Care UK Community Partnerships Ltd

Hinton Grange

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Hinton Grange is registered to provide accommodation and nursing care for up to 60 people. At the time of our inspection there were 45 people living at the service. The service is a two storey premises located on the outskirts of Cambridge. The service has a cinema room, communal lounges and dining areas on each floor and all bedrooms are single rooms with an en-suite toilet and washbasin.

This unannounced comprehensive inspection was undertaken by two inspectors and an expert by experience and took place on 18 May 2017. At the previous inspection in 22 November 2016 the service was rated as 'Requires Improvement'. At this inspection we found that improvements had been made and that these had been sustained.

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had been trained on how to keep people safe from harm as well as being knowledgeable about to the reporting procedures regarding any incidents of harm. Organisations responsible for investigating safeguarding were made aware of incidents in a timely manner to help assure people's safety. Accidents and incidents were identified and acted upon when required.

Risks to people had been identified and processes and systems were in place to manage these risks effectively. This reduced the risk of people being exposed to any potential of harm.

People's nursing and care needs had been assessed and we found that a sufficient number of appropriately recruited and suitably skilled staff were in post to safely meet these needs.

Medicines were administered and managed safely by staff whose competency to do this had been assessed. Where medicines' administration recording errors had occurred, action had been taken to help ensure that people were safely supported with their prescribed medicines.

Staff had been trained in a variety of subjects such as dementia care, safeguarding, infection prevention and control and food hygiene. Staff, as a result of their training and support from management, had the necessary care skills to meet people's health and nutritional needs. People were enabled by staff to access support from external health care professionals in a timely manner.

The CQC is required by law to monitor the Mental Capacity Act 2005 [MCA] and to report on what we find. People were supported to have choice and control of their lives. People's ability to make day-to-day and more complex decisions about their care and welfare were assessed by staff. Restrictions on people's liberty had been determined as being in their best interests or in the least restrictive way possible such as the use of

bed rails. Appropriate applications to deprive people of their liberty had been made and when agreed, authorisations were in place to lawfully deprive people of their liberty.

People were looked after by staff who showed people compassion and respected their privacy and dignity.

People, their relatives or legal representative were enabled to be involved in identifying, determining and planning the review of their care.

People were supported to be as independent as they wanted to be where this was safe. People took part in a variety of hobbies, interests and pastimes. This stimulated people and prevented the risk of social isolation as well as helping them to maintain current skills.

There were effective systems in place to gather and act upon people's suggestions and concerns. Actions taken in response to people's concerns were effective in preventing these becoming a formal complaint. This was as well as helping prevent the potential for any recurrence.

The registered manager was supported by a deputy manager, a clinical lead, nursing and care staff, as well as catering and maintenance staff. Staff had the support mechanisms in place that they needed to fulfil their role effectively.

The registered manager and provider had notified the CQC about important events that, by law, they are required to do. People, their relatives or representative and staff were involved and enabled to make suggestions to improve how the service was run. Quality monitoring and assurance processes were in place. Improvement actions identified were acted upon.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were kept safe by staff who had been trained on how to protect people from harm. Accidents and incidents were identified and reported to the appropriate authorities.

People's needs were met by a sufficient number of suitably skilled staff who had been recruited in a safe way.

Medicines were administered and managed safely.

Is the service effective?

Good

The service was effective.

Staff were trained and given the support they needed to have the skills help improve and maintain people's independence.

Appropriate applications had been made to lawfully deprive people of their liberty and subsequent authorisations were in place to lawfully deprive people of their liberty.

People were enabled to access health care services and people had their nutritional and health care needs met.

Is the service caring?

Good

The service was caring.

People were looked after by staff who showed compassion and kindness in the way that care was provided.

Staff cared and supported people based upon up to date records and care plans to the benefit of each person that was cared for.

People could be visited by friends and relatives at any time. Advocacy and support arrangements were in place should any person need someone to speak up for them.

Is the service responsive?

Good

The service was responsive.

People were enabled to contribute to the assessment and planning of their care.

People were encouraged to access a wide range of pastimes, hobbies and interests. This was to help prevent the risk of social isolation.

People's comments, concerns and suggestions were acted upon before they became a complaint.

Is the service well-led?

Good

The service was well-led.

The registered manager and provider enabled people and their relatives to help implement ways of improving how the service was run.

Staff were supported in their role, reminded of the standards that were expected of them and encouraged in a positive way. This support had fostered an open and honest staff culture.

Quality assurance procedures and systems were in place and these were effective in helping to drive improvements in the quality of care that people were provided with.

Hinton Grange

Detailed findings

Background to this 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 was planned to check 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.'

This inspection took place on 18 May 2017, was unannounced and was undertaken by two 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at this and other information we hold about the service. This included information from notifications the provider sent to us. A notification is information about important events which the provider is required to send to us by law.

Prior to the inspection we made contact with the local authorities who commission people's care, including social workers. This was to help with the planning of the inspection and to gain their views about how people's care was being provided.

We spoke with 11 people, three relatives and a friend of a person using the service. We also spoke with the registered manager, deputy manager, clinical lead, four care members of staff, the chef and the maintenance person.

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 looked at five people's care records, medicines administration records and records in relation to the management of staff and the service.

Good

Is the service safe?

Our findings

All of the people we spoke with said that they felt safe. One relative told us that their family member was safe as "two staff always assisted them [person] with being repositioned in bed." One person told us, "I feel as safe as houses here." A member of staff demonstrated to us how they kept a person safe by making sure they used their walking aid. The person said, "I am always reminded to use my [walking] frame if I forget."

Staff had been trained in protecting people from harm and they were knowledgeable about who they could report any concerns to such as the registered manager or the local safeguarding authority. One staff member said, "If I saw or found that a person had been harmed in any way I would record and report the matter to the [registered] manager or inform the local [safeguarding] authority." Another staff member told us, "I would know any changes in people's behaviours or wellbeing as well as recognising if the person was not their normal self, had unexplained bruising or that they were quiet or withdrawn. I know I can call the CQC if nothing happens if I told the lead nurse." A relative told us, "Whenever [family member] needs to get up staff there are always two staff. If staff are ever delayed waiting for the second staff member then an explanation is always given."

Risk assessments had been completed and covered those areas where people may be at risk such as from choking, malnutrition, behaviours which could challenge others and falls. We found that the systems and processes in place helped to mitigate these and other risks to people. For example, with safe moving and handling, positive behavioural therapy, appropriate diet and the correct use of pressure sore prevention equipment.

Although some people expressed concerns regarding staffing levels we found that call bells were answered within a few minutes. In addition, records of call bell monitoring confirmed that the longest response to people's requests for assistance had been less than three minutes. We observed that staff explained to people the reasons for not always being able to immediately satisfy their requests for support. One person said, "I had to wait nearly an hour to go to the toilet the other day." This had been resolved by the registered manager explaining the importance of using their call bell for any situation that assistance was needed.

A relative told us, "There have been some changes in staff recently but my [family member] has never had to wait more than a few minutes." This is what we observed during our inspection. The provider assessed people's levels of dependency and put the required staff in place to meet these assessed needs. As a result of this we found that there was sufficient staff in post to support people and meet their needs safely.

We observed that call bells were easily accessible in people's rooms where this was safe. Other systems such as regular checks were in place for people who could not access the call bell system or it was not safe for them to have a call bell cord.

Records we viewed and staff who we spoke with showed us that appropriate checks had been made to establish staff's suitability to work with people using the service. These checks included two previous employment references, and explanation of any gaps in the person's employment. This was as well as an

enhanced Disclosure and Barring Service (DBS) check. One staff member told us, "As well as maintaining my membership of the Nursing and Midwifery Council I had to send my [evidence of] qualifications as well as signing to say I was fit enough to work with people." The registered manager told us, "I have just recruited a new deputy manager and they are undergoing training and induction. I wanted a deputy with good nursing skills which they have as I checked them." A staff member said, "I had to wait for my DBS to come back (clear) before I started." People were assured that the staff providing care had been subject to appropriate recruitment checks to determine their suitability to work with them.

We found that staff had been trained as well as being deemed competent in the safe administration of people's medicines. One person confirmed to us that they were administered their prescribed medicines by the nurse and that supplies of their medicines were always in stock. We observed that people were administered their medicines as prescribed such as with water or before food. Records we viewed showed that staff recorded medicines' administration correctly. A relative said, "My [family member] always has their medicines on time." A visiting GP told us that "staff are very good at adhering to my guidance and advice on how to administer medicines".

Good

Is the service effective?

Our findings

People and their relatives told us that the staff who provided care and support were skilled at providing care that met the person's needs. One person said, "They [staff] rarely need to ask me any questions as to what I want or need as they know me well." This was because staff were consistent in their approach to meeting people's assessed needs. We also saw that the same agency staff were being used to provide consistent care. One relative told us, "From what I have seen they [staff] seem to know what they are doing." A staff member said, "My training has to be completed on time otherwise I would be removed from care." The registered manager showed us their records for staff's completion of training as well as when refreshers on the subjects covered were due. The chef told us, "I have just completed my food hygiene and safety qualification." People were assured that staff were supported to be effective in their role.

The registered manager had been complemented by the provider's audit team for achieving a high level of compliance for staff training completion. Staff we spoke with were confident that the training, supervision and support that they had been provided with enabled them to do their job effectively. One staff member said, "I have just completed an advanced level training for people living with dementia and I support other staff to understand how best to meet these people's needs." Another staff member said, "My supervision is definitely a two way process. I can always raise any matters if I feel things could be done differently."

The 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. We checked whether the service was working within the principles of the MCA.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Appropriate applications had been made to the relevant authorities and where these had been authorised the registered manager and staff were adhering to the terms of each person's DoLS. We found that where the provision of care had been determined as being in the person's best interests that the reasons for this had been recorded as well as why other restrictions had been discounted. For example, the use of a sensor mat on the floor to inform staff when the person got up rather than a bed rail that would limit the person's liberty. Lawful agreements were in place where a person's representative could make or contribute towards decisions about a person's care such as for health and welfare. People could be confident that they would only be deprived of their liberty where this was lawful.

People were supported to maintain adequate food and fluid intake. Monitoring systems were in place if this was required to identify if any person was at risk of malnutrition. For example regular weight checks, food and fluid intake monitoring and actions taken if required such as referral to a dietician. We found from

records viewed that people's input into their care plan included guidance for staff regarding people's preferences such as, "fresh tea leaves and not tea bags". This was also confirmed to us by the chef. The chef showed us how people, who required a diet appropriate to their needs, such as a soft food or pureed diet, were provided with this. We saw that hot and cold drinks were freely available and in reach for people. People who required support had adapted drinking and eating utensils such as a plate with a rim or drinking beaker.

We observed that the food looked appetising and hot, with choice and a variety of vegetables. One person said, "(I can have) whatever I choose (for breakfast)." Another person told us, "It's nice. It's hot. I choose at the time (when the trolley arrives). If I don't like the choice I can have sandwiches." A relative when asked about the variety and quality of the food said, "It's good; there is a choice. It's nicely presented." One relative said, "The new chef is brilliant and very nice. He takes time and prepares lovely food." Another relative told us that they had "been involved in planning their [family member's] care and adding to it". We saw that as a result of this involvement they were supporting their family member to drink hot squash, which the person was clearly enjoying. The relative stated that they planned to ask for a note to be added to the care plan about this, and asking staff to offer the same drink. We saw that fruit bowls with a variety of fruit were provided in the dining rooms and that meals contained a healthy balanced diet. People were supported with a choice of diet that met their needs such as pureed or a mashed format. Guidance from a speech and language therapists (SALT) for people's safe eating and drinking was adhered to. This was to ensure that people were safely supported to eat and drink.

People were enabled to access external health care support including a GP, optician and tissue viability nurse. Where healthcare professional's advice had been provided, staff had adhered to this guidance such as from the SALT. We saw that a GP was visiting people as part of their health care needs. One person said, "I see the chiropodist regularly as well as having my hearing checked." We observed that a GP was visiting a person, with a member of staff present. This was to review the person's health care needs. One compliment that had been provided from a relative read, "thank you for all the nursing care you gave my [family member]." People were assured that their healthcare needs would be responded to. This was confirmed in records we looked at and from what staff told us.

Good

Is the service caring?

Our findings

All of the people and relatives that we spoke with were happy that each person's privacy and dignity was respected. We observed, and people confirmed, that staff knocked on bedroom doors before entering, asked if it was okay to come in and explained why they were there. One person said, "(Staff are) always caring, no exceptions, very nice, always knock, always help. (They) always tell me what they are going to do." We saw how staff were able to converse with a person in their own language and this was highly valued by the person. The person's relative said, "[Family member] recognises their [staff] voices." We observed that the person was contented and relaxed with these communications from staff who knew the person well. Our observations showed that all staff provided care to people with compassion and in a way which respected people's preferences. For example, by always gaining permission to go into a person's room, even if the door was already open.

Our observations throughout the day showed us that staff provided people's care with kindness as well as respecting their independence, privacy and dignity. Staff used the information in people's care plans such as people's life history to be as attentive to each person and considerate of their needs as much as possible. One person said, "I like it [care] here as I feel like I am amongst friends and family. I always feel comfortable with them [staff]." Where people had a preference for the gender of their care staff this was respected. For example, one person was supported to have their preference met even if this meant having to wait a short while until their preferred staff were available. Another person told us, "They [staff] are all so kind to me I love them all." Other people told us "Staff are always kind. The regular staff always know what they're doing – not agency but the regular staff come with them" and "(Staff are) very caring." A relative said, "They [staff] are marvellous here. He's [family member] very happy here."

As well as people who had set up lasting power of attorney for their care, other systems were in place to support people and help them make choices about their care such as professional advocates put in place as a result of people's lack of mental capacity. This was as well as people being provided with information on other advocacy service such as those provided by national care organisations. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Visitors we spoke with told us that they felt welcomed and were able to visit at any time. One person said, "Visitors are always welcome and staff offer them tea or coffee. Another told us, "(I) feel welcome, happy. They [staff] offer me a meal if there is anything left over." We saw that there were several relatives and friends visiting and all we spoke with were complimentary about being welcomed.

One person's relative told us that their family member had been taken ill in the night. They said, "They [staff] tried to contact me but my phone was out of order and I hadn't realised. [Family member] was admitted to hospital at 3am. They (Registered manager) came to my house in the morning to tell me."

People were made to feel they mattered and they could be as independent as they wanted to be. For example, staff frequently sought assurance as to each person's wellbeing. One staff member was heard asking a person, "Would you like me to get your blanket?" Another staff member asked a person, "Would it

be alright if we went to the other lounge for some activities? I'll just get your walking frame." We observed one person who appeared to be in pain who was attended to by a nurse promptly who said, "Can I get you some pain relief or do you need to see a GP?"

People's private information, care records and privacy was maintained. Staff achieved this by making sure people's doors and curtains were closed and securing personal records safely. One person told us, "They [staff] only ever talk about me [not about other people]."

Good

Is the service responsive?

Our findings

The registered manager and staff contributed to the assessment and planning of each person's care. This helped provide a foundation upon which each person's care needs were based. Prior to using the service a comprehensive assessment of people's needs was undertaken. This was to establish exactly what their needs would be. People's care plans reflected their needs, preferences, life histories, and what was important to them. People and their relatives also confirmed that they had been involved in developing the care plan. One person said, "My [relative] goes through it (reviews of their care) as well as any changes I would like. I haven't had to make many changes as they [staff] sort most small things out straight away."

Each person had a key worker. This is a designated member of staff who kept relatives informed about the person they cared for, any changes to their care and also information about the person's health where this had been agreed. We observed posters about a gardening group and how one person had sought further information about this and other hobbies and interests. One said, "I love going into the garden." One relative had complimented the way that their family member had been out into the garden sat in the sun eating tomatoes grown in the service's gardens and how much they had enjoyed this occasion. The registered manager told us, "We grow plants and vegetables and to speed up this process for people we bring in part grown plants to meet people's expectations more easily." Other individual aspects of where people lived included appropriate items of furniture, pictures and ornaments which reminded people living with dementia of when they were younger as well as assisting people's orientation around the service.

Other stimulation for people was provided in the form of one to one time with hand massages and having a conversation with staff, reminiscing and talking about subjects such as the news. One person said, "I liked the visiting animals and reptiles that came to see us."

We observed how one relative spoke with a member of staff, asking about their relative's hair washing and whether their [recently admitted family member] could get out of bed using an adapted chair. The staff member reassured the relative that they would ask the nurse to come. The staff member said the nurse would assess the person's needs and talk to them about the options, in what and how the person could be involved. The member of staff also described some of the activities provided in the home and the person requested a copy of the activities programme which we saw was later provided.

As a result of staff's ability to communicate with people in the person's preferred language we saw how this benefitted people. This had proved to be beneficial in providing the person with reassurance so they were able to remain calm. Staff were consistent in always supporting and responding to people's requests sensitively even if the person was constantly seeking reassurance. For example, one person was successfully supported with their eating and drinking despite changing their mind several times.

People's care plans included guidance for staff about the person including their favourite pastimes such as doing puzzles, reading a magazine or book, watching TV or listening to music. We found that people were enabled to take part in a wide range of these interests including taking part in quizzes, exercise classes, hoopla as well as going out when the weather permitted. One person told us, "I can be as busy as I want. It's

my choice. I like to be in my room as I like my own space. They [staff] always ask me." A relative said, "They [staff] bake birthday cakes and we enjoy celebrating special birthdays." People could be assured that they were not put at risk of social isolation.

People were able to tell us what they would do if they had a concern or complaint. One person told us that there had initially been some apparent confusion over their correct nutrition but this had been resolved with a planned meeting with the chef to come and talk to them. The dietician was also going to establish exactly what the person's needs were and provide guidance if this was deemed necessary. Another person said, "If I didn't like something I would speak to (staff member) but I've never had to." A relative told us, "I would go straight to the [registered] manager, and I know it would be sorted out." Another person said, "It's a free and easy life. A lovely way (to spend the later part of your life)."

Compliments fed back to the registered manager included, "We can't thank you enough for all the love and care you gave our [family member]. Making sure at the Christmas dinner that everyone, including us, were happy. Your kindness to people is exceptional and everyone was thoroughly spoilt." We saw that concerns and suggestions were acted upon before a complaint was required. This was confirmed in records we viewed as well as people and relatives we spoke with. Where people were not able to access the complaints process themselves due to health conditions, staff used their knowledge of the person as to their wellbeing, comfort and satisfaction in the way that their care was provided. For example, if the person was happy and settled or upset in any way. People were assured that their concerns and complaints were effectively acted upon.

Good

Is the service well-led?

Our findings

At this inspection we found that the provider and registered manager were prominently displaying their previous inspection rating in the service and on their web site. At the time of our inspection a registered manager was in post. They were supported by a regional manager, deputy manager, clinical lead, care staff, as well as catering, housekeeping and maintenance staff. We found that the provider and registered manager had informed us about important events that, by law, they are required to do. For example, where a person had been admitted to the service with a serious injury such as a pressure sore. This showed us that they were aware of their responsibilities as registered persons.

People were supported to access the community such as going out with staff, being visited by religious groups, having visiting musicians, pets as therapy and other occasions such as taking part in National Care Homes open day. This is where members' of the public could see how a care home ran and the activities people took an active part in such as gardening.

People and staff took an active part in determining how the service was run. For example, by attending meetings and responding to quality assurance surveys. This was as well as the information obtained between people and staff such as through day to day conversations. The registered manager said, "Following a relatively small proportion of responses to the provider's survey, we had undertaken a bespoke survey which had been hand delivered to people and their relatives. From the results of this survey we saw that the majority of comments were positive about how well staff responded to people's needs as well as providing care to the right standards." All this information was made available so that people and any visitors could see what actions had been taken and those that were in progress.

The registered manager also used positive feedback from people and their relatives. This was to help identify what worked well as well as identifying if good practice could be shared across the service or the provider's other services. Examples of these compliments included, "Thank you for the excellent care you gave my [family member] during the past (number of) years." And, "All the staff treat people with the same kindness." The registered manager also attended the provider's other services where good practice was shared such as information from national care organisations, the Nursing and Midwifery Council and other information from the provider's quality assurance and monitoring team. This helped the provider in their ability to improve the service.

People knew how to contact the registered manager as well as any of their staff if ever they had a concern and would be confident of a positive response. A relative said, "I can talk to the [registered] manager any time. She is very approachable and really does listen to what I've got to say." Another relative told us, "I would speak to the [nurse]. She listens." One person said, "I would go straight to the [registered] manager and I know it (any issue) would be sorted out." Another person said, "If I didn't like something I would speak to (name). Three (staff names) are always coming in. But yes, it's [the service] well led. There are no changes or improvements I can think of."

We observed that throughout our inspection staff were organised and went about their duties in a

professional but calm and friendly manner. We observed that the quality of their care and support was provided in a calm and relaxed manner. We saw that the cleaner was also patient and concerned for people, checking with care staff when a person became confused and anxious. This showed us that the staff all worked as a team to achieve the best possible outcome for people.

All staff were complimentary about the leadership of the service. They confirmed that they had the support, supervision, coaching and mentoring that they needed to undertake their role confidently. The registered manager told us that, "Recruitment of staff remains a challenge as there is just not enough people volunteering to work in care. To assist in recruitment we have had held events to encourage new staff to join. In the meantime we use the same agency staff".

Staff were aware of the service's whistle blowing policy, how and when to use it. The clinical lead told us, "After the staff handover I have a walk round to meet people and check to make sure that the staff have done their job as expected. If any staff drop below the required standards of care they are reminded to improve at a supervision or more urgently if this was required. Any repeated poor performance could, and has, lead to disciplinary action."

We saw that there as were effective quality assurance, monitoring and audits ere in place. Examples of audits included; medicines' administration, care plans, nutritional support, mealtime experience as well as spot checks on staff's moving and handling of people. We found that as a result of these processes improvement was seen as a continuous process. This helped drive further improvements such as ensuring people's nutritional guidance was clear and guided staff with sufficient information. Residents' meetings minutes we looked at showed that people's suggestions had been acted upon such as making sure bedside lamps were dusted regularly. In addition, where safeguarding incidents had occurred in the past, actions had been implemented to improve recording of care given such as, regarding people's oral health. We saw that this improvement had been sustained.