

Iris Care Group

# Pirton Grange Specialist Services

## 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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Pirton Grange Specialist Services is registered to provide accommodation, nursing care and rehabilitation services for up to 38 people who may have support needs owing to mental health, learning disabilities or autistic spectrum disorders, Huntington's disease, dementia and neurological conditions. At the time of the inspection there were 27 people living at the home. Care was provided to adults in a wide range of ages.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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.

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

**Right Support:** People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The registered manager and staff made an effort to ensure people were involved in their care.

**Right Care:** Care was person centred and people's individuality was treated with dignity and respect. The provider acknowledged the service size was not ideal to people whose primary need was their learning disability as the service was too large to fully meet the requirements of Right Care, Right Support and Right Culture. The provider was in the process of reviewing it's suitability for learning disability provision.

**Right Culture:** The provider was constantly evolving and improving the service to ensure staff had the values and attitudes to maximise people's lives.

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 and update

The last rating for this service was Requires Improvement (published 30 September 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the

provider was no longer in breach of regulations.

#### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pirton Grange Specialist Services on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our safe findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Pirton Grange Specialist Services

## **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 Health and Social Care Act 2008.

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

#### Inspection team

The inspection team consisted of 2 inspectors, 1 inspection manager and an Expert by Experience who made phone calls to relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Pirton Grange Specialist Services is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Pirton Grange Specialist Services is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided, and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 31 May 2023 and ended on 2 June 2023. We visited the location's service on 31 May and 1 June 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 6 people who used the service and 6 people's relatives to gain their feedback about the service. We spoke with 11 staff including the registered manager, area manager, nurses and care staff. We also spoke with a visiting health professional. We reviewed a range of records. This included 6 people's care records, samples of medicine records, daily records and care plans and risk assessments. We looked at 3 staff records, 2 agency profiles and a variety of records relating to the management of the service, including audits and procedures. 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.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection monitoring records, care records, and risk assessments to evidence the care and support provided, were not always in place or did not provide an accurate account of people's needs. Medicines were not always managed safely or recorded accurately.

There was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

Assessing risk, safety monitoring and management; Using medicines safely

- Risks associated with people's care were assessed and monitored to ensure people's needs were met. People received their medicines as prescribed.
- People had detailed and comprehensive care plans and risk assessments. Staff told us these contained the relevant information needed to provide safe and effective care. For example, staff were able to tell us about a person's risks of self-harm and measures taken to reduce the risk. The registered manager shared with us further improvements being made to initial assessments to identify potential risks earlier for any new referrals.
- Risk assessments were updated when needed to ensure people continued to be supported safely. For example, an incident that had occurred due to a person's anxiety during the first day of inspection had been reviewed. The care plan and risk assessment had been updated so there was clear guidance for staff on how to support the person effectively.
- There were comprehensive policies and procedures to guide staff in managing people's medicines safely. Staff had training in medicines before they were able to administer medicines. There were regular checks of staff competency to ensure they administered medicines safely.
- Audits of medicine administration records (MAR) were undertaken by management staff to ensure medicines had been managed correctly, and any errors identified were investigated.
- Medicines were stored safely and securely.
- People had risk assessments around medicines to assess the level of support they needed and to ensure they took their medicines as prescribed.
- Detailed risk assessments and protocols were in place for medication prescribed to be taken on an 'as required basis.'

Staffing and recruitment

- At the last inspection there was a lack of recruitment checks of agency staff. This meant the provider did

always have assurances of their competence and suitability. We checked 2 agency staff profiles and found improvements in the recruitment and oversight of agency staff had been made. Agency staff we spoke were able to tell us about people's individual needs.

- The provider's recruitment process included checks to ensure staff were of a suitable character. Staff files showed recruitment checks were robust, which included checks on staff through the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Our observations showed there were sufficient numbers of staff to meet people's needs. Where people had been identified as needing additional support, this was provided.
- People told us they received the support they needed. One person said, "The staff are always around to support me. No problems."

Systems and processes to safeguard people from the risk of abuse

- There were systems to safeguard people from abuse. Where concerns were identified the safeguarding authority were notified along with CQC.
- People told us they felt safe. One relative said, "[person] is safe and happy. Care is fantastic and we've never had any trouble."
- Staff knew what to look for regarding abuse and felt supported to raise any concerns they may have about the people they were supporting.
- The provider had a safeguarding and a whistle-blowing policy to ensure staff could report any concerns in a confidential manner. Staff told us they felt supported to raise any concerns and would feel confident to Whistle-Blow if they felt they needed to.

Preventing and controlling infection

- The home environment was clean and well maintained. Areas of the home were regularly deep cleaned and good IPC practices were reinforced throughout the service by the registered manager.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no restrictions to visiting at the time of the inspection.

Learning lessons when things go wrong

- The provider had systems to learn lessons and identify actions to improve the service when things went wrong.
- There had been significant progress on actions identified during the last inspection. The registered manager told us how systems and processes were continually being evaluated and tweaked to ensure planned improvements were made and maintained.



- The management team had oversight of accidents, incidents or concerns to ensure there was a system to identify any actions to follow up and reduce the risks of reoccurrence. Any actions or trends were discussed and shared with staff through staff communications 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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- There was a good level of understanding from the registered manager regarding the application of DoLS.
- The provider regularly reviewed people's capacity to make decisions. Where people had restrictions, these were regularly reviewed to ensure they remained relevant.
- Staff understood the principles of capacity and consent and we saw staff encouraged and supported people to make choices.

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

- The provider made detailed and comprehensive assessments of people's needs. These assessments also reflected people's choices and wishes.
- The provider was in the process of reviewing and updating the initial assessments to ensure the level of detail accurately reflected people's needs.

Staff support: induction, training, skills and experience

- Staff had the experience and knowledge required to meet people's needs. There was comprehensive training for staff to enable them to carry out their roles safely. Staff told us there was a good level of training to support their needs.
- The provider ensured any new staff had an induction which included training and shadowing (working alongside) experienced staff.
- The provider was reviewing their training provision and looking to source more training linked to the

needs of people living at Pirton Grange.

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

- People were supported to eat and drink where this was needed. Information relating to people's eating and drinking needs was clearly recorded in their care records. Staff understood what support people needed and preferred.
- Food and drinks were prepared in line with any specific guidance (for example, from Speech and Language Therapy). We saw staff were patient and supportive when assisting people to eat and drink.
- Where people required monitoring of dietary intake, this was completed and monitored. One relative said, 'The meals are lovely, [person] doesn't eat too much but likes little and often. Their weight is monitored and isn't a problem. If there are any changes they tell me straight away. I'm happy that the staff all know their likes and dislikes.'

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other agencies to support people's care where this was required.
- Support from external health professionals was sought in a timely way when needed. One person had started to show signs of change with their health condition. The registered manager had referred them to a doctor for a medicines review to ensure their health needs would continue to be met. One visiting health professional told us, "This is one of the best places I visit".

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

- The environment had been adapted to meet people's needs.
- The provider had made improvements to how the environment was maintained since the last inspection. We found clean and well maintained areas of the home. Areas of the home that were not to be used at the last inspection had been decorated and repurposed, for example, the activity room was being used as originally intended.
- People's bedrooms were decorated with pictures and items personal to them.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection in July 2021 we identified the quality monitoring systems had not ensured the provider had oversight of the service. For example, care plans and risk assessments were not always in place or accurate. Medicines were not always managed safely.

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

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager told us they understood their responsibilities to be open and honest when things went wrong. They contacted other agencies with any concerns or when safeguarding incidents had occurred.
- Staff told us they felt supported to raise concerns and knew how to whistle-blow and how to raise concerns with the local authority and CQC if they were not resolved.

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

- The managers and staff were clear about their roles. Learning from and responding to concerns had driven improvement in the management and governance of the service.
- Following the last inspection, the registered manager had effectively delegated tasks to other senior staff to assist with the governance and oversight of the service. For example, there were 2 new clinical managers implementing new processes to ensure there was an improvement in the clinical oversight. The registered manager held regular meetings with the clinical manager's and this had improved the health outcomes for people in the home.
- There were systems to identify any trends in risks or incidents. For example, where people had falls, this was recorded and reviewed regularly to identify any factors that may be causing falls. Oversight of any trends in incidents was maintained by a management team including the registered manager and provider.
- There were audits of care records and medicines. The registered manager told us they were striving to improve the service even more and to be receptive to learning lessons from incidents, inspections and feedback.

- The provider's own internal quality systems ensured the registered manager worked in accordance with best practice in line with current health and social care guidance. The provider's systems had identified and actioned improvements to the service identified at the last inspection.
- Whilst the service was provided a service to people whose primary need was a learning disability, the provider was reviewing the suitability of the service in line with CQC's Right Support, Right Care and Right Culture guidance. The provider was working with commissioners and people living at Pirton Grange to review people's needs, and where appropriate, identifying alternative service provision.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff said they treated everybody equally and there were no barriers regarding any protected characteristics. All staff had training on equality, diversity and human rights.
- The registered manager acknowledged that engagement with relatives had slowed down during the Covid pandemic, more engagement events were planned. One relative said, "We live quite a way away so don't get to visit too often. We get told quickly if something happens but would like more proactive updates."
- We saw staff involved people in their care and the registered manager worked to the belief of involving people in the care they received.
- Assessments and care plans were person centred accounting for people's likes, dislikes and individualities.

Working in partnership with others

- The service worked in partnership with other professionals and agencies, including healthcare and the local authority to support people's needs.
- Feedback from the health professional was positive about how the management of the service and how the staff worked and engaged with them.