

A H Choudhry

Hunningley Grange Residential Home

Inspection report

Hunningley Grange
327 Doncaster Road
Barnsley
South Yorkshire
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Tel: 01226287578

Date of inspection visit:

13 August 2020

17 August 2020

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16 September 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Hunningley Grange Residential Home is a residential care home providing personal care to 21 people at the time of the inspection. The service can support up to 40 people. The home is an old stone building with a new extension and conservatory, with access to a secure garden. All rooms are on the ground floor.

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

People overwhelmingly told us they felt safe living at Hunningley Grange. People were safeguarded from abuse by appropriate systems and processes. Risks to people were assessed and people's independence was promoted. Staff numbers were assessed according to people's needs. Medicines were administered safely by trained and competent staff. Infection control procedures were in place. Processes were in place to analyse incidents and learn when things went wrong.

There was a clear vision and open culture. A governance framework was in place which covered all aspects of the service and the care delivered. People, relatives and staff were engaged in the home. There was evidence of continuous improvement by considering trends and themes, and by sharing best practice. The home worked in partnership with other professionals, and the community when able to do so.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 3 April 2019) and there were two 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 the provider was no longer in breach of regulations.

Why we inspected

This was a planned focused inspection based on the previous rating. We carried out an unannounced comprehensive inspection of this service on 14 and 15 February 2019. Two breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the recording of people's consent to care and treatment and how risks to people were assessed and mitigated against.

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 and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for

Hunningley Grange Residential Home on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was 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 as part of our Thematic Review of infection control and prevention in care homes.

Inspection team

Two inspectors visited the service on 13 August 2020. An inspector spoke to relatives and staff via telephone on 17 August 2020. Information sent by the registered manager was reviewed on 12 and 17 August 2020.

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 announced. We gave the service 24 hours' notice of the inspection because we wanted to discuss any potential risks to people from the inspection in the Covid-19 pandemic and to request documentation which could be reviewed outside the inspection visit.

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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with the registered manager.

We reviewed a range of records and looked at the home environment. This included two people's care records in detail and four people's risk assessments. We looked at numerous medication records.

After the inspection

We spoke with three relatives about their experience of the care provided. We spoke with four staff including the deputy manager, a senior care worker, a care worker and the chef.

We looked at a range of records relating to the management of the service, including checks and audits undertaken by the registered manager and the provider.

Is the service safe?

Our findings

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

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 our last inspection the provider had failed to ensure risks to the health and safety of people was assessed and doing all that was reasonable to mitigate those risks. This 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.

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 abuse occurred.
- People told us: "I feel safe with the staff", "I feel safe, the environment makes me feel safe", and, "I feel safe living here, the staff are good".
- Staff knew how to recognise abuse and protect people from the risk of abuse.
- Staff knew about the whistleblowing process.
- The registered manager had reported abuse to local authority safeguarding when it was identified and had undertaken thorough investigations.

Assessing risk, safety monitoring and management

- Risks to people's safety were promptly assessed and action taken to mitigate any risks. A pre-admission assessment was completed which identified and recorded key areas of managing risks to people's safety.
- There was evidence staff had taken action to mitigate risks and considered the least restrictive option when doing so.
- Risks were managed well and reviewed regularly. Advice was sought from health professionals, to ensure people were supported to have as much control and independence as possible.
- Staff ensured information about risks to people was shared during shift handovers, and with people and relatives where appropriate.
- Environmental checks were undertaken and equipment was service in line with guidance. Internal checks also took place to ensure the environment was safe.

Staffing and recruitment

- People's needs were met in an unhurried manner and people, relatives and staff said staffing levels were good. Comments from people included: "When I'm in bed and need staff... I use my button and they come more or less straight away, we have a bit of fun when they come," and, "There are enough staff around to help," and "It's very rare I use my buzzer, I have my independence but when I ring it they come. I don't have to wait long". A staff member said, "There's enough staff... There aren't any times of the day where it's difficult." Another staff member said, "There's enough staff. We're not too busy to do anything."
- The home used a dependency assessment tool to consider how many staff were deployed. People's dependency needs were reviewed every month.

- Recruitment documentation contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles.

Using medicines safely

- Medicine systems were well-organised and people were receiving their medicines when they should. The home followed safe protocols for the receipt, storage, disposal and administration of medicines.
- Staff administering medicines were trained and received regular training updates. They received regular competency checks.
- The medicines administration record (MAR) contained all the necessary information to ensure people's safety, for example, information about people's allergies and how they wished to receive the medicine was recorded.
- The service was proactive in reviewing people's medicines and checking their efficacy. One relative described how staff had noticed when a particular medicine was affecting their loved one and pushed for a review with the GP. The medicine was changed and the person's wellbeing improved because of this.
- Regular checks were undertaken by managers.

Preventing and controlling infection

- All staff had been trained on infection control. Additional training and awareness had been provided during the Covid-19 pandemic. A staff member told us, "[The registered manager] is always reminding us to wash our hands; [they've] been very strict about all of this."
- Staff had good access to personal protective equipment (PPE) and protocols had been updated and shared with staff. Appropriate and clear information about infection prevention and control was displayed throughout the home.
- A thorough cleaning schedule was in place, which was regularly checked to ensure completion. Deep cleans were regularly scheduled and also took place when there had been any infection risk. One person told us, "They couldn't do a better job it's spotless very clean." Another said, "It's very clean." When asked about the cleanliness of the home a relative said, "It's always been of a good standard."

Learning lessons when things go wrong

- Accidents and incidents were recorded and closely monitored. Each incident was thoroughly investigated by the registered manager and actions taken, where appropriate, to mitigate future risks. For example, staffing rotas were produced to include an additional staff member at times where it had been identified falls and behaviour that may challenge occurred.
- Staff were encouraged to report accidents and incidents and reflective practice sessions were undertaken with support from the registered manager.
- A quarterly report was produced for provider review. Action plans were used to track improvement.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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 our last inspection the provider had failed to ensure people had always consented to their care and treatment. This was a breach of Regulation 11 (Need for consent) 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 11.

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, relatives and staff told us the service was well-led. People confirmed they knew who the manager was. A person told us, "I know the manager by sight... I would talk to [them] if I wasn't happy. They have always been alright with me though." A relative told us, "If there's anything I need to ask about or tell them about...I've got a separate number for [the registered manager] and [they] always answer when I ring." A staff member said, "[Registered manager] is always at the end of the phone, [they] take on board what you say."
- Management were clear about the vision for the home. The home's statement of purpose had recently been reviewed to reflect the home's vision.
- The provider had a good understanding of their responsibilities and their involvement at the home was evidenced. The registered manager acted according to their duty of candour requirements.

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

- The registered manager and staff were clear about their individual and collective responsibilities.
- Systems and processes for audit, quality assurance and for checking practice were in place and completed regularly.
- Where actions from audits were identified these were tracked and monitored until completion.

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

- The registered manager had an open-door policy. People, relatives and staff confirmed this and told us the registered manager was "approachable".
- A person told us they don't have 'residents' meetings' however they confirmed people were always able to talk to the registered manager and staff. A person told us, "If I say something I don't like, they sort it out." The registered manager confirmed formal meetings for people did not take place at present but described

how they spent time asking people's opinions on improvements around the home when they undertook their daily walk-rounds.

- The home recognised people's protected equality characteristics and ensured care was considered around people's equality, diversity and human rights.

- Staff were regularly consulted with; staff told us they had "very regular team meetings to get updates".

During the Covid-19 pandemic the provider had undertaken a staff survey to check how staff felt, whether staff felt supported and what improvements or changes could be made.

Continuous learning and improving care

- A culture of reflective practice supported continuous learning and improvement throughout the home. A staff member described how staff were encouraged to learn more about people to develop their care and support. Another staff member explained how competency checks were "helpful" for their practice.

- The registered manager encouraged and supported staff to consider improvements to their working practices.

Working in partnership with others

- Staff worked as a team, comments included: "It's a good team to work in, it's like one family", "Everyone has stuck together, we've tried to boost each other's morale", and, "It's a good atmosphere".

- The registered manager described how they worked with other professionals to ensure the best outcomes for people. For example, working with social workers to support someone who was at risk of social isolation, and working with health professionals to facilitate safe discharges to the home during the Covid-19 pandemic.

- The registered manager networked with other care providers and was in contact with various best practice-sharing organisations.