

# Rotherwood Healthcare (Hampton Grange) Limited

# Hampton Grange Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service:

Hampton Grange Nursing Home is a care home that provides nursing and personal care for up to 42 people within one large adapted building. It specialises in the care of people living with dementia and older people requiring general nursing care. At the time of our inspection, 32 people were living at the home.

People's experience of using this service:

- Most people's relatives and staff were concerned about the impact the lack of permanent staff and the current levels of, and changes in, agency staffing were having upon people's care.
- Some people's relatives and staff were also concerned about staff shortages, when agency staff could not be booked, and the effectiveness of staff deployment. Concerns were raised regarding resulting delays and inconsistencies in people's care and support.
- Staff reported low morale amongst the staff team and did not feel their work was valued. People's relatives expressed mixed views about the management of the service.
- Further improvement was needed in the provider's governance and quality assurance systems to address concerns raised with us during our inspection.
- The provider had assessed, reviewed and put plans in place to manage the risks associated with the premises, the care equipment in use and people's individual care and support needs.
- Staff understood their role in protecting people from any form of abuse.
- People's medicines were administered safely by nurses and trained staff who maintain up-to-date medicines records.
- People were protected from the risk of infections by staff who made appropriate use of personal protective equipment.
- People's needs were assessed and reviewed, and advice was sought on meeting these from relevant health and social care professionals.
- Staff received an induction and ongoing training to help them succeed in their roles.
- People were supported to make choices about what they ate and drank and to have an enjoyable mealtime experience.
- Staff sought people's consent before carrying out their care, and supported their day-to-day decision-making.
- Staff adopted a caring approach to their work and promoted people's privacy and dignity.
- People's communication needs had been assessed and guidance provided to staff on how to promote effective communication with individuals.
- People's care plans were individualised, and staff understood the need to follow these.
- People had support to participate in social and recreational activities.
- The provider had a clear complaints procedure, and people's relatives understood how to raise concerns.
- People's needs and choices regarding their end of life care were assessed.

We found the service met the requirements for 'Good' in two areas, and 'Requires improvement' in three other areas. 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: At the last comprehensive inspection, the service was rated as 'Requires improvement' (inspection report published on 23 May 2018). At this inspection, the overall rating of the service remained the same. This service has been rated as 'Requires improvement' for the last three inspections.

Why we inspected: This was a planned inspection based on the service's previous rating.

Enforcement: You can see what action we told the provider to take at the end of the full version of this report.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any information of concern is received, we may inspect sooner.

## 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 effective?

The service was Effective.

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was Caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was not always Responsive.

Details are in our Responsive 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** ●

# Hampton Grange Nursing 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: Two inspectors carried out the inspection.

Service and service type: Hampton Grange Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is required to have a manager registered with the Care Quality Commission, but there was no registered manager in post at the time of our inspection. The registered manager 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.

What we did when preparing for and carrying out this inspection:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. We sought feedback on the service from the local authority, the local clinical commissioning group and local Healthwatch.

During the inspection, we spent time with people in the communal areas of the home to see how staff supported the people they cared for. 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 spoke with one person, one person's friend, six people's relatives, the director of quality assurance, the advisor to the board and the operations manager. We also spoke with the home manager, the hospitality manager, the clinical lead, a nursing assistant, a team leader, two activities coordinators, the housekeeper and two care staff.

We reviewed a range of records. These included seven people's care files, accident and incident records, complaints records, medicines records and two staff recruitment records. We also reviewed staff induction and training records, the staff duty rota, records associated with the safety of the premises and quality assurance audits.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection, we rated this key question as 'Requires improvement'. The provider did not always minimise the risks to people by ensuring their medicines and pressure care needs were managed appropriately. At this inspection, we found improvements had been made in relation to the management of people's pressure care needs, and the handling and administration of topical medicines. However, further improvements in the service were needed.

Requires improvement: 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.

### Staffing and recruitment

- ☐ We were not assured staff always had the right mix of skills, knowledge and experience to meet people's needs. Feedback during our inspection also indicated planned staffing levels may not always be maintained, and staff may not be deployed effectively.
- ☐ On the day of our inspection, four of the six care staff on duty were agency staff. We were informed this was usual ratio of permanent to agency staff on this particular shift pattern. The opposite shift pattern consisted of four permanent staff and two agency staff at present.
- ☐ Most people's relatives, most staff and one person who lived at the home expressed concerns about the impact a lack of permanent staff and high levels of agency staffing were having upon the service's ability to meet people's needs. They commented on the inexperience of some agency staff and their limited insight into people's needs. One person told us, "They have lost excellent staff and are now using loads of agency. At one stage, there was one permanent staff and five agency staff. The agency staff can be very young and inexperienced." A relative told us, "The agency staff do not know the residents. They ask me what people need."
- ☐ People's relatives and staff also expressed concerns regarding the home being short-staffed. Staff indicated this was due to difficulties in booking agency staff at certain times. One staff member told us, "Since Christmas, I have had to work alone on the ground floor on several occasions ... the problem arose from no agency staff being available."
- ☐ Some people's relatives and staff raised specific concerns regarding the lack of consistent staff presence in the home's ground-floor communal lounge, which, they felt, placed people at increased risk of harm.
- ☐ The provider told us they maintained safe staffing levels at all times. The staff duty rotas we reviewed indicated consistent staffing levels had been maintained since the beginning of January 2019, aside from two dates.
- ☐ The provider explained they had recently had to change the provider of agency staffing they used, but that they requested consistent agency staff whenever possible. They informed us staff recruitment was progressing well, and they expected their reliance on agency staffing to be greatly reduced in coming weeks. The provider acknowledged improvements were needed in staff deployment, to ensure the ground-floor lounge was consistently monitored. They informed us they would be addressing this matter with staff as a matter of priority.

- ☐ We found the provider followed safe recruitment practices when employing new staff.

#### Assessing risk, safety monitoring and management

- ☐ The risks associated with people's individual care and support needs had been assessed, kept under review and plans put in place to manage these. This included plans to minimise people's risk of falls, malnutrition and pressure sores.
- ☐ Records of people's support with repositioning had improved, but still contained some unexplained gaps in recording.
- ☐ The provider had systems and procedures in place to maintain the safety of the premises and care equipment used by staff.

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

- ☐ People were protected from abuse by staff who had received training in how to recognise and report abuse.
- ☐ Information was available to people, their relatives and visitors on how to report any witnessed or suspected abuse.
- ☐ The provider notified the relevant external agencies of any abuse concerns to ensure these were thoroughly investigated.

#### Using medicines safely

- ☐ The provider had systems and procedures in place designed to ensure people received their medicines safely and as intended. Improvements had been made in the management and administration of people's topical medicines.
- ☐ People received their medicines from nurses and staff who underwent medicines training and periodic competency checks.
- ☐ Up-to-date and accurate records were maintained in relation to the administration of people's medicines.
- ☐ Staff had been provided with guidance on the expected use of people's 'as required' (PRN) medicines.

#### Preventing and controlling infection

- ☐ The provider had effective procedures in place to protect people, staff and visitors from the risk of infections.
- ☐ Staff had been provided with, and made appropriate use of, personal protective equipment (e.g. disposable gloves and aprons) to reduce the risk of cross-infection.
- ☐ The provider employed domestic staff who assisted care staff in maintaining appropriate standards of hygiene and cleanliness throughout the home.

#### Learning lessons when things go wrong

- ☐ Staff were aware of the provider's procedures for recording and reporting any accident or incidents involving the people who lived at the home.
- ☐ The provider and management team monitored these reports to identify causes and trends and took action to prevent things from happening again.



# 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 the last inspection, we rated this key question as 'Requires improvement'. We identified concerns in relation to people's support with eating and drinking, staff training and compliance with the Mental Capacity Act 2005. At this inspection, we found the provider had made improvements in the service.

Good: People's outcomes were consistently good, and people's feedback confirmed this

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and wishes were assessed before they moved into the home and kept under regular review using recognised assessment tools.
- Management and staff liaised with a range of community health and social care professionals to ensure the care provided was effective and to achieve positive outcomes for people.

Staff support: induction, training, skills and experience

- New staff completed the provider's induction training programme to help them understand and settle into their roles.
- Agency staff received a condensed induction to help orientate them to the home. The agency staff we spoke with were satisfied with their induction experience.
- Staff received a range of training to give them the knowledge and skills needed to work safely and effectively. One staff member described the benefits of their falls prevention training, adding, "I've had loads of training and they [provider] are always offering me more."
- Staff attended one-to-one meetings ('supervisions') with their allocated supervisor to promote their ongoing development.

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

- People were supported by staff to choose what they wanted to eat and drink on a day-to-day basis. If people disliked the mealtime options available, they could request an alternative.
- People's relatives were satisfied with the quality of the food and drink on offer. One person's relative told us, "The food is good and there is plenty of it."
- People's individual dietary requirements, and the level of support they needed to eat and drink safely, had been assessed and plans put in place to address these.
- Management and staff sought specialist nutrition advice as needed to manage any risks or complex needs associated with people's nutrition and hydration.
- Staff promoted a positive, unrushed mealtime experience.

Staff working with other agencies to provide consistent, effective, timely care

- In people's care files, we saw examples of a range of referrals to, and communications with, community health and social care professionals. This included liaison with the local Care Home In-reach Team

regarding people's dementia-related needs.

Adapting service, design, decoration to meet people's needs

- ☐ The design of the home ensured people had appropriate space to meet with visitors, participate in activities, socialise with others or spend time alone.
- ☐ Some steps had been taken to adapt the home for people living with dementia. These included the use of pictorial signage to help people navigate their way around the home and identify key rooms.

Supporting people to live healthier lives, access healthcare services and support

- ☐ People's care files included information about their medical histories and long-term health conditions to ensure staff were aware of their associated needs.
- ☐ Staff monitored any deterioration in people's health and wellbeing, including skin breakdown or unplanned weight loss, and helped them access professional medical advice or treatment as needed.

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 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. The application procedures for this in care homes and hospitals are 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 were being met.

- ☐ Staff had received training in and promoted people's rights under the MCA. They understood the need to respect and support people's decision-making.
- ☐ Where DoLS authorisations had been granted for individuals, the provider reviewed and complied with associated conditions.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection, we rated this key question as 'Requires improvement', as staff did not always fully promote people's privacy and dignity. At this inspection we found the provider had made improvements in the service.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; promoting equality and diversity

- ☐ Staff delivered people's care and support in a kind and compassionate manner. One person's relative told us, "They [staff] are very caring." Another person's relative described staff as 'wonderfully friendly'.
- ☐ We saw staff took care to ensure people's safety and wellbeing when supporting them with their transfers and mobility needs.
- ☐ Permanent staff knew people well, and recognised their role in promoting people's equality and diversity. One staff member told us, "There is a very good culture [at the home] towards diversity and equality ... We try to support people in the life they want to lead."

Supporting people to express their views and be involved in making decisions about their care

- ☐ Staff supported people to make decisions about their day-to-day care and support, such as what they wanted to eat and drink, and how they wanted to spend their time.
- ☐ People's communication needs had been assessed and guidance given to staff on how to promote effective communication with individuals.
- ☐ The management team understood where to direct people for independent support and advice, and supported people to contact these service as needed.

Respecting and promoting people's privacy, dignity and independence

- ☐ People were addressed by staff in a warm, polite and respectful manner.
- ☐ Staff took steps to promote people's privacy, dignity and independence, and met their intimate care needs discreetly. One person told us, "Staff are very good at knocking on doors, even when they are open. They are respectful and kind."
- ☐ The provider had procedures in place to protect people's personal information and staff followed these.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection, we rated this key question as 'Requires improvement', as people did not always receive person-centred care that reflected their needs and wishes. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take actions to make improvements. At this inspection, we found the provider had made some improvements in the service. However, further improvements were needed to ensure the provider was fully meeting the requirements of Regulation 9, and people received consistent personalised care.

Requires improvement: People's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ We were not assured people always received personalised care that was responsive to their needs.
- ☐ People's relatives and staff raised concerns regarding the level of, and changes in, agency staffing and the impact these had upon people's care. One relative told us, "It's the constant change of agency staff. [Person] is affected by the lack of familiarity and is less inclined to ask for anything." A staff member said, "They [agency staff] try their best, but it's not the same as with permanent staff who know the residents."
- ☐ Some people's relatives referred to inconsistencies and delays in people's individual needs being met. One relative told us, "The residents can wait too long to get help to go to the toilet." Another relative said, "I was sat in the lounge last week and [person] was shouting for the nurse. A staff member went to get someone, but it was 20 minutes before they came." A staff member commented, "A lack of consistent staff and shortages means that the care provided is functional - ticking boxes. We just don't have time to sit with people and engage."

This was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure people received consistent personalised care and support that met their needs.

- ☐ People's care plans were individual to them, covered a broad range of needs and included information about their known preferences. Care plans were kept under regular review to ensure they reflected people's current needs.
- ☐ People had the opportunity to participate in social and recreational activities. One person told us, "The activity staff are excellent ... There is something every day, such as singers coming in, knitting club and bingo, which are all good fun."
- ☐ The management team were aware of the requirements of the Accessible Information Standard, and their associated responsibilities. The Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand.

Improving care quality in response to complaints or concerns

- ☐ People's relatives were clear how to raise concerns and complaints with the provider.

- ☐ The provider had a complaints procedure in place to ensure all complaints were handled fairly and consistently. We saw the most recent complaint they had received regarding the service had been investigated in line with this procedure.

#### End of life care and support

- ☐ The provider had procedures in place to establish people's needs and choices regarding their end of life care, and to ensure these were addressed through working with community healthcare professionals.

# 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 the last inspection, we rated this key question as 'Requires improvement', as improvements were needed in the provider's governance and quality assurance systems. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We imposed an additional condition on the service's registration requiring the provider to supply us with a monthly report on how they were meeting this Regulation. At this inspection, we found that whilst some improvements had been made in the service, the provider was still not fully meeting the requirements of Regulation 17 through implementing robust governance systems.

Requires improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- ☐ This was the service's third successive overall rating of 'Requires improvement'.
- ☐ There had not been a registered manager in post at the service since May 2018. Since this time, other managers had been appointed, the most recent of which had resigned a few days before our inspection. The provider explained to us their general manager would now be overseeing the day-to-day management of the service, and would be applying to CQC, without delay, to become registered manager. We spoke with the new manager, by telephone, following our inspection visit.
- ☐ Most of the staff we spoke to reported low morale amongst the staff team and, in some cases, their intention to seek alternative employment. They told us they did not feel valued or appreciated at work, and felt the management team adopted an unnecessarily negative approach. One staff member said, "I've never had praise since I've been here. None of us [staff] feel valued." Another staff member said, "There is no sense of morale and no praise. Staff just come and go as a result." People's relatives recognised and referred to the low staff morale at the home.
- ☐ Staff expressed frustration over the level of staff turnover and the impact of this upon working conditions and people's care. One staff member told us, "There is a lack of consistent management and everyone seems to be leaving."
- ☐ The provider told us they valued the staff employed at the service, and took appropriate steps to praise staff for their efforts, whilst having to improve standards and address any staff conduct or performance issues.
- ☐ The provider had a quality assurance framework in place to enable them to monitor the quality and safety of people's care at the home. This include a rolling programme of audits focused on key aspects of the service, such as the standard of care planning, the management of falls and pressure sores, and people's dining experience. We saw this had led to improvements in, for example, the management of people's topical medicines and standards of care planning and record-keeping. However, these quality assurance activities had not enabled the provider to address the concerns people's relatives and staff shared with us

regarding staffing arrangements and deployment at the service, and a lack of consistent personalised care.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider's governance and quality assurance systems and processes were not as effective as they needed to be.

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

- ☐ People's relative expressed mixed views about and varying confidence in the management team. Some described a positive relationship with management, whilst others reported feeling disconnected from the provider and management. One person's relative told us, "Management do listen and take on board what we say." Another person's relative said, "There is not a great deal of engagement with management. I wouldn't know their names; I never see them really."
- ☐ Weekly coffee morning were organised at the home, as a means of further engaging with people and their relatives. The home manager told us they intended to seek feedback from people's relatives at these meetings on how to improve their engagement with the management team.
- ☐ The home had a calm atmosphere and we found staff were friendly and welcoming to visitors.

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

- ☐ The management team had a clear understanding of their respective roles, the risks associated with people's care and support, and their regulatory responsibilities under their registration with CQC. This included the need to submit 'statutory notifications' to inform us of certain events involving the people who lived at the home.
- ☐ The provider had clearly displayed the service's current CQC rating on the premises.
- ☐ Staff told us they understood what was expected of them at work.

Working in partnership with others

- ☐ The provider and management team recognised the need to maintain effective working relationships with the range of health and social professionals involved in people's care. We saw examples of this collaboration in people's care files.

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 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	The provider had failed to ensure people received consistent personalised care and support that met their needs.
Treatment of disease, disorder or injury	



This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider's governance and quality assurance systems and processes were not as effective as they needed to be.
Treatment of disease, disorder or injury	

### **The enforcement action we took:**

There is a condition in place on the provider's registration which means they are required to send us monthly reports to demonstrate how this Regulation is being met.