

Newgrange of Cheshunt Limited

Newgrange Residential Home

Inspection report

Cadmore Lane
Cheshunt
Waltham Cross
Hertfordshire
EN8 9JX

Tel: 01992642449

Website: www.newgrangehome.co.uk

Date of inspection visit:

08 February 2022

16 February 2022

Date of publication:

01 March 2022

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

Newgrange Residential Home accommodates 38 people in one purpose-built building spread across two floors. Each of which has separate adapted facilities and communal areas. At the time of the inspection 36 people were using the service.

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

Following the previous inspection of this service the registered manager and provider had continued to improve and had addressed shortfalls previously identified in Safe, Effective and Well-led. People were safe and protected from avoidable harm because staff knew how to identify and report any concerns relating to the risk of abuse. Risks to people's health, safety and well-being were assessed and measures put in place to remove or reduce the risks. People were supported by staff who had been safely recruited.

Before people started using the service the provider completed assessments to make sure people's needs could be met at Newgrange Residential Home. Care plans were developed from these assessments for each person's identified needs. Staff received training and support to enable them to carry out their roles effectively.

Staff and the management team knew people well and were able to promptly identify when people's needs changed and sought professional advice appropriately. 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.

People's medicines were managed safely. Staff had received appropriate training and had their competency assessed to help ensure they were sufficiently skilled and knowledgeable in this area. Staff had received training in infection control practices and personal protective equipment such as gloves and aprons was provided for them. The management team took appropriate actions following any incidents and learning was shared with staff.

The management team was committed to providing a high standard of care to the people they supported as well as the staff team and understood their responsibilities under the duty of candour. People or their relatives were confident to raise any concerns with the management team. Everyone we spoke with during this inspection was satisfied with the care and support they received.

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 05/10/2019).

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.

Why we inspected

We carried out an unannounced inspection of this service on 26 June 2019. We found improvements were needed. The provider completed an action plan after the last inspection to show what they would do and by when to improve the safe care and treatment, safeguarding and governance systems at Newgrange Residential Home.

We undertook this focused inspection to check they had followed their action plan and to confirm improvements had been made. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those improvements. 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 changed from Requires Improvement to Good. 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 the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Lodge Care 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 ●

Newgrange Residential 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.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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 undertaken by two inspectors, one of whom was working remotely.

Service and service type

Newgrange Residential Home 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 had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 08 February 2022 and ended on 16 February 2022. We visited Newgrange

Residential Home on 08 February 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 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 received feedback from two people who used the service and five relatives about their experience of the care provided. We received feedback from five staff and the registered manager.

We reviewed a range of records. This included three people's care records, staff training records, and records relating to the management of the service, including accidents and incidents, safeguarding, complaints and compliments.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from four external health professionals.

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.

Systems and processes to safeguard people from the risk of abuse

- Staff we spoke with were clear they would report any concerns to their manager, the GP and the person's family. The registered manager had clear oversight of all accidents and incidents so was confident staff were reporting appropriately.
- Staff received training about the incidents and events they needed to report to managers and were aware of the local safeguarding authority and Care Quality Commission (CQC). The registered manager described various methods used to promote and assess staff knowledge and understanding in this area. The owner visited and would quiz staff about safeguarding matters, and actions to be taken in the event of an emergency.
- An external professional told us, "The residents seem safe and happy despite the trying circumstances the last two years have brought them and it feels like an extended family within the walls." A further external professional told us, "The care home is excellently run and the staff very professional and very caring with all residents. Safeguarding is of an excellent standard."
- People told us they felt safe. One person said, "We are all looked after very well. I feel very safe. It's the security (of having staff around). I get up in the night to use the toilet and the floor rings them (alert mat). Next minute someone is there." A relative said they couldn't be happier with how their family member was looked after and how staff engaged with them. They said they felt their family member was in a safe place and well cared for. All the staff knew them well and were familiar with their needs, capabilities and personality.

Assessing risk, safety monitoring and management

- Risk assessments helped mitigate risk for people around developing pressure ulcers, malnutrition, falls, COVID-19, choking and others. Care plans were in place to help ensure staff had the right guidance to manage risk.
- Some care plans and risk assessments needed further development to ensure they accurately reflected people's current needs. For example, a person had recently become immobile and was being cared for in bed. The person could not reposition themselves which meant they were at increased risk of developing pressure ulcers. The person had all the appropriate equipment in place and their skin remained intact at the time however, their risk assessment still indicated low risk.
- Staff knew people well and the risk involved. They were able to tell us how they supported people who at times refused personal care, as well as people who were at risk of choking or malnutrition. One person told us, "At mealtimes [staff] know who has what and what people can and cannot have. It's good."

Staffing and recruitment

- People told us they thought staff were very busy and there was a need for more staff. One person said, "I

don't think they have enough staff. Staff are overworked. This morning I saw a care worker cleaning, but with this COVID-19 they have to." However, both people told us their call bells were answered promptly and this made them feel safe.

- The provider told us in their PIR, "We have over and above the quantity of staff employed to provide for annual leave and any sickness. We also have a pool of bank staff who have worked for the company for many years, who we are able to call upon in any emergency situations."
- Staff told us there were enough staff and agency had not been used for a long time. They told us staff were working well together, "Like an extended family", and they covered shifts in the home.
- The provider operated safe recruitment practices. They ensured references were validated and Disclosure and Barring Service (DBS) checks undertaken for all staff. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicine administration records (MAR) charts were signed, and we noted no gaps in recording. However, we noted a medicine had been signed as being administered but had not been given to the person. This error had happened two weeks earlier but had not been picked up in the management weekly audits.
- 'As required' (PRN) protocols were in place for medicines administered as and when needed. However, these protocols needed further development to include the reasons for giving the 'when required' medicine and the symptoms to look for in people who could not express this verbally.
- People told us their medicines were administered by staff regularly when they needed them. Staff were trained and they followed safe practices when giving people their medicines.
- The home's pharmacy provider told us, "All care workers and staff members are highly motivated with [people's] care in mind, an example of this would be the person in charge of the medication asking me if I could check the medication times of their residents for interactions and best outcomes for the medication in terms of their diet plans."

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 informed there were no restrictions on visitors. The provider's policy and procedure for visiting the care home confirmed this. The registered manager ensured other arrangements were available if people were uneasy about a face to face visit. The home had a 'pod' to further facilitate visits and facetime and telephone calls were available for visitors not able to attend the home in person.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

- The service experienced two COVID-19 outbreaks in the 24 Months (from March 2020). The registered manager reviewed these for lessons learned and created an action plan. They stated, "The most important learning was to ensure that the staff complement is in excess of requirements at all times."
- The service learned lessons from the outcome of complaints or incidents. For example, the need for further staff training in the use of a specific piece of equipment was identified as a result of a complaint investigation.

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.

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

- Food and fluid intake was recorded for those people assessed as being at risk of dehydration. The provider's electronic care plan system was effective in tracking people's weights and flagging if any concerns noted.
- Staff were aware of people at risk of malnutrition and dehydration. They monitored people's weight monthly or weekly as needed and communicated with the GP if they needed support and professional input in people's care. Actions were taken in providing fortified meals and encouraging a good intake.
- People told us they had enough to eat and drink. One person said, "I never leave anything on my plate (grown up during the war and it's a habit) The food is good. I don't ask for anything really, they know I like everything."

Staff support: induction, training, skills and experience

- Staff felt supported by managers and the team around them. They felt the training was good and provided them with the knowledge required to understand their role. A staff member told us, "We have enough training which we carry out every six months, or yearly, depends on the training. Also, we have regular supervision every eight weeks and my manager always supervise staff. I feel very supported by my team."
- The provider ensured all new recruits undertook the Care Certificate if they had not already done so. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- An external professional told us, "I have absolutely no concerns at the home at this time, in the next month or so we will be looking at falls prevention just to keep everyone up to date."

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.

- MCA and best interest decisions were done where people lacked capacity to understand and take certain decisions. For example, if a person required bed rails to keep them safe and lacked the capacity to make an informed decision. A 'Best Interest' decision was agreed with the appropriate nominated people.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- Pre-admission assessments were undertaken when people were preparing to move into the home. Whilst restrictions were in place, staff had done this through video calls. However, there were plans to move to face to face assessments again. Pre-admission assessments helped decide if people's needs could be safely met in the home and formed the base of the initial care plan.
- The environment was clean and spacious. People's bedrooms had been decorated and filled with their personal belongings making it homely. People could choose to spend time in communal areas where chairs were arranged to promote social distancing when possible. They could also choose to spend time in the quiet areas where they could watch a movie or just enjoy the quiet space.
- A person's relative told us about their initial meeting with Newgrange. They said, "We made appointment with [staff name] at Newgrange and had a visit. They really listened and understood our needs for [relative]. And the attention to detail, explaining the daily routines for the residents really impressed us." They went on to say, "We couldn't ask anymore of all the staff they always make time for us when we visit [person]. Even during difficult times with COVID-19 restrictions we have been kept informed via e mails and regular newsletters."

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

- The provider's most recent PIR showed Multi-disciplinary meetings were held weekly with external professionals such as GP, district nurses and other professionals as required, to discuss people's needs or any other specific concerns.
- Staff involved district nurses, GPs and other health professionals in people's care. One professional told us, "May I say it is pleasure to work alongside the staff at Newgrange they are always cooperative with myself and other professionals and the care for the residents is excellent, they work and well and are a great team."
- The home's external pharmacy provider told us, "The pharmacy is always informed of medication changes and care workers are very helpful in communicating the urgency of the medication."

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

- Some discrepancies in recording were noted during the inspection and some risk assessments would benefit from greater detail. For example, a choking risk assessment failed to guide staff on the precise actions, just advised first aid. The registered manager agreed that further development was needed in these areas and told us they would address this by?.
- An external professional said, "I think they run a really great service, the owners are involved in the day to day running of the home and there seems to be a strong leadership."
- A relative said, "When visiting we have always been made welcome and any concerns have been positively received and reassurance given. We feel lucky that we found Newgrange." Another relative said, "We would highly recommend Newgrange Residential Home as a safe and caring environment."
- A person who used the service told us, "I know who to talk to if I have a complaint. They listen to you. I am pleased to tell you these things as they deserve to be recognised. It's nice to praise them for a change."

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

- The registered manager described the management structure in the home and how each role functioned alongside another. They told us, "I am lucky that I have a good team. [Deputy] is more focussed on day to day operations in the home. I keep absolutely busy overseeing everything the management team report to me." The registered manager went on to say, "My management ethos is, no-one sits on a higher pedestal than anyone else. We all need each other for this to function."
- The provider's quality assurance was robust and transparent. A range of monitoring was undertaken continuously on a rolling basis. This helped to give the registered manager and provider assurance that Newgrange Residential Home provided safe and effective care for people.
- Some elements of the home's performance needed more frequent monitoring than others. For example, care plans were monitored weekly whereas other areas of the home's performance were better reviewed monthly. The provider reported weekly audits of care plans had been more effective in ensuring people received the right care because they could cross reference care plans and ensure any updates had been fully reflected.
- The provider met with the registered manager monthly to review the monitoring outcomes and to agree any actions to be taken where needed.

Continuous learning and improving care; 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 provider was keen to ensure people were provided with the ultimate in safe and effective care. For example, they were in the process of exploring with external professionals how they could make the home more resilient in the heat in readiness for summer.
- The registered manager had a clear understanding about the duty of Candour and told us they encouraged staff to be open and honest in their feedback.
- Relatives told us management were always open and approachable. One relative said, "On the occasions we have had to speak to the management team, our issues have always been addressed in a timely manner with the highest regard for confidentiality, care and support."

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

- The provider had used a local care provider association's anonymous feedback facility as part of their annual quality assurance process. We have used some of the feedback received in the body of this report.
- An external professional said, "The service is safe, caring and very responsive for both residents and health care professionals, for example after hospital discharges the Pharmacy and GP surgery are always informed of any medication changes and they are followed through."
- Relatives told us they were happy to give feedback about the care provided for people at Newgrange Residential Home. They said the provider asked them for regular feedback. One relative said they hoped their feedback contributed to the provider's improvement plans because, "Everyone deserves good care." Another relative told us, "I'm not an expert but after looking after and living with vulnerable elderly family members over many years that needed 24 hour care. I can say I feel confident and happy to place my [relative] at Newgrange care home."

Working in partnership with others

- The registered manager often worked with other professionals to achieve good outcomes for people. For example, community nurses, occupational therapists, wheelchair services, GPs and dentists.