

Underwood Hall Limited

Wentworth Grange

Inspection report

Nursing Home
Riding Mill
Northumberland
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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

Wentworth Grange is registered to provide accommodation, nursing and personal care to a maximum of 51 older people, including people who live with dementia. The service was made up of 2 distinct units, with shared outdoor grounds. At the time of the inspection there were 46 people living at the home.

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

There were a lack of coherent systems and processes for identifying patterns and trends. Audits had been completed, but not rigorously or systematically. Opportunities for practice improvement had therefore been missed.

Some aspects of medicines administration were not always in line with current good practice. Some records needed improvement.

The provider had not always conducted internal investigations sufficiently, or with demonstrable lessons learned to ensure that future recurrences would be avoided.

The culture was not always open, with delays in sharing information with relevant agencies and a lack of clear lessons learned after incidents. We have made a recommendation about this.

There were some aspects of good medicines management and sound knowledge of people's needs demonstrated by staff. Staff were trained, supervised and had their competence regularly assessed.

Care planning was person-centred and detailed. Staff demonstrated a good understanding of the risks people faced and how to reduce them.

People were supported to have maximum choice and control of their lives and to live in the least restrictive way possible and in their best interests; policies and systems in the service supported this practice. The provider had not always made the relevant notifications to CQC in a timely fashion. We have made a recommendation about this.

People felt safe and supported. Staff regularly checked on people's wellbeing. Relatives told us they had confidence in the ability of staff to look after their loved ones in a safe way.

The environment was clean and well maintained. Areas of the home had been recently refurbished to a high standard.

Staff were recruited safely. Staff received supervisions and felt able to raise concerns where they had them.

The provider had relevant policies and procedures in place to help reduce the risk of abuse. Staff reacted

promptly to individual incidents and concerns, but there was a lack of meaningful oversight and lessons learned. Some policies needed review, or there was a lack of review of some policies. The provider had not always stayed abreast of good practice. We have made a recommendation about this.

The provider worked with external health and social care professionals to ensure people received the right care. The provider did not always share information in a timely way.

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 good (published 6 February 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of safe and well-led only.

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 Wentworth Grange on our website at www.cqc.org.uk.

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

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

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.

Enforcement and Recommendations

We have identified a breach of regulations in relation to good governance. We have made recommendations regarding the provider's understanding of notifications to CQC, the provider's awareness of best practice and the provider's openness.

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.

Requires Improvement ●

Wentworth 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 Act.

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 was carried out by an inspector, a medicines 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

Wentworth Grange 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.

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 information we had received about the service. 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 of this information to plan our inspection.

During the inspection

We spoke with 5 people, 5 relatives and 10 staff, including the registered manager, two assistant managers, clinical lead, senior carers and other care staff. We contacted 5 external professionals via telephone and email.

We observed interactions between staff and people, including at lunchtime. We reviewed a range of records. This included 6 people's care records and medicines records. We reviewed a variety of records relating to the management of the service, including policies and procedures, investigations, training records.

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 deteriorated 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.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong; Using medicines safely

- Medicines administration was not always in line with good practice. Guidance to support staff in the safe administration of when required medicines needed to be more person-centred. Guidance and recording of external medicines such as cream and patches was inconsistent and on some occasions not available. The provider put in place a range of mitigating measures immediately following the inspection.

We recommend the provider reviews medicines administration in line with good practice.

- Staff demonstrated a good knowledge of people's medicinal needs and people told us they received medicines on time. The majority of medicines records were accurate and up to date, including time sensitive medicines. Records assured us that regular oral medicines were administered as prescribed. One person said, "Medication is well organised and much better than when I used to live at home on my own. I used to get very confused and sometimes forgot to take it or took too much."
- The provider had liaised promptly with police when necessary to make people safe in the immediate term, following an incident. The registered manager committed to reviewing their internal processes following serious incidents.
- Staff had received safeguarding training and there were appropriate policies in place. Staff knew how to raise concerns and acted to keep people safe.
- Relatives felt concerns were listened to and acted on promptly. One said, "I've no complaints here; if I did have, I would speak to (registered manager). They are always here to talk to people and sort problems out."

Assessing risk, safety monitoring and management

- Risk assessments were contained within people' care planning documentation and were detailed. People were supported by good levels of person-centred background information and context to help staff judge risks and reduced them.
- Core safety information had been recorded (for instance, positional changes, fluid intake). Staff used electronic care records and those we viewed were up to date and completed in a timely fashion.
- Staff responded quickly when there was an incident or accident.
- People interacted in a relaxed fashion with staff. They felt at home and safe. One relative said, "Whenever I've been to visit, staff are always friendly and know who we are. We're always offered a cup of tea or coffee and are made to feel welcome."
- The provider had made a range of recent refurbishments and additions to improve the service, such as new flooring. Appropriate servicing and testing of utilities and equipment were in place. The laundry and kitchen

were well maintained and clean.

Staffing and recruitment

- There were enough staff to meet people's needs safely. People felt there were times when there were too few staff in communal areas. Visiting external professionals also felt there were times when staff appeared to struggle to complete all necessary tasks. We did not observe staff struggling to complete tasks. We shared the feedback with the provider, who committed to reviewing how they calculate staffing dependencies.
- Staff were recruited safely. There were pre-employment checks to reduce the risk of unsuitable people working with vulnerable people. Reliance on agency staff had reduced recently, leading to more continuity of care for people.

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

Relatives were able to visit loved ones, in line with current guidance. Staff interacted compassionately with relatives.

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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had not ensured all notifications regarding DoLS had been made to CQC in a timely fashion. This had not impacted on people's freedoms however and the provider was responsive to feedback.

We recommend the provider prioritises retraining regarding the need to notify CQC of DoLS authorisations.

The provider agreed to review their knowledge in this area.

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.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Audits of medicines were irregular and had not picked up on the areas we identified. The provider was asked on multiple occasions to provide further evidence of auditing processes but did not do so. Auditing of care plan information was also inconsistent and ineffective.
- The provider did not always conduct sufficiently rigorous internal investigations following incidents; lessons learned and follow up actions were not always apparent. Records were not provided to CQC and other external partners in a timely fashion, making it difficult to be assured about people's safety.

Systems had not been established to effectively assess, monitor and mitigate risks to the health, safety and welfare of people using the service.

This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Opportunities to improve had not always been identified or sought out. There was an infection prevention and control champion, but other champion roles had not been established. The registered manager and their assistants had not always stayed abreast of good practice in care. They acknowledged this during the inspection and were receptive to signposting to sources of good practice.

We recommend the provider reviews how it remains up to date regarding all areas of good practice.

- Policies were generally fit for purpose but there were some gaps. The assistant managers were unaware of a social media policy despite their being recent concerns about social media usage. There was no conflict-of-interest policy despite working family members working together. The provider agreed to review their relevant policies.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider did not always share information promptly when requested, with CQC and other relevant agencies.

We recommend the provider review's relevant guidance on how to avoid becoming a closed culture, and

develop and maintain more open external links.

- Staff were respectful and supportive with people when helping them make day to day choices.

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 registered manager had not always ensured notifications to CQC were made in a timely fashion. Staff did not always understand their responsibilities in relation to making notifications to CQC. They were responsive to feedback and committed to undertaking refresher training with all relevant staff.

We recommend the provider reviews staff knowledge of relevant CQC notification criteria.

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

- Staff were welcoming and interacted warmly with people throughout. People and relatives provided positive feedback about the leadership of the service. One person said, "The assistant manager is excellent – very responsive."
- Staff worked hard. There was a stable core staff team and people who used the service valued this continuity of care. One person said. "The carers are brilliant; always do what you ask them to do. I like it here, to be honest."

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	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems had not been established to effectively assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.