

Rotherwood Healthcare (Hampton Grange) Limited

Hampton Grange Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 7 March 2018. Breaches of legal requirements were found. These related to the provider's failure to ensure people received personalised care, their medicines were administered as prescribed, and the risks associated with their individual care and support needs were minimised. In addition, the provider's procedures for investigating and notifying allegations of abuse, and their overall quality assurance systems and processes, were not as effective as they needed to be. We served a warning notice in relation to the governance of the service.

We undertook this focused inspection to check the provider was complying with the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During our inspection, concerns were raised with us regarding the adequacy of staffing levels at the home. In view of this, we also inspected the service against the key question: is the service safe?

This report only covers our findings in relation to these requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hampton Grange Nursing Home on our website at www.cqc.org.uk.

This was an unannounced focused inspection carried out on the 2 October 2018, with a further announced visit on 8 October 2018.

Hampton Grange Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home accommodates up to 42 people within one adapted building, and specialises in the care of people living with dementia and older people requiring general nursing care. There were 34 people were living at the home when we inspected.

At the time of our inspection, there was no registered manager in post. We met with the care manager, who had commenced their duties in August 2018 and was in the process of applying to become registered manager of the service. A registered manager is a person who has registered with the Care Quality Commission 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.

The provider's governance and quality assurance systems were still not sufficiently effective or robust. The audits and checks completed had not enabled the provider to ensure staff consistently maintained accurate and complete records in relation to people's care, and exposed people to the risk of their care not being provided in line with their individual needs. The provider's procedures for managing people's medicines needed to improve, to ensure care staff consistently applied topical medication in accordance with the prescriber's directions, and had clear guidance to follow. The risks associated with people's individual care

and support needs had been assessed and plans implemented to manage these. However, people's care records did not always demonstrate staff were consistently adhering to agreed plans for minimising risks. People's relatives continued to express mixed views about the adequacy of staffing levels at the home. Staff felt staffing levels were not sufficient, and that this had impacted negatively on their ability to work effectively. People's relatives expressed mixed views about the management of the home and overall quality of care provided to their loved ones.

Procedures were in place to enable staff to record and report any accidents or incidents involving the people who lived at the home, which were monitored by the management team and provider on an ongoing basis. Staff understood their individual responsibilities to protect people from abuse, and were clear how to report any concerns of this nature. The provider had procedures in place for notifying and investigating any allegations of abuse brought to their attention. The provider undertook checks on prospective staff to ensure they were safe to work with people. Infection prevention and control procedures were in place to protect people, visitors and staff from the risk of infection. Most staff felt well-supported and valued in their work by an approachable management team. The provider encouraged feedback from people, their relatives and staff on the service, and worked with external health and social care professionals to promote joined-up care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always Safe.

Staff did not always maintain accurate and complete records to demonstrate people's topical medication had been applied as directed and their pressure care needs were met.

Staff understood their individual responsibilities to report any suspected or witnessed abuse.

Staff and some people's relatives expressed concerns about the staffing levels maintained at the service.

Requires Improvement ●

Is the service well-led?

The service was not always Well-led.

The provider's governance and quality assurance systems and processes were not as effective as they needed to be.

People's relatives expressed mixed views about the overall care their loved ones' received and their dealings with the management team.

Most staff felt well-supported in their work and able to freely approach the management team for any additional guidance or advice.

Requires Improvement ●

Hampton Grange Nursing Home

Detailed findings

Background to this inspection

This inspection was undertaken to check the provider had made improvements to meet legal requirements after our inspection on 7 March 2018. We inspected the service against two of the five questions we ask about services: is the service safe and is the service well-led? This is because the service was not meeting some legal requirements in those key questions at the time of our last inspection, and in response to concerns raised during our inspection visits.

The ratings from the previous comprehensive inspection for key questions not looked at during this inspection were included in calculating the overall rating in this inspection.

This was an unannounced inspection carried out on the 2 October 2018, with a further announced visit on 8 October 2018. The inspection team consisted of two inspectors.

Before the inspection site visit, we reviewed the information we held about the service, including any statutory notifications received from the provider. A statutory notification is information about important events, which the provider is required to send us by law. We also contacted the local authority, the local clinical commissioning group (CCG) and Healthwatch for their views on the service.

During our inspection, we spoke with one person who uses the service, seven relatives and a community health and social care professional. We also spoke with the provider's operations manager, the medicines management lead, care manager, deputy manager, clinical lead, a nurse, a nurse assistant, the activities coordinator, two senior care staff and five care staff.

We looked at a range of documentation including 10 people's care records, medicines records, staff training records, incident and accident reports, three staff recruitment records, certification relating to the safety of the premises and the staff duty rota.

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

At our last inspection, we rated this key question as 'Requires Improvement'. At this inspection, we found further improvements were needed to ensure people were protected from avoidable harm. The rating for this key question remains 'Requires Improvement'.

At our last inspection, we found people's medicines were not being safely managed, and that they did not always receive their medicines as prescribed. We were not assured staff consistently adhered to people's care plans to minimise the risks to people, and we observed the use of an unsafe moving and handling technique. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that whilst the provider was now meeting the requirements of Regulation 12, further improvements were needed to minimise the risks to people living at the home.

The provider had systems and procedures in place designed to ensure people received their medicines safely and as prescribed. People received their medicines from trained nurses, apart from non-medicated creams and ointments which were applied by care staff in people's bedrooms. Nursing staff completed people's medication administration records (MARs) to accurately record the medicines they administered, and adhered to the provider's procedures for the safe storage of medicines at all times.

However, the topical medication application records we looked at still indicated care staff were not applying people's creams and ointments on a consistent basis to protect their skin from damage and infection. For example, one person was prescribed an emollient which, according to the directions on their topical medication application chart, care staff were to apply twice per day. Staff had not signed the topical medication application chart over the seven-day period from 14 to 20 September 2018 to confirm this cream had been applied as directed. In addition, the directions on people's topical medication application charts did not always provide care staff with clear guidance on when to apply their topical medication. For example, the directions on one person's topical medication application chart in relation to the application of an emollient stated only 'when required'. The directions on two people's topical medication application charts did not always coincide with the instructions on their medication administration records (MARs), indicating this topical medication was not being applied in accordance with the prescribers' directions. We also found two people had topical medication application charts in place for topical medicines that were not listed on their MARs, indicating this medication may not have been prescribed for these individuals. 'PRN protocols' were in place to provide the nurses with guidance on the expected use of people's 'as required' (PRN) medicines. However, the information recorded on these was not always clear. One person's PRN protocols referred to the administration of medicines via a syringe driver which was not in place for this person yet.

We discussed these issues with the management team. The operations manager informed us that, since our last inspection, they had appointed 'creams champions' to monitor the application of people's topical

medicines on a day-to-day basis, and report any related issues to nursing staff. However, in July 2018 the provider's audits had identified staff were not maintaining accurate and complete records in relation to the application of people's topical medicines. The management team assured us the accuracy of record-keeping in relation to the management and administration of people's topical medication would be more closely monitored moving forward. Following our inspection, the provider also informed us that, where necessary, they would be discussing the need for clearer directions on the use of people's topical medications with the local GP and pharmacy.

Procedures were in place for assessing, recording and reviewed the risks associated with people's individual care and support needs using recognised screening and assessment tools. This included an assessment of people's vulnerability to skin damage and pressure ulcers, their mobility needs and risk of falls, their nutrition and hydration needs and the management of any long-term medical conditions. Plans had been developed to protect people's health, safety and wellbeing.

However, the care records we looked at did not always demonstrate staff were consistently adhering to agreed plans. A number of people had been assessed as requiring regular support from staff to reposition themselves to prevent pressure damage to their skin. The repositioning charts we looked at still had not been completed on a consistent basis to confirm pressure relief was being given in accordance with their care plans. For example, one person's care plans stated were at high risk of pressure sores and were to be with repositioning themselves at three-hourly intervals. Their repositioning chart for the week commencing 19 September 2018 indicated that on 22 September 2018 they did not receive support with repositioning from 06:20 hours until 16:30 hours.

We discussed this issue with the management team. They informed us they would address this issue as a matter of priority through, amongst other things, creating additional 'alerts' for staff on the home's electronic care management system, to prompt them to complete key records. Following our inspection visits, the operations manager provided us with additional evidence to show the two individuals in question had received regular care interventions, which would have required support with repositioning, beyond the information recorded on their repositioning charts.

The provider had procedures in place to enable staff to record and report any accidents or incidents involving the people who lived at the home. We saw any reports of this nature were reviewed by the nurses, management team and provider to ensure lessons were learned and reduce the risk of things happening again.

People's relatives continued to express mixed views about staffing levels at the home. Some relatives were satisfied there were enough staff on duty to safely meet people's individual needs. Others felt there were insufficient staff to meet people's personal care needs and monitor people effectively in the home's communal lounge. One relative told us, "I'm not confident staffing levels are safe ... There's been a few cases where there would have been a nasty injury if I wasn't there with people getting up to walk [in the lounge]." Staff felt staffing levels at the home were not sufficient, and described the impact this had on their work, including their ability to monitor people in the communal lounge, support people with toileting and maintain accurate care records. One staff member explained, "They [staffing levels] haven't been sufficient; it's been a major problem ... People [staff] feel they have to run around more and start juggling tasks. You start forgetting or missing information ... We cannot monitor the communal lounge in reality."

We discussed this issue with the management team. The operations manager explained staffing levels were monitored and adjusted in line with people's individual dependency levels, the home's overall occupancy level and national guidance on safe staffing ratios. They acknowledged staff needed to be deployed more

effectively and informed us senior care staff would be provided with additional support in this regard. During our inspection visits, we found there were enough staff on duty to safely manage people's individual needs and respond to their requests without unreasonable delay.

One person told us they felt safe living at Hampton Grange, explaining, "I like it here ... They [staff] are lovely people." People's relatives expressed mixed views about their loved ones' safety and wellbeing at the home. Some relatives were confident their loved ones received safe care and support. One relative explained, "[Person] always talks very well of staff and obviously has no concerns ... We have a feel for the place." Another relative told us they were reassured by "the fact staff have got to know [person] quite quickly and are aware of what the problems might be." However, other relatives we spoke with lacked confidence in their loved ones' safety and wellbeing at the home. One relative said they were "not 100% confident" in the safety of the care provided, referring to staff's failure to monitor and address their loved one's personal care needs. Another relative told us, "If I wasn't here, I would say [person] is definitely not safe. I feel I have to be here."

At our last inspection, we became aware of a recent safeguarding issue involving a person who lived at the home which had not been reported to the relevant external authorities without any clear rationale for this decision. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider was now meeting the requirements of Regulation 13, and we did not identify any concerns in relation to the effectiveness of the provider's procedures for investigating and notifying allegations of abuse. Staff recognised their responsibility to remain alert to and immediately report any form of abuse. The provider had procedures in place to ensure any witnessed or suspected abuse was reported to the appropriate external agencies and investigated. During our inspection visits, a potential safeguarding issue involving one of the people living at the home was brought to our attention. We shared this information with the provider who reported the matter to the local safeguarding team and commenced an internal investigation.

The provider undertook pre-employment checks on prospective staff to ensure they were safe to work with people. This included requesting employment references and an enhanced Disclosure and Barring Service (DBS) check. The DBS searches police records and barred list information to help employers make safer recruitment decisions.

The provider had taken steps to protect people, visitors and staff from the risk of infection. Staff were provided with, and made use of, appropriate personal protective equipment (e.g. disposable gloves and aprons). The provider employed domestic staff to support the nurses and care staff in ensuring the premises and equipment remained clean and hygienic. The care manager completed monthly domestic audits as part of which they reviewed infection control practices at the home. During our inspection visits, we found the home to be clean, well-maintained and fresh-smelling.

Is the service well-led?

Our findings

At our last inspection, we rated this key question as 'Inadequate'. At this inspection, we found that whilst some improvements had been made, further improvement was needed in the provider's governance and quality assurance systems. The rating for this key question is now "Requires Improvement".

At our last inspection, we found the provider's quality assurance systems and processes were not as effective as they needed to be. This was demonstrated by their failure to address the significant shortfalls in the quality and safety of people's care we identified during our inspection, and to maintain accurate and complete records in relation to people's care and treatment. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we served a warning notice in relation to this.

At this inspection, we found the provider's governance and quality assurance systems were still not sufficiently robust or effective, and that they remained in breach of Regulation 17. The provider had a quality assurance framework in place designed to enable them to monitor and improve the quality and safety of the service provided. This included a monthly 'monitoring report' completed by the care manager requiring them to report on key aspects of the service, monthly domestic audits, kitchen audits, care plan audits and medication audits, in addition to a range of routine health and safety checks. However, these audits and checks had not enabled the provider to ensure staff maintained accurate and complete records in relation to people's care, and so exposed people to the risk of their care not being provided in line with their individual needs. This was demonstrated by the unexplained gaps in recording on the topical medication application records and repositioning charts we looked at. Multiple unexplained gaps in recording on people's topical medication application charts had been identified on the 'creams audit' completed by the provider's medicines management lead on 3 July 2018. However, this had not enabled the provider to effectively address this issue prior to our inspection.

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

During our inspection visits, we met with the care manager who, along with the business and hospitality manager, was responsible for the day-to-day management of the service and that of another home operated by the provider on the same site. They demonstrated a good understanding of the overall duties and responsibilities associated with their post, and were in the process of applying to CQC to become registered manager of the service. The care manager told us they kept themselves up to date with legislative changes and best practice guidelines by, amongst other things, attending care conferences and events run by the local authority and clinical commissioning group.

People's relatives expressed mixed views about the overall management of the service and quality of care their loved ones received. Some relatives expressed confidence in the management team and their ability to oversee their loved ones' individual needs were met. One such relative told us, "[Business and hospitality

manager] is around a lot and, if there are concerns, she is very willing to listen and acts upon what is expressed ... Overall, it's worked out quite well and [person] has improved since they have been there." Other relatives we spoke with expressed concern about aspects of their loved ones' care and their previous dealings with the management team. One relative said, "If you go to them [management team] with a problem and it doesn't get done, then I suppose it's not well-managed." Another relative explained, "They [management team] haven't acted on my feedback and I'm still waiting for a follow-up appointment following my meeting at least three to four weeks ago." We discussed these concerns with the management team who assured us they took feedback from people's relatives seriously and sought to act on this. They informed us they would arrange meetings with the relatives in question to follow up their specific concerns.

The extent to which staff felt supported and valued in their work and their overall confidence in the management team had improved since our last inspection. Most staff described an approachable, supportive management team who acknowledged their efforts and acted on issues and concerns brought to their attention. One staff member told us, "It [management] has improved massively. They are both really good at listening to your problems. I feel much more supported with them around. They are really easy to talk to and good at empathising." Another staff member said, "[Care manager] is always listening to what we [staff] say, asking us if we need anything and there for help if we need it ... I don't feel like there is a gap between the managers and carers; it feels like a team." A further staff member explained, "[Care manager] was very appreciative after I'd gone in to visit a resident in hospital in my own time. I've never had that before." We saw the management team maintained a visible presence around the home and that the people who lived at the home and staff were at ease around them. Most staff talked about their work at the home with clear enthusiasm. One staff member told us, "I love the residents and this job, and I try my best." The provider had a whistleblowing policy in place, and staff told us they would follow this, as necessary. Whistleblowing refers to when an employee tells the authorities or the public about wrongdoing in the workplace.

At our last inspection, we were not assured of the overall effectiveness of the communication procedures at the home. On more than one occasion, the nursing staff provided us with contradictory information about people's care. At this inspection, we did not identify any concerns of this nature. Most staff spoke positively about the effectiveness of the provider's daily 'handover' procedures, which enabled them to keep up to date with any changes in people's care needs and associated risks.

The provider took steps to involve people, their relatives and staff in the running of the home. This included the distribution and analysis of annual feedback questionnaires to people and their relatives, and holding regular staff meetings. The management team recognised the need to work collaboratively with external health and social care professionals to promote a joined-up approach towards people's care. One community health and social care professional commented positively on their dealings with the deputy manager at a recent review meeting. They told us, "They [deputy manager] did have everything prepared for the review meeting as requested. They were quite open to any questions asked, and I didn't feel like they were hiding anything." The management team described how they maintained links with the local community, to the benefit of the people who lived at the home. This included accessing training and advice on people's end-of-life care from the local hospice, welcoming local clergy and school groups into the home and supporting people to access local services and facilities.

This section is primarily information for the provider

Enforcement actions

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

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

The enforcement action we took:

A condition was placed on the provider's registration which meant they had to send us monthly reports to demonstrate how this Regulation was being met.