

Grangefield Care Limited

Grangefield Residential Care Home

Inspection report

60 Northampton Road
Earls Barton
Northampton
Northamptonshire
NN6 0HE

Tel: 01604812580

Website: www.grangefieldcare.co.uk

Date of inspection visit:
27 February 2023

Date of publication:
13 April 2023

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Grangefield Residential Care Home is a residential care home providing accommodation and personal care for up to 23 people. The service provides support to people over 65 and specialist support to people living with dementia. At the time of our inspection there were 17 people using the service.

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

Records were not always person centred and language used was not always respectful. Not all required notifications had been made to CQC as required by law. The provider had robust systems in place to monitor quality within the service. The provider and registered manager acted promptly to make changes following the areas highlighted during the inspection. Relatives told us communication was excellent.

People were protected from the risk of harm and felt safe. Staff were aware of how to raise any safeguarding concerns. Risk assessments provided guidance to ensure staff could provide safe care. Medicines were managed safely. The provider was working within current government guidance in relation to infection control and there were no restrictions upon visiting arrangements. Incidents and accidents were acted upon appropriately and lessons were learned when things went wrong. People described feeling safe and well cared for.

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.

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

Rating at last inspection

The last rating for this service was requires improvement (published 25 February 2021). At our last inspection we recommended the provider reviews all risk assessments and strategies in place to ensure staff are following them. At this inspection we found the provider had taken action; risk assessments were regularly reviewed, and staff were following them.

Why we inspected

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

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.

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 based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Grangefield Residential 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 well-led?

The service was not always well led.
Details are in our well led findings below.

Requires Improvement 

Grangefield Residential Care 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 2 inspectors 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

Grangefield Residential Care 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. Grangefield Residential Care Home is a care home without 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 a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from the local authority. 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 5 people living in the service. We also spoke with 3 relatives and received written feedback from 3 relatives, about their experience of care and support provided. We observed people and their interaction with staff and each other throughout the inspection visit. We also spoke with 6 members of staff including the provider, the registered manager, and care staff.

We viewed a range of records held within the service, this included 3 care plans and multiple medicines records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management and oversight of the service, including staff training records, risk assessments, 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.

At our last inspection we recommended the provider reviews all risk assessments and strategies in place to ensure staff are following them. At this inspection we found improvements had been made.

Assessing risk, safety monitoring and management

- People were safe. There was clear guidance in place for staff to enable them to support people and manage risk.
- During our last inspection we found people did not always have a care plan in relation to the management of pressure sores and wounds. We also found no evidence of water temperature checks. At this inspection we found risk assessments and care plans were in place, giving clear guidance to staff. Water temperatures were within the appropriate range and records confirmed staff checked bath and shower temperatures.
- The environment was safe for people. Health and safety checks and risk assessments had been completed for communal areas of the building, these were monitored and reviewed regularly.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of harm and abuse.
- At our last inspection we found unexplained bruising on people had not always been investigated. At this inspection we found improvements had been made. Unexplained bruising was recorded and followed up by the registered manager. The registered manager investigated each incident to identify any possible causes and put measures in place to reduce risk.
- Staff understood how to keep people safe and knew what to do if they had any concerns. One staff member told us "Any concerns, I would tell [registered manager] right away".
- People described feeling safe and well cared for. One person said, "I do [feel safe], they are all very pleasant people". Another told us "Yes I feel safe, everything is taken care of for us".

Staffing and recruitment

- Whilst we received some mixed feedback about staffing, during the inspection we observed sufficient staff to respond promptly to people's needs and call bells were answered quickly. People told us, "Normally, they are quick, the odd time it's a bit longer". Another person said, "They could do with a few more, they are very nice."
- People told us staff were kind and attentive to their needs, however there was sometimes a language barrier with agency staff, which had resulted in some confusion. One person told us, "Sometimes it's difficult to get them [staff] to understand what you mean, sometimes they interpret it differently". The registered manager told us they tried to use the same agency workers to ensure they got to know people living in the service and how people preferred to communicate.

- The provider ensured staff were recruited safely by undertaking robust pre-employment and identity checks. These included a full employment history, employment references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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 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.

Using medicines safely

- Medicines were stored and administered safely.
- An electronic records system supported staff to administer medicines at the prescribed time and prompted them to make a record, this reduced the risk of errors.
- Medicines given 'as needed' were administered safely following clear protocols. There was a medicines policy which gave guidance to staff on the safe management of medicines.
- Staff received medicines training and were required to complete competency checks yearly.

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 Protective Personal Equipment (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.

Visiting in care homes

There were no restrictions on visiting. The provider was working in line with current government guidance. There were clear processes in place in the event of an outbreak of infection to ensure visits could still take place safely.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. Improvements had been made following our previous inspection.
- Accidents and incidents were recorded and analysed. This helped the registered manager to identify

trends and implement measures to mitigate risk further.

- Team meetings were used effectively to discuss and share learning within the service. This meant staff were aware of any changes to people's support needs and were able to keep them safe.

Is the service well-led?

Our findings

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

- Quality assurance processes were not always effective. The provider had multiple audits in place, covering a range of areas, however they failed to identify some of the issues found during the inspection. For example, audits failed to recognise the use of inappropriate language in the care plans.
- Providers must notify CQC of certain events. This allows us to monitor and check appropriate action has been taken. We found referrals to safeguarding authorities had been made appropriately, however not all required notifications had been made to CQC as required by law. We spoke to the registered manager about this. They confirmed they have a better understanding of their responsibilities in relation to statutory notifications and would ensure these were submitted correctly in the future.
- At the time of the inspection, the provider did not have their recent CQC rating on display as required by law. We raised this with the provider who took immediate action to ensure the rating was on display in the service and on the providers website.

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

- There was a positive and person-centred approach to the delivery of people's care, however records did not always reflect staff practice. For example, 1 person's care plan described them as 'lacking patience' and 'demanding'. This did not demonstrate person-centred language.
- We observed staff being kind and compassionate with people. People, relatives, and staff told us they felt supported by and could approach the registered manager with any concerns they had. Relatives told us "[staff] are kind and compassionate", and "[registered manager] is always available, they really do want it to be a home from home".

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

- There was a clear system in place for reporting incidents. The registered manager understood their responsibility under the duty of candour. We saw a recent event that met the criteria and saw the provider had acted appropriately.
- The provider had up to date policies and governance arrangements in place.
- Relatives and people told us the service contacted them when something went wrong and took action to put things right. One relative told us, "Concerns are addressed straight away".

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

- The provider and registered manager actively sought feedback from everyone involved with the service. We saw evidence of surveys that had been analysed and included an action plan following on from feedback received.
- The service had several communication channels to share information with people, their relatives, and staff, these included face to face conversations, newsletters, and social media.
- We received feedback from relatives who told us communication was excellent. Relatives told us that the registered manager had offered meetings in person and via video calling to enable as many people as possible to attend and give feedback.

Continuous learning and improving care

- Improvements had been made since our last inspection. The provider and registered manager were committed to ongoing and continuous improvements. Actions had been identified and plans were in place to improve the quality of the service further.
- The responsibility of learning lessons when things went wrong was understood by the registered manager and staff team. Records demonstrated learning had taken place to ensure people received good quality care. For example, sharing recent lessons learnt following incidents and an improvement plan from a recent survey.
- The provider and registered manager were open to the areas highlighted during the inspection acted promptly to make changes where required.

Working in partnership with others

- Staff worked in active partnership with health professionals including the GP service, physiotherapists and opticians who visited the home regularly.