

MAPS Properties Limited

Walsham Grange

Inspection report

81 Bacton Road
North Walsham
Norfolk
NR28 0DN

Tel: 01692405818
Website: www.norfolkcarehomes.co.uk

Date of inspection visit:
22 June 2023
06 July 2023

Date of publication:
21 July 2023

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

Walsham Grange is a residential care home providing accommodation and personal care to up to 75 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 50 people using the service.

Walsham Grange offers accommodation which is over two levels. There are various shared living areas in the home which include a quiet lounge, a conservatory and dining room. There are shared bathing facilities on each floor. Some bedrooms benefit from ensuite facilities.

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

Following the last inspection, the provider had reviewed the quality assurance processes in place. These required further time to become embedded and to support continual drive of improvement of the quality and standard of care in the home.

We received mixed feedback from relatives regarding the staffing levels in the home. A recruitment drive was ongoing and several new staff had joined the staff team. A process was in place to ensure staff were recruited safely.

Staff had completed infection control training and were knowledgeable of measure to take to apply this in their work. This included maintaining a clean environment, wearing of appropriate personal protective equipment (PPE) and practicing good hand hygiene.

People appeared to be relaxed and comfortable with staff. Staff were observed treating people with dignity, respect and kindness.

People received their medicine from trained and competent staff. The regional manager conducted checks of staff skill and knowledge to ensure they were safe in their practice.

An induction process was in place which prepared staff for their role. Staff told us they received a blend of face-to-face training as well as e-learning. In addition, the regional manager and senior staff team conducted checks of staff skills and practice. One staff member told us they had recently completed an in-house virtual dementia training session which had enhanced their knowledge and understanding of providing care for those living with dementia.

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.

Staff felt supported by the management of the service and were happy in their role. One staff member told

us, "This is the best caring environment I have worked in. The staff work well together and help each other. We get time to speak with people here and build a bond with them."

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 28 June 2022) and there was a breach in regulation relating to governance. 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.

Why we inspected

We received concerns in relation to the management of falls and the governance 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 remained requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Walsham Grange 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 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 ●

Walsham Grange

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

This inspection was carried out by an inspector, a member of CQC's medicines team and 2 Experts 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

Walsham Grange 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. Walsham Grange 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 not a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 22 June 2023 and ended on 6 July 2023. We visited the location's service on 22 June 2023.

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 4 people who used the service and 17 relatives. We spoke with 6 staff including the regional manager, deputy manager, regional deputy manager and care staff.

We reviewed a range of records. This included 7 people's care records and 19 medication records. We looked at 4 staff files in relation to recruitment, training, and supervision. A variety of records relating to the management of the service including audits, 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 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.

Assessing risk, safety monitoring and management

- People's care plans and risk assessments were held electronically. These evidenced dates of review and had been updated when changes occurred. On the day of our inspection visit discrepancies were identified within repositioning requirements for one person. This was discussed with the regional manager who took action to address this immediately. Staff spoken with were familiar with people and their associated risks, and there had been no impact due to this discrepancy.
- A relative said, "[Family member] fell a lot when at home. Staff have put a pressure mat beside the bed. If [family member] tries to get up the alarm goes off. [Family member] is safe here.
- Systems were in place to ensure health and safety checks were completed, and equipment and the environment were maintained.
- On the day of our inspection visit, a fire bell alarmed. Staff acted promptly, remaining calm and providing assurance to people whilst following instruction as detailed in the fire safety policy.

Staffing and recruitment

- Relatives we spoke with provided mixed feedback about staffing levels in the home. Comments included, "They [staff] will come but it does seem to take some time. I don't feel that they have enough staff." And, "Sometimes no, some of the time there is."
- Staff we spoke with told us staffing levels had improved recently and felt that staff worked well as a team. Staff told us the regional manager and deputy manager worked alongside them when required. One staff member said, "We work together as a team across the home."
- We observed adequate staffing levels in the home. Staff were observed responding to call bells and people's requests for assistance promptly.
- A process was in place to support the safe recruitment of staff. On the day of inspection, one staff file did not contain a full employment history. This was addressed immediately by the regional manager and actions taken were shared with us following the onsite inspection.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe at the service. One person said "Knowing if I ring a bell the staff would always come makes me feel safe."
- The provider had effective processes in place to protect people from harm.
- Staff had completed training in safeguarding awareness and understood their responsibility in reporting concerns internally and externally to the organisation.

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.
- People were offered choices and supported to make everyday decisions. One relative told us, "[Family member] does what they choose. [Family member] likes to get up around 11am and they [staff] support that."
- Care records contained information and guidance for staff to support people in the decision-making process. For example, speaking in clear short sentences and allowing time for a response.
- Staff had a good understanding of the MCA and were familiar with how to support people to make decisions.

Using medicines safely

- The provider was using an electronic system to record the administration of medicines to people. This also monitored levels of stock within the home and ensured that people got their medicines at the correct time including time critical medicines. Using an electronic system ensured that allergies were recorded for all people and medicines could not be administered that were listed on their allergies. However, there were some occasions where the information on the system was not clear enough, such as the course length of an antibiotic which led to the person receiving a few extra doses and not specifying which eye for eye drops.
- Medicine management policies and procedures were in place and medicines were ordered and safely stored including within people's rooms.
- People had medication risk assessments in place and there was clear guidance for staff as to what to monitor for people on high-risk medicines such as anticoagulants.
- Staff received regular medication training and competency checks.

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

- Visitors were welcome to freely visit the service. One relative said, "I am able to visit and take [family

member] out and they [staff] have no problem with that."

Learning lessons when things go wrong

- Following the previous inspection, a review of systems in place to analyse incidents and accidents had taken place. A more in-depth analysis of falls in the service had been implemented. The findings of this had resulted in trialing of an alternate falls alert system for a person who was at an increased risk of falls and where sensor mats had not worked.
- Lessons learnt were shared with staff through a variety of meetings including daily handovers, mid-morning 'stand-up' meetings, staff meetings and supervisions. These meetings provided staff an opportunity to reflect over incidents and discuss how to implement change and improvements.

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 for this key question has remained required 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; Continuous learning and improving care

At our last inspection the provider had failed to implement systems and processes to effectively assess and monitor the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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

- Following the last inspection, the quality assurance system had been reviewed and new processes implemented. However, these audits had not identified missing information within a staff recruitment file or the discrepancy in a person's risk assessment. The new systems required time to embed to ensure the processes were robust and supportive in driving continual change and improvement in the standard and quality of care.
- Action plans were in place to address shortfalls identified in the service. These plans described actions taken to address the failings identified through the audit and quality assurance process.
- At the time of this inspection there was not a registered manager in post. The provider told us they had been successful in recruiting to this role and were planning the induction and shadowing process for the potential manager.
- Management support had been provided by the regional manager who visited the service regularly.

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

- Relatives and staff spoke positively about the regional manager who they found to be approachable, caring and kind. One relative said, "Whatever has happened with the change in management has done the trick from my perspective. We are now assured that [family member] is receiving good care" A staff member told us, "Staff morale is great. This has improved 100% since the change in management."
- We received a mixture of comments relating to the communication and engagement with the service. Some relatives told us they had not experienced good communication with the service, whilst others were positive about the level of communication and engagement that took place. Comments included, "It is all a

bit hit and miss regarding obtaining information from the home." And, "They communicate with me by phone . If I leave a message someone gets back to me."

- A variety of systems were used to obtain feedback from people, their relatives and staff. These included meetings, surveys, complaints, compliments, staff supervision and care reviews. The feedback was used to support making change in the service. For example, people had expressed a wish to see changes in the activity planner available. This was implemented and both a monthly and weekly pictorial planner were available in the service.

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 aware of their responsibility in reporting notifiable events to the Care Quality Commission.
- Complaints were investigated, and apologies made to people and their relatives with explanations of actions which would be taken to improve the care and support.

Working in partnership with others

- The provider had maintained links with the community health and social care teams to ensure support provided was appropriate and reflective of people's current needs.
- Records reviewed contained evidence of referrals made to specialist teams including the falls team, Occupational Therapy (OT) team and Speech and Language Therapy (SALT) teams.