

Carlton Care Homes Ltd

# Grange Hill House Residential Home

## Inspection report

516 Bromsgrove Road  
Hunnington  
Halesowen  
West Midlands  
B62 0JJ

Tel: 01215501312  
Website: [www.carltoncaregroup.co.uk](http://www.carltoncaregroup.co.uk)

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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

Grange Hill Residential Home provides accommodation with personal care and support for up to 38 older people. Some people were living with dementia and other associated illnesses. At the time of our visit, 30 people were living at Grange Hill.

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

People did not always have risks to their health and welfare effectively managed. Care plans and risk assessments did not always reflect the guidance and advice from professionals.

Audits were not effective in identifying where actions were needed to improve the assessment and monitoring of risks.

There was no oversight of the effectiveness of systems to monitor people's health and wellbeing. Where people had been assessed as needing monitoring of their food and fluid intake, this was not always carried out effectively.

Care plans did not always contain the necessary information to enable staff to provide safe support.

Medicines were managed safely, and people received their medicines in line with their prescription.

There were systems to identify when people needed safeguarding and staff understood their responsibilities to keep people safe.

People and relatives told us they felt safe and were happy with the care they received.

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 was good.

### Why we inspected

We received concerns in relation to the management of the service. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

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 good to requires improvement based on the findings of this inspection.

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

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement and Recommendations

We have identified a breach in relation to governance and management oversight of the service at this inspection.

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

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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 well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Grange Hill House 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 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

The inspection team consisted of 2 CQC 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

Grange Hill Residential 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. Grange Hill Residential 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, however they were not present during the inspection, and a new manager who was in the process of becoming registered with CQC was present for the inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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 used the service and 2 people's relatives to gain their feedback about the service. We spoke with 5 staff including the manager, care staff and the head of maintenance. We also spoke with the provider who was present during the inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 6 people's care records and samples of medicine records and daily and associated records of their care including care plans and risk assessments. We looked at 2 staff records and a variety of records relating to the management of the service, including audits and procedures.

# 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 good. At this inspection the rating has changed 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

- Some people who had risks associated with their care, were not always protected from harm. In one example, one person needed their drinks thickened to reduce the potential for choking. This person had been assessed by a health professional, so staff were able to tell us how to support this person safely. However, the person's care plan had not been updated to reflect the health professional's advice regarding the use of thickener.
- Some people required food and fluids to be monitored so that health professionals were able to monitor people's health. Where staff had completed these we found information was not specific and failed to identify what the person had or had not eaten, and how they received their fluids.
- Records to manage and monitor risks for people who had a catheter required improvement. We saw 1 person's records that clearly identified the person's own involvement, that of the district nurse and signs of infection for staff to look out for. Staff we spoke with were aware of this person's catheter care needs and were able to tell us how they ensured it was kept clean and maintained. However, another person with a catheter had no catheter care plan or identified risks for staff to be aware of. The manager assured us this would be completed so staff had the right information to manage this safely.
- Regular maintenance work and health and safety checks were completed to ensure the environment remained safe, for example water quality and fire safety checks. However, the weekly checks of window restrictors had not identified that restrictors were not fitted with the correct tamper proof screws or covers to prevent people from removing them. This left people at risk of falling from windows.

The provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Before we left the home, the deputy manager contacted a speech and language therapist and started taking steps to update the person's records regarding eating and drinking. The maintenance person also took steps to obtain and fit suitable window restrictors, and the provider assured us that the catheter care plans and risks assessments would be reviewed immediately following the inspection.

### Systems and processes to safeguard people from the risk of abuse

- Staff understood how to keep people from abuse and staff told us they received regular training on safeguarding.
- Staff were aware of the whistle blowing policy and told us when they would consider becoming a whistle blower if they felt concerns were not being actioned appropriately.

- People told us they felt safe. One person said, "Nice and safe here."
- The provider understood their responsibilities in reporting safeguarding concerns to the local authority and CQC.

#### Staffing and recruitment

- The provider's recruitment process included checks to ensure staff were of a suitable character. Staff files showed recruitment checks were robust, which included checks on staff through the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- At this visit we found there were enough staff to meet the needs of the people living at the home.
- People told us that staff responded if they asked for help.
- Our observations throughout our visit showed staff were on hand and attentive to support people's physical and emotional wellbeing. Where people activated their call bell, staff attended with minimal delay.
- The manager was confident staff levels met people's needs. The manager told us they regularly reviewed people's dependency and staffed accordingly to ensure people received the support they needed.

#### 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.

#### Visiting in care homes

The manager kept updated with government guidance. Visiting was allowed and facilitated. When visiting restrictions were in place, telephone calls and calls over the internet were encouraged and supported so families could maintain contact.

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

- Peoples' medicines were administered and managed safely. Records were completed accurately and reflected the quantity of medicines in stock. Clear processes were in place to make sure people arriving for respite, continued to receive their prescribed medicines.
- Staff had completed medication training and had their competencies assessed to ensure they knew how to administer medicines safely.
- Detailed risk assessments and protocols were in place for medication prescribed to be taken on an 'as required basis

#### Learning lessons when things go wrong

- The provider and new manager were reviewing the systems to monitor trends and identify where lessons could be learnt. There were systems to review notifications, accidents and incidents and to identify any trends. One example was the monitoring of falls, which had been improved since the change in management structure.
- Where we had identified where improvements were needed the provider took immediate steps to ensure appropriate action was taken. For example, we discussed with the manager and provider the use of thickener in a person's drink and how those fluids should be recorded with greater detail. This was raised with staff by the manager and provider during our visit.

# 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 good. At this inspection the rating has changed 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The manager had systems to review the quality and accuracy of care plans, manage accidents and incidents and ensure the good governance of the service. However, these were not always effective in driving improvements and maintaining standards.
- We checked examples of completed audits and found in some cases they were a tick box exercise instead of assuring themselves, what was checked was correct. For example, regular window restrictor checks were made to keep people safe, however the fixings were not tamper proof, meaning they could be easily removed.
- Systems to monitor people's health and wellbeing required more scrutiny. We saw examples of people's health needs and important records were not always completed accurately to demonstrate; safe practices were followed. For example, we found people at risk of poor fluid and nutrition or people on prescribed thickeners, did not always have relevant and informative records to show the care they required was provided.
- Systems to check and monitor care plans and risks assessments needed further improvement. We found some care plans were not updated when a person's needs had changed, or in one example, there was no catheter care plan to tell staff how to care for this person's continence needs and manage any associated risks.
- Processes to safely monitor care records was ineffective when delegated to others. Systems to monitor and mitigate risks to people had failed to identify gaps in risk assessments and where some risks had not been assessed or reviewed for accuracy.
- Associated documents to help provide staff with knowledge and information about people lacked specific and accurate details. Staff conversations for those people requiring thickened fluids, showed us there was no consistency in how some people were supported.
- We acknowledged some improvement was made by the current manager and quality assurance systems were being improved upon. However, at this visit, we could not be confident the systems were fully embedded to give the assurances all improvements were identified and known. Some of the checks we found, had not identified the shortfalls we found which had potential to put people at unnecessary risk of harm.

The provider's systems and processes had failed to robustly assess, monitor and improve the quality and safety of the services and assess, monitor and mitigate the risks relating to the health, safety and welfare of

service user and others. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager told us staff meetings were held so staff had the opportunity to listen to and feedback at the home. Minutes of staff meetings demonstrated that discussions took place about staff practice and any improvements required. Staff told us they felt supported and listened to by the management team.
- Staff said that they treated everybody equally and there were no barriers regarding any protected characteristics. All staff had training on equality, diversity and human rights.
- Staff told us that the management in the home was increasing and improving the communication in the home and that involving people in fresh reviews of their care was a priority. People we spoke with seemed happy with how staff and the manager communicated with them.

Working with others

- The current manager was establishing improved practices and working hard to improve people's outcomes. They told us that they were bringing changes to improve the systems, processes and practices in the home and that they were working with to fully engage staff on their ideas for improvement.
- The manager worked with other healthcare professionals to support good outcomes for people. For example, district nurses who supported people with catheter care. However, the provider and manager still needed to improve the systems to accurately translate the guidance given by professionals into people's care records.

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 to be open and honest when things had gone wrong. The manager was open with us during our visit, telling us what they had identified had improved, equally what still needed improvement and what their plans were to achieve this. Immediately follow the inspection the provider shared a list of priority actions and assured us that they will keep them updated and continue to share their actions with us.
- The provider had met the legal requirements to display the services latest CQC ratings in the home.

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 | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>   |
| Regulated activity   | Regulation  |
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's systems and processes had failed to robustly assess, monitor and improve the quality and safety of the services and assess, monitor and mitigate the risks relating to the health, safety and welfare of service user and others.</p> |