

Almondsbury Care Limited

Hatherley Grange Nursing Home

Inspection report

26 St Stephens Road
Tivoli
Cheltenham
GL51 3AA

Tel: 01242 251321
Website: www.almondsburycare.com

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Ratings

Overall rating for this service

Requires improvement



Is the service effective?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection of this service on 20 October 2014. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements to gain consent of people in relation to their care and support and ensuring staff were trained to carry out regulated activities.

On 29 June 2015, we undertook a focused inspection to check that they had followed their plan. We found some improvements had been made however not all staff had been trained and there was insufficient evidence that people's consent to their care had been gained lawfully. We told the provider that these shortfalls should be addressed by 31st August 2015.

On 30 September 2015, we carried out this focused inspection to check that the provider now met the legal

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

At this inspection we found that improvements had been made in staff development and gaining people's consent to their care and treatment lawfully.

Most staff had received update training in mandatory courses such as mental capacity act and moving and handling. Systems were in place to plan further training and support staff development.

People in the home lived with advanced dementia. Their mental capacity to make decisions about their care and support had been lawfully obtained. Staff understood

Summary of findings

their responsibility to work with in the code of practices of the Mental Capacity Act and ensure people were cared for in the least restrictive way. Best interest decisions had been made on behalf of people when specific decisions about their care and support had to be made.

The home had been without a registered manager for several months however at the time of our inspection the acting manager had been working with the provider to address the shortfalls of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

This service was now effective

Staff had been trained and assessed to have the skills and knowledge to care for people with advanced dementia. Systems were in place to ensure staff were adequately supported and trained.

People's ability to make decisions about their care and support was now lawfully obtained.

Requires improvement



Hatherley Grange Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced focused inspection of Hatherley Grange Nursing Unit on 30 September 2015.

This inspection was undertaken to check that improvements to meet legal requirements planned by the

provider after our last focus inspection on 29 June 2015. We inspected the service against one of the five questions we ask about services: Is the service effective? This is because the service was not meeting some legal requirements.

Our inspection team consisted of one inspector. We spoke with two members of staff, the acting manager, the administrator and a representative of the provider. We also spoke with two health care professionals who were visiting the home. We reviewed five records relating to people's consent to their care and support and documents relating to staff training. People were unable to talk to us due to their complex needs and communication difficulties; however we observed staff interacting with people.

Is the service effective?

Our findings

At our inspection of 29 June 2015, we found that some improvements had been made to meet the regulations; however there were still some shortfalls in staff development and gaining and recording people's consent to their care and support. At this inspection, we found additional improvements had been made in addressing these shortfalls by the acting manager with support from the provider.

People's rights were now protected by the correct use of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make certain specific decisions for themselves. All staff had now completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards. They understood the importance of gaining people's consent before offering them care and support.

Most people who lived in the home were living with advanced dementia and were unable to communicate some decisions about their care and treatment. Their ability to make decisions and choices varied and fluctuated. Where possible, staff encouraged people to make decisions for themselves such as where they wanted to sit in the lounge or which book they wanted to look at. Where people were unable to make decisions, staff were able to tell us how they would make a best interest decision on people's behalf. One staff member said, "We always try and get residents to make their own decisions but if they can't, we know their likes and dislikes which helps us make a decision on their behalf if they can't make it."

Records showed that people's mental capacity to make decisions about their personal care had been assessed and documented. These assessments had been carried out in line with the MCA code of practice; although some details of the assessments did not always reflect their personal capacity and support needs. However guidance of how people should be supported with their personal care was recorded in their care plan. Records also showed a mental capacity assessment and best interest decision had been carried out for people who were required to make specific

decisions about their care. For example, a mental capacity assessment and best interest decision had been carried out for one person who moved to a ground floor bedroom but was required to share a bedroom with another person.

Staff were now clear on which people had an appointed legal guardian to act on their behalf when dealing with personal welfare and finance decisions. The acting manager was able to tell us their understanding of the role and responsibilities of people's legal guardians when making specific decisions about people's care and finances.

The acting manager and senior staff had a good understanding of the law relating to DoLS. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The Care Quality Commission monitors the implementation of the MCA and DoLS in care services.

The acting manager had applied for legal authorisation under the Deprivation of Liberty Safeguards (DoLS) where it had been felt people were being deprived of their liberty. The home had been authorised to deprive one person of their liberty and was waiting for the outcome of the applications of other people from the local authority.

Processes were now in place to ensure that staff development and support was being monitored and checked. This was confirmed by staff. One staff member said, "The training and support we now get has improved a lot". All staff had either now received up to date training deemed as mandatory by the provider or there was a plan in place for training to be delivered. The training needs of staff was now being monitored and discussed during staff development meetings. The acting manager met with staff to discuss and monitor staff competences in their knowledge and skills such as supporting people to eat. The qualified nurses had also now received mandatory training as well as some additional clinical training. Three new staff had recently been recruited and were about to start their induction programme. They would be carrying out a five day induction programme which included all the elements of the care certificate and shadowing experienced staff in the home. The care certificate gives providers clear learning outcomes, competences and standards of care that will be expected from staff. We were told that the appraisals of staff would be completed when the new manager started in post.

Is the service effective?

Generally staff were knowledgeable about people's needs and supported people with kindness and respect, however the approach of one staff member did not focus on one person's needs. They did not appropriately communicate well with one person to find out what they wanted before removing a recreational item from them which they were enjoying. This was raised with the acting manager, who said they would address this with the staff member concerned.

Two visiting health care professionals told us they felt the home was very homely and people were well cared for.

Whilst we saw improvements had been made in staff training and in the lawful consent of people's care and support, we could not improve the rating for 'Is the service effective?' from requires improvement because to do so requires consistent good practice overtime. We will check this during our next planned comprehensive inspection.