

Shaftesbury Care GRP Limited

Henwick Grange

Inspection report

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13 October 2020

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Henwick Grange is a nursing home providing personal and nursing care to 56 people aged 65 and over. At the time of the inspection the service was supporting 42 people at the time of our inspection.

Rating at last inspection -

The last rating for this service was requires improvement (published 08 January 2020). At that inspection two breaches in regulation were identified to Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 12 Safe Care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

Why we inspected

This focused inspection was prompted in part due to concerns received about safe care and treatment for people. A decision was made for us to inspect and examine those risks and to check on progress of a Warning Notice in relation to Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 we issued, following the previous inspection.

The manager had made significant improvements at the home. Feedback from professionals about their leadership was positive. They confirmed the management team worked in a transparent and open way and were focused on continual improvement and active working partnerships that met people's needs. The manager worked with other professionals and agencies to ensure people's needs were met and to help develop best practice.

Quality assurance and monitoring systems were now in place to help drive improvements at the service. People knew how to raise concerns and felt confident the management team would address and rectify any problems.

Since our last inspection the home has undergone a refurbishment programme to improve the environment. Fire safety concerns have been addressed and passed by the Hereford and Worcestershire Fire Service as compliant.

People's needs were assessed before they moved to the service to ensure those needs could be met. Staff received training and supervision to support them in carrying out their role effectively.

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 coronavirus and other infection outbreaks effectively.

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.

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

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.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Henwick Grange

Detailed findings

Background to this inspection

The inspection

This was a focused inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance on a specific concern we had about the provider's governance and quality assurance systems that were not effective. At the previous inspection we found shortfalls in potential fire prevention, infection control and environmental hazards.

As part of this inspection we also looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Henwick Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager in post who will be making an application to register with the Care Quality Commission.

Notice of inspection

This inspection was unannounced on the first day 09 October 2020. On the second day 13 October 2020 the inspection was announced.

What we did before the inspection

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 looked at 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 and local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who lived at the home, four relatives by telephone. We also spoke with the regional manager, regional support manager, and manager. In addition, we spoke with one nurse, one nurse associate, three care staff, a domestic staff member and maintenance staff member.

We looked at a range of records. these included two people's care records, multiple medicines records, staff rotas, staff training records, and staff recruitment records. We also looked at incident and accident records, complaints, selected policies and records relating to the safety of the premises and management of the service.

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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data 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.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served and a specific concern we had about the safe care and treatment of people, we had received.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

At the last inspection the provider was found to be in breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because of shortfalls in fire risk management, environmental factors, infection control and prevention practices. At this inspection we found the necessary improvements had been made and the provider was no longer in breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Risks to people's health, safety or well-being were identified and regularly reviewed to manage people's changing needs. Staff knew how these risks affected people's safety or well-being and were aware of how to respond safely.
- People told us the care they received met their needs and were confident that staff supported them in a safe manner. One person said, "The staff are ok – I get what I need, they speak to me nicely, so it's all good."
- Regular safety checks and servicing was carried out in areas such as fire and electrical safety, the environment, water quality and a variety of health and safety checks. People had personal emergency evacuation plans [PEEPs] in place that directed staff how to respond in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- People were supported by trained staff who were competent in recognising signs of abuse, and how to report any concerns, should they occur.
- Staff were confident the new manager would act on any concerns identified to ensure people's safety. One person told us the manager made a point of walking around the home speaking to people to ensure they were not experiencing any problems.
- The manager understood their role and responsibilities to notify the Care Quality Commission [CQC] and other organisations of any concerns about people's safety.

Staffing and recruitment

- People told us staffing levels were sufficient, to meet their needs. One person said, "There's always staff but they are always busy, but if I press the buzzer they come."
- Staffing levels were decided using a dependency scale. The manager told us they had just recruited new staff to fill the remaining vacancies. In the interim they had block booked the same agency staff to assist

with continuity for people's care.

- Staff were recruited safely. Each member of staff had a disclosure and barring service (DBS) check and references from previous employment on file.

Using medicines safely

- At our last inspection we recommended the provider consider improving the instructions for staff when administering "As required/PRN" medicines. At this inspection the provider had made improvements.
- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had received training around medicines. The provider ensured the appropriate staff were trained and assessed as competent to support people with their medicines.

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.

Learning lessons when things go wrong

- Incidents were noted in the care records and referred to the manager. These records were completed and demonstrated appropriate action by staff. These were then formally reviewed for any themes or trends emerging by the manager and any required action taken.

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.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served and a specific concern we had about the safe care and treatment of people. We will assess all the key questions at the next comprehensive inspection of the service.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent.

At this inspection there was not a registered manager in post, and we have not received an application which has been approved. Therefore the ratings limiter is applied. There was however a new manager in post who told us they intended to apply to become the registered manager.

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

- At our last inspection the provider's quality checking systems and processes were ineffective. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Environmental deficits had been addressed, the home was in the process of a refurbishment programme. People's bedrooms and communal areas had been redecorated.
- We saw the provider had introduced new quality assurance checks to ensure they had greater oversight of the home. These included manager and housekeeper conducting daily walkaround checks, to ensure good infection control practices within the environment and any deficits acted upon in a timely manner. Maintenance logs were now kept up-to date and actions recorded.

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

- People we spoke with were positive about the new manager. One person told us how the new manager on her daily walk rounds stopped to talk to them they said " [Manager's name] has said to me, if ever I'm upset about anything, I can go to her."
- In a feedback form one relative had written, "The home has improved beyond recognition since the new management structure has changed."

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

- Throughout our inspection, the management team displayed an honest and responsive approach. For

example, the manager shared her visions for the home and spoke about the areas of improvement still required. She told us, how she thought it was important to work alongside care staff on shift so she could understand any problems they were experiencing and help find solutions.

- The management team were open and approachable and aware of their responsibilities under the Duty of Candour. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Continuous learning and improving care

- People and their relatives had opportunities to regularly give feedback about the care and support provided. We saw questionnaires had been sent out and the responses analysed. We saw nine of the ten responses received were positive. One person wrote, "We have seen a positive change over recent months in terms of [person's name] wellbeing. Their new room is great, these improvements give us assurance his needs are being met, especially through very difficult times."
- Staff told us, there were regular supervisions and staff meetings, where they could discuss matters relating to the management of the service.

Working in partnership with others

- The provider and manager worked in partnership with organisations including the local authorities that commissioned the service and other health and social care professionals to bring about the improvements required. For example, the manager showed us the new care plans which they told us had been supported by the local clinical commissioning group [CCG].
- The manager was working with a local training provider to develop their training packages to support staff to further develop. For example, Covid-19 and infection control training to assist staff with the pandemic.