

H & L Care Limited

Hunningley Grange Residential 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 well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Hunningley Grange is a residential care home providing personal care to 23 people at the time of the inspection. The service can support up to 39 people.

The care home accommodates older people, some of whom live with dementia, in an adapted building with communal lounges and access to secure gardens.

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

Although environmental monitoring and checks took place, checks to lifting equipment had not taken place as required. Pre-employment recruitment checks took place, however the service was not able to find a staff file for one member of staff and therefore could not confirm checks had taken place. People were supported by a sufficient number of staff. Risks to people were assessed and regularly reviewed. However, staff had not always been vigilant in ensuring systems were in place to support people's safety. Systems and processes were in place to safeguard people from abuse. Staff were confident managers would act on any concerns raised. Medicines were administered safely. Good infection and control prevention measures were in place, and staff adhered to PPE guidance. Accidents and incidents were monitored.

The governance framework had not identified the issues found during this inspection. There was no record of night spot checks. People clearly knew who the manager was and the manager knew people well. Staff said the home was well-managed. Continuous learning by the manager was evident. The service worked closely with health professionals.

Staff training was monitored, however not all staff on the training matrix had completed required training. The registered manager described plans to ensure this was completed. Staff told us they felt supported and supervisions took place. People were supported to eat and drink enough. Staff worked closely with external professionals to deliver effective support. People received good and regular access to health services. The environment was suitable for people's needs and some areas of the home had recently been refurbished. Consent to care was sought and recorded. People's needs and choices were assessed and care and support delivered within current guidance. 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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The service was registered with us on 2 November 2020 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 16 September 2020.

Why we inspected

We received concerns in relation to the management of the service. As a result, we undertook a focused inspection to review the key questions of safe, effective 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.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to good governance at this inspection.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Hunningley Grange Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Two inspectors visited the service.

Service and service type

Hunningley Grange Residential Home 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.

The service had a manager registered with the Care Quality Commission. This means that they 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 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, including Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and five relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, the deputy manager, senior care workers, care workers, the chef and domestic staff. We reviewed a range of records. This included eight people's care records and various medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, staff rotas and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- External contractors undertook regular servicing of the premises and equipment. However, we found required checks to lifting equipment, which should be completed every six-months, had not been completed for 11 months. The provider provided confirmation from the external company that the home had been missed from their regular scheduling, however it is the responsibility of the provider to ensure these checks are completed. The registered manager confirmed these checks had been completed the day after our inspection visit.
- Staff ensured information about risks was shared at staff handovers. However, one relative told us their family member had been left without a call bell or drink within reach.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risks to people's safety were assessed and action taken to mitigate those risks. Staff told us risks to people's safety were assessed and recorded and they knew what to do in the event of an incident.
- Staff had a good understanding of people's needs and risks. For example, staff knew the triggers and de-escalation techniques to support people if their anxiety or distress increased.
- Risks were reviewed regularly, often including advice from health professionals, to ensure people were supported to have as much control and independence as possible.

Staffing and recruitment

- Personnel files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles. Checks included asking for a pre-employment history, obtaining a criminal history check from the Disclosure and Barring Service and obtaining references. However, the registered manager explained how they had been unable to find one staff member's file, who had recently left the service. This person had not had a DBS check. The registered manager was concerned but was unable to offer an explanation.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure employment records were maintained securely. This placed people at risk of harm. This

was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff and people told us there were enough staff and we saw people's needs being met in timely manner.
- The registered manager used a dependency assessment tool to consider how many staff were deployed. The registered manager considered staff experience when producing staffing rotas.

Systems and processes to safeguard people from the risk of abuse

- People were supported to understand how to keep safe and to raise concerns when they suspected abuse may have occurred. When asked if they felt safe living at the home a person said, "I love everyone." Another person said, "I am happy. All the staff are nice."
- Staff knew the potential signs of abuse and what to do to report abuse. A staff member said, "If concerned about [people] I would go to line manager and report to (registered) manager to deal with it." Staff told us they had not needed to report any safeguarding concerns whilst working at the home.
- Staff felt confident action would be taken if they reported concerns. One staff member said, "Oh, yes, [registered] manager would take action."
- The registered manager and deputy manager appropriately described the actions they took to report safeguarding concerns as required.

Using medicines safely

- Medicines were administered safely.
- Medicines were administered as prescribed and the medicines room was clean and well organised. Protocols for the administration of 'as and when' medicines were in place and temperatures of fridge and room were in line with guidance.
- Monthly audits had been completed, however action taken when boxed medicines did not reconcile was not recorded on the audit. We discussed this with the registered manager who confirmed they would review the audit process to include these actions.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were somewhat assured the provider was facilitating visits for people living in the home in accordance with the current guidance. People had been supported to access the community with the support of staff. We discussed trips out with the Registered Manager as there was one person living at the home who had previously regularly accessed the community on their own. We have signposted the provider to resources to develop their approach for this.

Learning lessons when things go wrong

- Staff knew how to report accidents and incidents. Accidents and incidents were recorded and monitored. Each incident was reviewed by the registered manager and actions taken, where appropriate, to mitigate future risks.

- The registered manager undertook a thorough review of all the accidents and incidents each month and produced an analysis to identify themes and trends. Feedback was given to staff in supervisions, staff handovers and staff meetings.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant 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

- Care plans contained detailed information about people's care and support needs. The registered manager recognised the importance of ensuring people's care and support was delivered in line with current good practice guidelines.
- The service used an electronic recording system which ensured any changes to people's care and support needs were accurately tracked and recorded. People's care and support needs were reviewed monthly or when people's needs changed.
- People told us they had a choice of when to get up or go to bed, what to eat and drink. Staff interacted with people in a caring and respectful manner and gave people choices.

Staff support: induction, training, skills and experience

- The registered manager used a training matrix to track training completion. We found not all staff had completed the training in areas the provider had deemed mandatory. We discussed this with the registered manager who confirmed staff were being monitored to ensure full completion.
- Staff told us they had completed training in areas such as safeguarding, dementia awareness, moving and handling and infection prevention and control (IPC) and said they felt supported with regular supervision.
- All staff new to care were supported to undertake the Care Certificate. The Care Certificate is an identified set of standards that health and care professionals adhere to in their working life.

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

- People were encouraged and supported to eat and drink in line with their nutritional needs. The menu comprised items people had said they liked. Alternatives were offered if people did not like the main choice. One person told us, "I enjoy what I'm eating, it's lovely." Another said "It's just the right quantity to eat."
- The dining experience was pleasant with background music playing. People and staff were laughing and chatting. People were offered handwipes before and after eating.
- Staff offered a good variety of snacks and drinks throughout the day; these were thoroughly recorded. Where people were at risk of malnutrition this was clearly identified on care and support records. People were weighed regularly and timely advice was sought from health professionals where needed.
- Clear and up-to-date information about dietary needs was clearly displayed in the kitchen. Cleaning schedules had recently been completed, however we found these had not always been completed previously. The registered manager provided confirmation they had held discussions with staff about this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- The provider had clear processes for referring people to other services, where needed. People's records showed communication with health professionals was effective and timely. Advice was documented and followed.
- One person told us they had access to health services and staff told us they worked with other professions to meet people's needs, such as dentists, district nurses and chiropodists. Records showed these visits were documented.

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

- Recent refurbishment had been undertaken in the communal areas. Some pictorial signage was in place to support people living with dementia. We discussed with the provider about how this could be improved. The registered manager confirmed they would review and implement further signage.
- People's bedrooms were also being refurbished. A recent meeting showed people had been consulted about these decisions. People were also asked what else they would like to see in the home.
- People had access to a secure garden area; however, we observed this was untidy and unkempt. The registered manager told us they had recently recruited a maintenance person to better support the environment.

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.

- People's consent to care was accurately recorded.
- Staff were able to give examples of how people were supported within MCA requirements and where they involved people in day to day decisions about their care. For example, staff knew how to communicate with people who were not able to express themselves verbally, and how they ensured their choices were respected.
- The provider followed the requirements of the MCA. Applications under DoLS had been made; where conditions were applied to these they were being met.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems were in place for the registered manager to have oversight of the home. However, the registered manager had recently been managing a sister home which meant they had not had daily oversight of the home for a period of months. Although the deputy manager had ensured safe care and support, there were aspects of the management of the home which had not been checked.
- Governance arrangements were in place. The provider undertook regular visits, completed audits of various aspects of the home, and received regular communications about the service from the registered manager. However, these checks had not identified the concerns we found during this inspection in relation to equipment checks and recruitment.
- Although the registered manager told us both they, and the deputy manager, regularly worked at the home when night staff were on duty, there was no record of night spot checks.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was clear about their responsibilities and those of their staff.

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

- Relatives we spoke with told us they did not receive enough communication from the home and were not kept updated. One relative said, "They don't keep in touch, no." Another said, "There's no one to talk to when I visit." The registered manager had plans to recommence relatives' meetings now visits into the home had re-started.
- Meetings had taken place for people and staff. Although these had not always taken place regularly, the registered manager had plans to ensure these were undertaken on a regular basis in the future.
- Residents meetings ensured people's individual needs were catered for.
- The registered manager had an open-door policy and people and staff confirmed this.

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

- People and staff told us the service was well-led.
- People knew the registered manager well. The registered manager had regular discussions with people to check how they were being cared for.
- The provider had a good understanding of their responsibilities and the registered manager acted according to duty of candour requirements.

Continuous learning and improving care; Working in partnership with others

- The registered manager took every opportunity to keep themselves updated. The service worked closely with professionals to ensure individual support was improved for people. For example, regularly reviewing medicine use.
- Staff spoke about being encouraged to try different approaches to care dependent on the person's needs that day.
- Management described how the electronic recording system allowed greater understanding of the care delivered and how this could be improved.
- Due to the registered manager's recent absence in the home, surveys had not been completed to gain the views of people, relatives, staff and visiting professionals. The registered manager described the plans they had in place to seek feedback in the future.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 (1) (2) (a) (b) (d)</p> <p>The provider had failed to monitor the quality and safety of the service. The provider had failed to monitor and mitigate the risks to people. The provider had failed to maintain secure records relating to the recruitment of staff.</p>