

A H Choudhry

# Hunningley Grange Residential Home

## Inspection report

Hunningley Grange  
327 Doncaster Road  
Barnsley  
South Yorkshire  
S70 3PJ

Tel: 01226287578

Date of inspection visit:  
14 February 2019  
15 February 2019

Date of publication:  
03 April 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service:

Hunningley Grange Residential Home is a 'care home'. The care home is a detached residence with a purpose-built extension registered to provide care for 35 older people. All accommodation and services are on the ground floor. The home was providing personal care to 29 people at the time of the inspection.

People's experience of using this service:

- People were not always safe. We found improvements were needed to the time it took for person-specific care plans to be produced and individualised risk assessments undertaken. Access to health professionals had been delayed in some instances.
- There was no governance system in place to ensure the provider checked and audited the safety of the home and the quality of the care delivered.
- People were at risk from being supported to mobilise in a way not specified in their care plans.
- Prompt action was taken when things went wrong to reduce the risk of future incidents. There was an open culture of learning from incidents.
- During the inspection we observed care staff to be kind, caring and respectful. People were encouraged and supported to engage in a range of activities of their choosing. People told us the food was good and people had choice about when and what they ate. Staff offered people choice in all aspects of their lives, encouraged independence and provided support when needed. Staff supported people in the least restrictive way possible.
- People's care records were person centred and detailed, although we identified some areas where improvements were needed to people's life histories and preferences.
- Staff were skilled and knowledgeable and training was up to date.

Rating at last inspection:

At our last inspection the service was rated good (24 January 2017).

Why we inspected:

All services rated as good are re-inspected within two years of our previous inspection.

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received, however the inspection was brought forward slightly due to information of risk and concern.

Please see the action we told provider to take at the end of the full report.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

## 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

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-led findings below.

**Requires Improvement** ●

# 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted in part by notification of an incident for which we are currently undertaking a fact finding investigation. This inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk. This inspection examined those risks.

Inspection team:

The inspection was carried out by two adult social care inspectors and one assistant inspector.

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 care home accommodates up to 35 people in one adapted building. It provides personal care and support to people living at the service.

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:

The inspection was unannounced on both days.

What we did:

Our inspection was informed by evidence we already held about the service. We also checked for feedback from the local authority. We checked records held by Companies House.

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

We spoke with four people who live at the home and four relatives. We spoke with a visiting health professional.

We spoke with the provider, the registered manager, three care staff, the activities co-ordinator, the cook and a domestic and a laundry assistant.

We reviewed four people's care records in full as well as various parts of seven people's care plans, four staff personnel files, audits and other records about the management of the service.

# Is the service safe?

## Our findings

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

Requires Improvement: ☐ Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection on 19 October 2016, this key question was rated good. At this inspection, we found risks to people were not always assessed and managed. Therefore, the rating for this key question has changed to requires improvement.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and action taken to mitigate those risks. Records showed how the service considered the least restrictive option when doing so.
- Two people, who had moved to live at the home most recently, had not had all the risks to their safety assessed. We discussed this with the registered manager who agreed this had not been undertaken as they would usually have done so.
- The service completed a pre-admission assessment which identified and recorded risks to people's safety. This was used to inform the care plans which recorded how to care for people safely.
- The service had not recorded how to care for all people safely because people, who had moved to live at the home most recently, had not had care plans produced. Both these people had fallen whilst living at the home. We discussed this with the registered manager who agreed this had not been undertaken for this person because they had been busy with the migration of cases to the electronic system.

The above concerns demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 due to a failure to ensure risks to the health and safety of people was assessed and doing all that was reasonable to mitigate those risks.

- Risks were reviewed regularly, often including advice 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 at staff handovers, and with people and their relatives, where appropriate.
- External contractors undertook regular servicing of the premises and equipment. Internal checks also took place to ensure the environment was safe.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise abuse and protect people from the risk of abuse.
- Staff had an induction where they received safeguarding training and received refresher training on this subject every three years.
- Staff felt able to raise concerns with senior staff.
- The provider had reported abuse to safeguarding when it was identified. The registered manager understood when to send statutory notifications to inform us of any events that placed people at risk and

they complied with this.

- All the people we spoke with told us they felt the care they received was safe. Comments included: "Oh, yes, I feel safe. I am safe because of people walking up and down," and "[Staff] come quick at night if I need them," and "Very nice, feel comfortable."
- The registered manager dealt with performance issues quickly, fairly and appropriately. These were documented and additional support provided for staff where necessary.
- The service had safeguarding and whistleblowing policies and followed the defined processes.

#### Staffing and recruitment

- People, relatives and staff told us there were enough staff to support people's needs. We observed people's needs were met in an unhurried and timely manner.
- The registered manager used a dependency assessment tool to consider how many staff were deployed. The registered manager told us they consider staff experience when producing the staffing rota.
- Personnel files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles. Checks included asking for a pre-employment history, obtaining a criminal history check from the Disclosure and Barring Service and obtaining references.
- Interviews of staff were robust. The information required by the relevant regulation was stored in the staff personnel files.

#### Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff administering medicines were trained and received regular training updates. Staff administering medicines had their competency checked twice each year; once by the registered manager and once by a pharmacist.
- The medicines administration record (MAR) contained all the necessary information for the safe administration of people's medicines.
- People's allergies were documented and risks to people from these mitigated.
- There were high stocks of some people's 'as and when' medicines. We found the registered manager had already identified this at their last medication audit and had put plans in place to reduce this.

#### Preventing and controlling infection

- All staff had been trained on infection control; this was refreshed every three years and was up to date.
- Staff had good access to personal protective equipment, including disposable gloves and aprons. Staff told us these items were always available and we observed their use throughout our inspection.
- People were encouraged to wipe their hands with anti-bacterial wipes before and after eating.
- Relatives told us rooms were cleaned regularly and we saw cleaning schedules which included regular deep-cleans of each area. The home was clean, tidy and odour-free.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored. Each incident was reviewed by the registered manager and actions taken, where appropriate, to mitigate future risks.
- The registered manager reviewed all the accidents and incidents each month and produced an analysis every quarter to identify themes and trends.
- The service had recently started using a new electronic recording system which was able to produce detailed reports of trends associated with accidents and incidents.
- The registered manager encouraged reflective practice after each accident or incident to support staff and

consider lessons learnt.

## 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

Requires Improvement: □ The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At our last inspection on 19 October 2016, this key question was rated requires improvement because improvements were needed in recording information about people's capacity and we had made a recommendation the service found out more about Mental Capacity Act record keeping requirements. At this inspection, we found consent to care and treatment was not always recorded. Therefore, the rating for this key question remains at requires improvement.

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 Act 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- People's consent to their care was not always recorded. For example, in the care plans of two people who had come to live at the home most recently this had not been recorded. We found consent recording was not always clear in other care plans we looked at. We discussed this with the registered manager who told us this is a mandatory requirement of the new electronic records system and everyone's consent would be assessed and recorded.
- The above constitutes a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014. This is because the service had not shown people had always consented to their care and treatment.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met and found that it was.
- The provider followed the requirements in DoLS. The MCA and DoLS require providers to submit applications to a supervisory body to do so. Eight applications under the DoLS had been authorised and where conditions applied to the authorisation these were being met.
- The provider had properly trained and prepared their staff in understanding the requirements of the Mental Capacity Act in general and the specific requirements of the DoLS.
- Staff assumed people had the capacity to make decisions unless they assessed otherwise. Some people

who used the service lacked the capacity to consent to care and treatment.

- There was evidence of mental capacity assessments, when needed, and their outcomes.
- Staff gave examples where they involved people in day to day decisions about their care. We saw some evidence decisions had been taken in people's best interests.
- Staff told us people were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible.

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

- Two people who had recently moved to the home did not have detailed assessments of their needs completed. We discussed this with the registered manager who, following our inspection, confirmed these had been undertaken.
- Care plans sometimes contained conflicting information. For example, the aims and outcomes for one person was recorded so they were supported with a task on alternate days, however their care intervention plan said they should be supported on a daily basis. We found records showed the person was supported on alternate days and we spoke to the person who confirmed this. We brought this to the attention of the registered manager who arranged for the appropriate care to be reflected in the person's new electronic record.
- The registered manager recognised the importance of ensuring people's care and support was delivered in line with current good practice guidelines.
- The service had recently implemented an electronic recording system. At the time of our inspection the transition of records had not been fully completed. This meant people's records were held on either paper or electronic records.
- Assessments of people's needs were comprehensive and outcomes were identified. People's care and support needs were reviewed monthly or when people's needs changed. This information was shared at twice-daily handovers.

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

- We found one person who had recently moved to the home had not had an appointment for a health professional visit followed up. This meant the person was in discomfort from a lack of timely intervention. We brought this to the attention of the registered manager who confirmed following our inspection this person had received the correct support.
- People's records showed communication with health professionals was effective and timely. Advice was documented and followed.
- The service worked closely with GPs to ensure people's medication was reviewed, for example, after a fall.
- The service worked closely with social workers and other health agencies to ensure people received appropriate interventions to support their health and wellbeing. For example, referring to Mental Health support teams.

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training. Staff told us they were encouraged and supported to undertake additional non-mandatory training to enhance their care and support skills. Staff undertook training in areas such as first aid, people moving people, and Mental Capacity Act 2005. Staff showed good understanding from their training of understanding dementia.
- The registered manager undertook competency checks to ensure staff were knowledgeable and skilled and supported staff to develop.
- Staff were knowledgeable and supported people effectively in line with best practice, which helped lead to good outcomes for people and supported a good quality of life. However we witnessed three instances

where people were supported to mobilise in a way which was not in line with good practice. We brought this to the attention of the registered manager who took immediate action to discuss with staff and offer further training.

- Staff were given opportunities to review their individual work and development needs. Staff told us they were well-supported by the registered manager; they received regular supervisions and appraisals.
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles. New staff completed a general induction and a health and safety induction and had a review throughout a probationary period.

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

- People were encouraged and supported to eat and drink and maintain a healthy diet. We observed a staff member saying to a person: "What would you like to drink? Cup of tea, coffee, hot chocolate? What about a glass of water as well. I'll freshen it up."
- Staff offered drinks and snacks to people throughout the day. For example, when people moved to the lounge after lunch they were immediately offered and encouraged to have a drink.
- A fridge was available in the lounge stocked with small bottles of water and juice, so people could help themselves, and posters throughout the home reminded people to drink.
- Snacks were available in a basket on top of the fridge so people could help themselves.
- Where people needed support to eat they received this from staff in a patient and unrushed manner.
- Where people were at risk of malnutrition this was clearly identified on care and support plans. People were weighed each month and people identified as at risk of malnutrition were weighed weekly and timely advice was sought from medical professionals.

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

- People were involved in decisions about the premises and environment and individuals' preferences, culture and support needs were reflected in adaptations of the environment.
- People were involved in the design and decoration of the service. For example, one of the lounges had recently been re-decorated and the registered manager had actively encouraged the men living at the home to get involved in choosing colours.
- People's bedrooms were personalised and relatives told us they were encouraged by the registered manager to bring in to the home items from the person's previous home.
- We observed one person sitting in a comfy chair in the lounge which had been brought from home and was familiar to them.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives provided consistently positive feedback about staff and the service. Comments included: "Staff do owt for you." "I'm happy here and well looked after." "Staff are helpful." "This place has been a blessing."
- Staff spoke about people with compassion and kindness.
- We observed warm and positive relationships between people and staff.
- Each person had some life history recorded in care and support plans, although often this was minimal. The registered manager explained their plans to develop this with the new electronic records system. Staff were very knowledgeable about people's life history and preferences.
- All staff described the importance of taking time to chat to people each day and get to know them. They told us the electronic record keeping system had given them more time to do this.
- The registered manager explained how they ensured people's equality and diversity was respected and described how they had previously accommodated a married couple, making one room their bedroom and another room a private sitting room.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives told us they had been involved in making decisions about their care.
- Staff supported people to make decisions about their care and support, for example, offering choices in all aspects of their daily living.
- Some people received support from an advocate. An advocate is an independent person who supports someone to make decisions. Information about advocates was displayed in the reception area.
- Some people had made advanced decisions about their care.
- The service had started to use a personal care template which supported and recorded people's decisions and supports their views.

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with had genuine concern for people and were keen to ensure people's rights were upheld and people were not discriminated against in any way.
- People's right to privacy and confidentiality was respected. For example, staff always knocked on people's doors and waited for a response.
- People told us: "Oh, yes, I'm treated with privacy. When staff do come in a morning I've always got my curtains closed."
- People's records were stored securely.
- People were afforded choice and control of their day to day lives. For example, people were given choices

about what they wanted to wear, where they wanted to sit, and what they wanted to eat.

- The activities co-ordinator explained how they gave people a choice of the group activities each day. People told us they liked quizzes and reminiscing and we saw people enjoying these activities.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

At our last inspection on 19 October 2016, this key question was rated good. At this inspection, the rating for this key question has remained good.

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they were encouraged with their independence.
- Care and support plans were personalised and detailed in how people should be supported with each task. For example, one plan we saw recorded the person's preferred going to bed routine in detail.
- Staff were knowledgeable about people's likes and dislikes. Staff used this knowledge to support people in a personalised way. For example, they described one person's need in detail.
- Records did not always show people or their relatives had been involved in reviews of their care plans. We discussed this with the registered manager who explained their new electronic recording system made this more specific.
- People's needs were identified, including those related to protected equality characteristics such as age, disability, ethnicity and gender, and their choices and preferences were regularly reviewed.
- Activities included singing, balloons, DVD quizzes. People were given a choice daily about what activities they'd like to do and we observed everyone enthusiastically joining in.
- People who chose to spend time in their rooms received regular one to one activities. The activities co-ordinator was knowledgeable about people's likes and dislikes.
- People were able to access the community. For example, one person used their car to visit local shops every morning. Another person was supported to have a bus pass to encourage their independence in the community.

Improving care quality in response to complaints or concerns

- The service had an appropriate complaints management system in place. Complaints were handled in the correct way and responses were timely.
- Action plans were put in place, where needed, as an outcome of complaints.
- Feedback was regularly sought from relatives, staff and professionals. Feedback was analysed and used to produce action plans to improve the quality of the service.

End of life care and support

- No one was receiving end of life care and support at the time of our inspection.
- Some people had end of life care plans in place. The registered manager planned to include these discussions for everyone living at the home, if people wished. The manager was planning to introduce preferred priorities of care for everyone living at the home.
- The service had previously worked closely with health professionals to support people in their end of life

care.

The provision of accessible information:

- All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. The service had taken steps to meet the AIS requirements and the registered manager understood the principles.
- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. For example, where someone needed an alternative method of communication this was recorded.
- Care and support plans recorded what communication aids, such as spectacles or hearing aids, people needed.
- The registered manager provided examples of information they held in a number of different formats and languages.

# 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 on 19 October 2016, this key question was rated good. At this inspection, we found the service had not always identified where people's safety had been compromised therefore, the rating for this key question has changed to requires improvement.

Requires Improvement: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

There was a registered manager in post. The registered manager had been registered since August 2014.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Continuous learning and improving care

- There was no evidence of the provider undertaking any audits or checking the work completed by the manager. We discussed this with the registered manager, explaining there was no separation of duties between the registered manager writing the care plans and them then auditing these.
- The registered manager undertook a regular and robust schedule of audits to monitor safety and quality and to make improvements when needed. Audits and actions arising from these are clearly documented.
- There was evidence the numbers of care plans and medication audits undertaken by the registered manager provided a good sample of the quality of care.
- The registered manager also audited health and safety aspects of the home and infection control, as well as monitoring other aspects of the home's environment to ensure the safety of people living at the home.
- The registered manager took steps to address any issues they found and confirmed the provider was kept informed and supported any action needed.
- The previous inspection ratings poster was clearly displayed in the reception area of the home.

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

- The registered manager was clear about their responsibilities.
- People, relatives and staff told us the service was very well-led.

Staff comments included: "[Name of manager]'s fantastic as a manager, proper hands on." "[Name of manager] is a good role model. It's what I want to do... If I can be as good as [name of manager] I'd be happy. [They] are very supportive."

- The registered manager felt they were supported by the provider and had an open working relationship with them.
- Staff confirmed the provider visited regularly.
- The registered manager exhibited and promoted reflective practice, encouraging staff to take opportunities to learn and improve their practice and the quality of the service.

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

- The registered manager had an open-door policy and people, relatives and staff confirmed this.
- There were twice yearly relatives' meetings, although the registered manager explained these were poorly attended and was considering other options to encourage attendance.
- There was no evidence of meetings for people living at the home, however the registered manager was well-known by everyone and frequently spent time chatting to people. Surveys to gather relatives' views and those of visiting professionals took place.
- Staff meetings took place, although there was no regular time-frame identified.
- Staff also received memos from the registered manager to provide more regular updates.

Working in partnership with others

- The service had links with a local church who attended twice each month.
- A local fitness tutor visited the home to support regular fitness activities for people.
- The activities co-ordinator had made contact with local schools; at the time of our inspection these links had not been fully established.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The relevant person's consent to care and treatment was not always recorded.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks to people were not always assessed and mitigated against.