments.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to access sufficient food and fluids.
- People and relatives told us the food was acceptable. Comments included, "They've never complained. I've seen the food and it looks nice" and "The food is okay. It's not exciting but its edible." Staff told us the quality of food could be variable.
- Main meals were, home cooked, simple and well presented. Pureed diets were not appetizingly presented, and staff said choice for people on special diets could be limited. Records relating to specialist diets were not always up to date, although people received the correctly prepared diet. We spoke with the manager about improving presentation and choice for people requiring specialist diets.
- People who needed assistance with meals were appropriately supported and not rushed by staff. Staff often referred to these people as 'feeders.' We spoke with the manager about how such terms were not in line with supporting people's dignity.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
People's needs and choice were assessed.

- Initial assessments of people's needs were undertaken when people came to live at the home.
- People's choices had not always been fully transferred to new electronic care records. We spoke with the operations manager about ensuring new records contained appropriate personal detail.
- Staff had a good understanding of people as individuals and were aware of their particular likes, dislikes and preferences.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked closely with a range of health professionals to provide timely and effective care.
- Daily care was delivered in line with professional guidance. A health professional told us staff sought advice in a timely manner and worked closely with other professionals on care plans.
- Nursing staff held a video meeting with a number of health professionals to review people's health care needs and update their care requirements.
- People and relatives told us the staff supported them accessing GP and other health services.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (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 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 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal

authorizations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorizations were being met.

- People's rights were protected.
- People's DoLs were monitored and reviewed.
- Some people were receiving covert medicines. This is when medicines are given mixed with food or drink. A capacity review and best interests decision had been made in relation to this issue.
- Some rooms had sensor mats in place, to alert staff people were getting out of bed or a chair. Documents suggested people had verbally consented to the use of these mats, but it was not always clear. We spoke with the manager about improving the recording of verbal consent.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

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

At our last inspection the provider had failed to have in place robust systems to ensure the service was effectively managed and quality improvements were made. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice requiring the provider to make improvements.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 in this area.

- Processes had been established to support quality monitoring.
- The provider had formally appointed an operations manager to oversee the home with the manager. An action plan had been developed and the operations manager was working through the action points to improve care at the home. This plan had been submitted to CQC each month.
- Improvements had been made in medicines management and staff training. The home was moving to an electronic care planning and monitoring system. Some quality monitoring tools were in place but needed further improvement to be fully effective.
- Records management needed to be improved. Records were not readily available and historical records were not easily located.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There were mixed views about the culture and morale of staff within the home.
- Several management changes had taken place in the last 18 months and no current registered manager was in post. The operations manager told us they and the manager were considering applying jointly as registered managers.
- Staff told us morale was low and they lacked confidence in the management system. Staff did not feel assured in approaching management with issues of concern. Others said they happy to approach the manager. Some staff told us confidentiality over personal matters was not always respected. Staff told us they would welcome increased direct involvement from the provider.
- A health and social care professional told us the manager was approachable, open and receptive to ideas

and suggestions. They said they had the best interests of the people at heart.

- Some staff felt communication needed to be improved, particularly around handover information at the start of each shift. One staff member told us, "We need a person in charge each day, that would be better. And daily 'flash' meetings would help communication and allow matters to be raised and dealt with."
- Relatives also felt communication was not always timely. One relative told us, "Communication is an area for improvement. It's difficult to know who is in charge."

We recommend the provider review the current management structure, establish robust and effective communication processes and develop processes that enhance staff morale.

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

- People and relatives were involved in care decisions, as far as possible.
- Relatives meetings had been postponed because of the pandemic. The manager hoped to restart these in the near future. Relatives told us they could contact the home if they needed to discuss anything.
- Engagement with staff was not always robust. Staff meetings were not consistent. A full staff meeting was planned for the week of the inspection. Some staff meetings had taken place in recent months, but no minutes were available. Staff felt engagement with management needed to be improved. We spoke with the manager and operations manager about this.

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 was aware of the requirement to act in relation to duty of candour.
- Some serious injuries recorded at the home may have fallen under this legal requirement.
- We spoke with the manager about reviewing falls and incidents and ensuring, where necessary, the requirements of duty of candour were followed.

Continuous learning and improving care

- The provider was following an action plan to bring about improvements to care at the home.
- The operations manager spoke about areas that needed continued development and the plan to take the service forward. They hoped the introduction of electronic care systems would help promote better and more timely care.

Working in partnership with others

- The service worked in partnership with a range of other agencies.
- There was proactive engagement with a range of services to deliver joined up care.