

Norton Care Limited

The Grange Nursing Home

Inspection report

Watershaugh Road
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The Grange Nursing Home is a care home providing personal and nursing care for up to 23 people, some of whom were living with dementia. At the time of our inspection there were 21 people using the service.

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

People were safe from the risk of abuse. Risks to people were assessed and regularly reviewed when people's needs changed. The building was well maintained, and health and safety risks were assessed.

Medicines were managed safely. The provider employed sufficient staff, staff were trained appropriately and recruited safely. Staff worked effectively with visiting professionals. Infection control measures were in place, and visiting was managed safely.

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.

Care records were person centred. People were supported to eat and drink a balanced diet. The management team worked in partnership with healthcare professionals to ensure people received appropriate support in a timely manner.

There was a positive culture in the service. Staff said the management team were supportive. People and relatives thought the service was managed well. Quality assurance checks were taking place, lessons had been learnt and improvements were made continuously.

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 July 2022).

At our last inspection we recommended that the provider ensured staffing levels were adequate, the home environment was updated and a more effective management and communication structure was implemented. At this inspection we found improvements had been made in all areas.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

This report only covers our findings in relation to the key questions safe, effective and well-led. 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.

Follow up

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

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.

Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. 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

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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The home had two managers in post who were in the process of applying to be joint registered managers.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We contacted the local authority

commissioning team for their feedback about 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 7 people who lived at The Grange Nursing Home and 4 relatives about their experience of the care provided. We observed interactions between staff and people in communal areas. We spoke with 7 members of staff and contacted 6 by email including the managers, nurses, care staff, maintenance staff and the chef.

We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at 2 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.

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. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we recommended the provider monitored the dependency levels and staffing to ensure care was provided in a timely manner. At this inspection we found changes had been made to ensure staffing levels were appropriate.

- There were sufficient, appropriately trained staff to care for people safely. A person said, "I don't have to wait long for any help I need."
- The managers acknowledged that recruitment was challenging but a rolling recruitment process was in place to try to help this.
- Agency staff were used but these were usually regular staff who knew the residents well. A number of relatives spoke about an agency nurse being very supportive and knowing people and their families well.
- Staff were recruited in a safe way, with all necessary pre-employment checks completed in line with best practice guidance.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Safeguarding incidents were investigated and reported to the relevant authorities.
- Staff had received training in safeguarding and whistleblowing, and were able to explain what action they would take if they had concerns about someone.
- One person said, "I do feel safe here; there are always a lot of staff around if I need them." Another person said, "Yes, I feel safe here; I just know I'm being well looked after here."

Assessing risk, safety monitoring and management

- Risks to people had been assessed. Appropriate mitigations had been put in place which were person-centred.
- Some people who used emollient creams (paraffin-based creams for skin health which are a flammable) did not have risk assessments in place. The management team addressed this immediately during the inspection.
- Health and safety assessments had been carried out for the building. Action to reduce risks identified was taken promptly.
- Accidents and incidents were recorded and investigated appropriately. Analysis of falls was carried out regularly, any trends identified were acted upon.

Using medicines safely

- Medicines were managed and stored safely. Medicines records were accurate. Staff had received appropriate training to manage medicines safely and their competency was regularly assessed.
- Medicine audits were carried out regularly. The provider hadn't identified an issue with hand written entries on medicines records being checked by two people. A competency check was carried out immediately with staff and a new check added to audits to ensure this didn't happen in the future.
- One person said, "I have Parkinson's Disease, so I need my medication at the correct times. It usually is given to me when I need it."

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.
- People were able to receive visitors and visit out of the service in line with current guidance.

Learning lessons when things go wrong

- The management team had learnt lessons when things had gone wrong. Learning was shared with staff in team meetings. Regular agency staff were also involved in these meetings.

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. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we recommended a programme of improvements for the home. At this inspection we found improvements were underway and the environment had improved.

- The décor and flooring of the service had been recently updated. There was a rolling programme of improvements taking place to ensure the environment was pleasant and fit for purpose.
- There was clear dementia friendly signage in place to help people find their way around the service.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Systems were in place to assess people's needs before they used the service. Care records were person-centred and detailed. Records showed people and their relatives were involved in making decisions about their care. Some relatives felt they had not been involved in the care planning process.
- People had control over choices in their lives. We observed staff acting on people's preferences during the inspection.

Staff support: induction, training, skills and experience

- Staff had the skills, experience and training required to carry out care safely. Staff felt that training was effective. One staff member said, "I enjoy doing the courses they help to refresh my knowledge."
- Staff were given a comprehensive induction to the service. Regular agency staff completed the provider's in-house training and had their competencies assessed alongside permanent staff
- There were systems in place to support staff. Supervisions and appraisals were carried out regularly by the management team. A staff member said, "I have had [supervisions] quite regularly since starting."

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

- People were supported to eat and drink enough to meet their needs. Some people were on modified diets and received well-presented food in line with good practice guidance. One person said, "I think the food is quite nice here. I do get plenty to eat; I like scampi and chips the best."
- People were given a choice of meal verbally but were not shown the options at the start of the inspection. The management team introduced a new process to show people the meals to help them make their choice which was in line with best practice guidance.
- One person was served their initial choice but decided they wanted something else not on the menu. The chef was able to cater for the person's choice swiftly.

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

- The management team worked effectively with other agencies including the challenging behaviours and falls teams.
- People were referred to services such as occupational therapy, community psychiatric nurse and the speech and language therapist in a timely manner. One person said, "If I felt poorly, staff would call a doctor for me. They can tell when I'm unwell."

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

- Staff worked within the principles of the MCA. The provider had systems in place to record people's capacity and decisions made. All DoLS applications were current and appropriate.
- When asked, staff could demonstrate they knew and understood the requirements of the MCA.

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. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection we recommended the provider reviewed the management structure, improve communication practices and look to enhance staff morale. At this inspection we found improvements had been made in all these areas.

- There was a positive, person-centred culture in the service.
- Staff working at the service were proud of the care they provided to people. One staff member said, "It is a nice place to work, I enjoy working there. Last weekend we had a great laugh with the residents."
- Good outcomes were being achieved for people. Staff knew people well, we observed staff noticing that a person had eaten significantly less than usual for breakfast, spending time with them to check they were ok.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 management team understood their roles. Quality assurance checks were taking place including infection control and care record audits, and analyses of accidents and incidents. When issues were identified, action was taken to rectify problems in a timely manner.
- Staff understood their roles and were able to explain how they would deal with any issues that arose. Staff felt that the management team were supportive and approachable. One staff member said, "I enjoy working at the grange, and I feel that management are very approachable with any problems or concerns I may have."
- CQC had received notifications about incidents in line with expectations.
- The management team was aware of the duty of candour and their responsibilities. Apologies had been made to people and their relatives when needed. Lessons had been learnt from incidents to help reduce the chance of reoccurrence.

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

- Resident and relative's meetings were taking place. There had been a gap without meetings due to the COVID-19 restrictions so some people or their relatives hadn't attended a meeting recently. The management team were regularly in touch with people's relatives.

- A new activities coordinator was spending time getting to know people and learning about what activities they would like to be involved in.

Continuous learning and improving care

- The service was continually learning and improving. An action plan was in place to improve various areas of the service. Recent improvements had been made to flooring in bedrooms, fire safety equipment and learning around challenging behaviours.

Working in partnership with others

- Staff worked effectively with other healthcare professionals. People were referred to specialist services such as the falls team or behaviour team in a timely manner.