

# Caring Homes Healthcare Group Limited

# Huntercombe Hall Care Home

## Inspection report

Huntercombe Place  
Nuffield  
RG9 5SE  
Tel: 01491 641792  
Website: [www.caringhomes.org](http://www.caringhomes.org)

Date of inspection visit: 21 and 22 October 2015  
Date of publication: 18/12/2015

## 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?

Requires improvement



Is the service well-led?

Requires improvement



## Overall summary

We carried out our inspection on 21 and 22 October 2015. This was an unannounced inspection.

The service had a registered manager who was responsible for overall management of the home. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated regulations about how the service is run.

Huntercombe Hall is a care home providing accommodation for people requiring personal and

# Summary of findings

nursing care. The service supports older people with a variety of conditions which includes people living with dementia. At the time of our visit there were 40 people living in the service.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS enable restrictions to be used in a person's support, where they are in the best interests of a person who lacks capacity to make the decision themselves. The registered manager had not made any referrals to the supervisory body, however some people living in the home had restrictions in place that met the criteria for a DoLS application. Where people lacked capacity to make decisions the registered manager was not acting within the principles of the Mental Capacity Act (2005).

People were positive about living in the home and enjoyed a variety of activities and outings. There were close links with community groups, who visited the home.

People were complimentary about the manager and staff. Throughout the inspection there was a cheerful

atmosphere and we saw people being supported in a kind and caring manner. Staff were knowledgeable about people's needs and we saw many interactions which showed staff understood the needs of the people they supported.

Medicines were not always managed safely and in line with the organisations medicines policy. Risks to people, associated with swallowing difficulties were not always managed and clear instructions were not always available to enable staff to support people safely.

People had care plans that were detailed and personalised. Care plans were not always up to date and records were not always legible.

Systems in place to monitor the quality of the service were not always effective. Issues found during this inspection had been identified but had not been addressed.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. You can see what action we told the provider to take at the end of the full version of the report.

# 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 safe?

The service was not always safe.

Medicines were not always managed safely.

Staff were knowledgeable about their responsibilities to identify and report abuse.

There were sufficient staff to meet people's needs.

Requires improvement



### Is the service effective?

The service was not always effective.

People were not supported in line with the principles of the Mental Capacity Act and associated codes of practice.

People received sufficient food and drink to meet their needs.

People had access to health professionals when needed.

Requires improvement



### Is the service caring?

The service was caring.

People were treated with dignity and respect.

People were supported by staff who were kind and caring.

People were involved in decision about their care. Staff explained when they were supporting people.

Good



### Is the service responsive?

The service was not always responsive.

People's care plans were not always up to date. Daily records were not always legible.

People had access to a range of activities and outings.

The service had a complaints procedure and people were comfortable to raise concerns.

Requires improvement



### Is the service well-led?

The service was not always well-led.

Systems to monitor and improve the quality of the service were not always effective.

Feedback from people and relatives was used to improve the service.

There was a caring ethos in the home. The registered manager was approachable.

Requires improvement



# Huntercombe Hall Care 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.

This inspection took place on 21 and 22 October 2015 and was unannounced. At the time of our visit there were 40 people using the service. Two inspectors and one Expert by Experience (ExE) carried out the inspection. An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we carried out a 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. We also observed care practices throughout the day.

We spoke with thirteen people who used the service, five visitors and one visiting health professional. We looked at six people's care records, five staff files and other records showing how the home was managed. We spoke with the registered manager, a manager supporting the service, the group quality manager, seven members of the care team, the chef, the maintenance person and a housekeeper.

# Is the service safe?

## Our findings

Medicines were not always stored and administered safely. We saw three people had a container of thickening agent in their room. Thickening agent is used to reduce the risk of choking for people with swallowing difficulties. The thickening agent was not stored safely. This put people at risk of choking. We spoke to the registered manager who was not aware of recent guidance relating to the safe storage of thickener following a safety alert from NHS England. The registered manager told us this would be addressed immediately.

The containers of thickening agent did not have details of the person it was prescribed for or the consistency required for the person. We saw one member of staff adding thickener to a person's soup at lunch time, a second member of staff added additional thickener. Staff told us it made it easier for the person to swallow if they made it thicker. However the person's care plan had clear guidance from a health professional detailing the required consistency for the person. This guidance was not being followed. This put the person at risk of choking.

The organisations medicine administration policy stated that MAR should be signed after medicines had been administered to confirm people had received their medicines as prescribed. We observed a nurse administering some people's medicines. We saw the nurse signed the medicine administration record prior to administering one person's medicine. The nurse told us they were signing the MAR before administering, "Because, I'm absolutely certain that (person) will take it". However, this was not in line with the organisations medicines policy and national guidance from the Nursing and Midwifery Council standards for medicines management.

People who were prescribed topical medicines had recording charts in their rooms. Topical medicines are medicines that are applied to body surfaces, for example creams and ointments. Charts were not always completed. This meant people were at risk of not receiving their medicine as prescribed.

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

People told us they felt safe. Comments included: "I feel safe here. I have my bits and pieces and there is always

someone about"; "We are very happy with this home, we feel safe"; "I feel safe and happy here" and "Oh I feel safe because there are plenty of people about, there seem to be lots of staff". Visitors told us people were safe. One visitor said, "Oh absolutely safe here. I accidentally trod on that mat thing and an alarm must have gone off the staff were here immediately to check".

Staff had completed safeguarding training and had a clear understanding of the types of abuse, signs of possible abuse and their responsibility to report any concerns. Staff were confident that any concerns would be taken seriously and managed in a timely manner. Staff were aware of outside agencies they would contact if needed, this included the local authority safeguarding team the police and CQC. There were posters displayed throughout the home which provided internal and external contact details for anyone who had concerns.

There was a safeguarding policy and procedures in place and we saw the registered manager had followed this when dealing with concerns. The registered manager had notified outside agencies appropriately.

People told us there were enough staff to meet their needs. One person said, "There seems to be enough staff to help me". Visitors felt there were enough staff, One visitor told us, "There's plenty of staff".

Throughout the inspection call bells were answered promptly. The atmosphere was busy but calm and staff had time to sit and speak with people. Staff responded promptly to people who needed support and people in their rooms were visited frequently by staff. People had call bells to hand and where people were assessed as unable to use the call bell, staff checked on them regularly.

Staff told us staffing levels were good. One care worker said, "We have enough staff".

People's care records included risk assessments which included; falls, mobility, nutrition, moving and handling, skin damage and behaviour. Where risks were identified risk management plans were in place to minimise the risk. For example, one person had been assessed as at risk of pressure damage. The care plan included details of pressure relieving equipment needed. We saw the equipment was in place and was regularly monitored.

# Is the service effective?

## Our findings

People's care plans did not always contain clear information about the person's capacity. For example, some people's care plans contained mental capacity assessments which determined the person lacked capacity; however there was no record of the specific decision being made.

Care plans did not always contain evidence of best interest decisions being made where people had been assessed as lacking capacity. For example, one person's care plan identified the person needed bed rails. There was a capacity assessment stating the person lacked capacity, however it was not clear if this assessment related to the decision about the use of bed rails. There was no record of a best interest process being followed and a bed rail consent form had been signed by a relative without legal authority to give consent.

The registered manager did not fully understand their responsibilities under the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be restricted of their liberty for their own safety. The registered manager told us one person in the home had a DoLS in place. We looked at this person's care record and found no application for a DoLS had been submitted to the supervisory body. There were many people living with dementia using the service. Some of the people living with dementia were subject to continuous supervision and control, and were not free to leave the home, however there had been no assessment to determine whether DoLS applications should be made. We spoke to the registered manager about the need to consider DoLS applications for these people.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had completed training on the Mental Capacity Act 2005 (MCA). The MCA is a framework to ensure, where people lack the capacity to make decisions, any decisions made on the person's behalf are made in their best interest. Staff were able to describe how they would support people to make decisions.

People were positive about the food and drink they received. Comments included: "There is plenty to eat and drink, we usually get a choice but they know what we like"; "I get plenty to eat and drink. I get a choice, they know what

I like and they always bring me a drink and piece of cake" and "I get plenty to eat and drink and if I don't like the food they will make me a sandwich". Visitors were complimentary about the food, One visitor told us, "(Person) gets plenty of homemade food, plus tea, biscuits and cakes. We are always invited to stay for lunch".

We saw people being offered drinks throughout the day. There were snacks available in communal areas and people were offered cakes and biscuits with drinks.

People were able to choose where they ate their meals. There were several areas in the home where people sat to eat their meals and if people chose to stay in their room's meals were taken to them. However, on the day of our inspection people who chose to eat their meals in their rooms did not always receive food that was hot. For example, people were served soup from a plastic jug that was taken from room to room over a period of time. The jug was not insulated to keep the soup hot. We spoke to the registered manager about this. The registered manager told us they would look into a way to address this issue.

People who required support with eating and drinking were supported in line with their care plan. However, one member of staff was feeding two people at once, which impacted on the pace they received their food. This meant some people were not always receiving support at a pace that suited them.

The chef was knowledgeable about people's dietary requirements. The chef told us he met regularly with people to ensure people were receiving food they enjoyed and met their dietary needs. During the lunchtime we saw the chef in the dining room talking with people.

Where people were at risk of weight loss they were offered fortified diets and food supplements. This was recorded in their care plans.

People were complimentary about the skills of the care staff. One person told us, "The staff are well trained and caring". Visitors told us staff knew people well and were knowledgeable about people's needs.

Staff were positive about the training and support they received. Staff we spoke with praised the training they had completed in relation to supporting people living with dementia and told us how this had improved their understanding of the people they supported. Staff had completed the organisations mandatory training which

## Is the service effective?

included: fire safety, safeguarding, moving and handling and infection control. Staff had access to national qualifications in health and social care and told us the registered manager was supportive of any requests for further training.

Staff were supported through regular supervision and annual appraisals. Staff told us supervisions were useful and an opportunity to identify any development needs.

People had access to a range of health professionals. Records showed people had been referred to health and social care professionals which included: care home support service; mental health team; tissue viability team; speech and language therapist and dentist. On the day of

our inspection the GP who supports the service was visiting. The GP visits weekly and told us the service was responsive to people's changing health needs and referred people appropriately for visits.

The specialist dementia unit in the home had recently been decorated to improve the environment for people living with dementia. The provider had worked with a consultant who specialised in dementia care to make the environment more dementia friendly. Walls were painted in bright colours and some people had memory boxes outside their rooms. There were several items on the wall which were tactile and encouraged people to stop and touch them. The registered manager told us the carpet in the lounge area was due to be replaced.



# Is the service caring?

## Our findings

People were complimentary about the caring nature of staff. Comments included: “The carers (care workers) are lovely people, very kind”; “All the staff are lovely, they look after me very well”; “We are cared for marvellously, can’t fault them (care staff)” and “The staff are very caring, they never rush me and they know all my family and my background”. Visitors told us staff were caring. One visitor said, “The staff are very caring. They are very respectful, sometimes they call him sir”. Another visitor told us how understanding staff were with the person they visited. They told us, “They definitely respect her (person); one day a young girl (care worker) tried to get her to go to the dining room, she didn’t want to go so the young girl knelt down and said, ‘Shall we go somewhere else to sit and have our lunch quietly together?’” A visiting health professional was complimentary about the care, they said; “The care is brilliant. Patients are genuinely happy”.

Staff had a kind and caring approach with people. Staff spoke with kindness and compassion when speaking with and about people. Throughout the day we saw many caring interactions. For example, we saw one person who had experienced a fall being supported by a care worker. The care worker was reassuring and showed empathy; reminding the person they had fallen, why they were experiencing some pain and reassuring them they were soon going to see their GP.

People told us they were treated with dignity and respect. Comments included, “They all treat me with respect”; “They listen to me and respect me. They always knock and the door and ask if they can help” and “The staff are very respectful and they encourage me to do things for myself”.

Visitors told us staff knew people well and went ‘the extra mile’ to help people. One visitor told us staff had organised a birthday party and a diamond wedding party for one person living in the home. The person had been reluctant to attend the party, the relative told us, “They (care worker) persuaded him to come down and he had a wonderful time. Staff are lovely with him and look after him brilliantly”.

Staff called people by their chosen name and asked people’s permission before providing support.

Where people were being supported with personal care in their rooms, a sign was hung on the door which said,

‘Giving care, privacy required’. Staff explained this was to ensure other staff did not enter the room. We saw staff always knocked on people’s door and waited to be invited in before entering.

People were asked for their permission before staff supported them and were involved in their care. Staff explained what they were going to do before supporting people and explained what they were doing throughout the interaction. For example, two members of staff were supporting a person to prepare for their lunch. They explained to the person where they were going and what was going to happen when they got to the dining room, making sure the person wanted to go to the dining room before taking them. The care staff reassured the person ensuring they were comfortable and had everything they needed before leaving them.

Visitors told us they were involved in decisions about people’s care, where this was appropriate. One visitor, whose relative lived in the home said, “I am involved in decision making and am kept up to date”. Another relative of a person who had recently moved into the home told us they had been ‘very, very involved’ throughout the assessment and admission process. Some people told us they were not aware of their care plans, however they felt their needs were being met and that they were listened to.

The home supported people who required end of life care. People and staff were supported by nurses from a local hospice. Two people were being supported with end of their life care during our inspection. Staff had a clear understanding of how to support people and showed kindness and compassion. The home was in close contact with people’s relatives and health professionals to ensure relatives were kept informed and people were comfortable and free from pain.

Some people’s records contained ‘end of life’ care plans. We spoke to the registered manager about the records for people where this document had not been completed. The registered manager told us these were being completed by people and their families. One person we spoke with told us they had this document, the person said, “I have been given a document for end of life care which I have filled in. I suppose I could change it if I changed my mind. I won’t change my mind”.



# Is the service responsive?

## Our findings

People's care plans did not always contain up to date information about the support people required to meet their needs. One person remained in bed and was clearly unwell. The Nurse told us the person was 'very unwell' and had been remaining in bed for 'a few weeks'. The person's care plan did not detail the change in the person's needs and how their specific needs would be met. For example, the person's care plan stated the person could transfer using a mobility aid with the support of two care workers. The person was no longer able to transfer. We spoke to the nurse about the information in the care plan not being up to date and the nurse told us the person's care plan would be updated to ensure the plan reflected the person's needs.

Records were not always accurate and legible. For example, one person's daily record contained two entries on consecutive days that were not legible. This meant we could not be sure the person had received care in line with their care plan. Monitoring forms were not always completed in a timely manner. For example, on one unit people's food and fluid charts contained no entries at 11:00am. We saw that people had been supported with food and drink; however records did not accurately reflect the support people had received relating to their nutritional needs.

This issue is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People enjoyed living at Huntercombe Hall. People were able to spend their day as they chose and had access to a variety of activities. One person told us, "I have complete freedom here".

On the day of our inspection children from a local school visited and people enjoyed talking with the children and listening to a book being read by the registered manager. The book was a children's book and aimed to promote understanding of living with dementia. One person told us, "It was very stimulating".

The home employed two activity coordinators who arranged a variety of activities in the home and organised trips out. People had visited local museums, garden centres and the local town. Where people did not wish to join group activities, the activity coordinators visited

people in their room. One person told us the activity coordinator had painted the person's nails on a visit to their room. People had access to the gardens and people told us they were supported to go into the garden when they wished to.

Care plans were personalised and recognised people's equality, diversity and human rights. For example; People's religious needs were identified and ministers from local churches visited the home to ensure people's religious needs were met. Some people were supported to visit the local church. Care plans included people's preferences in relation to their choice of male/female carer.

Care plans were written in a respectful manner and identified how people should be supported. For example; one person's care plan identified the person could be reluctant to accept support. The person's care plan stated, 'If I do not cooperate please try and explain to me clearly and in a nice manner and I may change my mind'. We saw staff supporting this person throughout the day following this guidance. Staff were calm and responded promptly when the person became upset.

Some people's care plans contained life histories. The registered manager told us these were being completed by the activity coordinator with input from family and friends. One relative told us, "(The activity coordinator) has been making a book about his life; she (activity coordinator) knows he worked at the hospital so there is a [picture of] hospital on the front and then someone walking into the hospital. Then it says who worked here and it is (relative), she is so good and is trying to make one for everyone".

People knew how to make a complaint and felt confident to do so. Comments included: "I have no complaints about this place. I would tell the staff if I needed to complain"; "I have never needed to complain, if I had to complain I would tell the manager" and "I have no complaints and if I did I would tell the matron". Relatives were aware of the complaints procedure and felt that complaints had been responded to appropriately. One relative had raised concerns about their relative being moved for a period when their room was decorated and some issues relating to the room. The relative was happy with the outcome of the complaint.

The provider had a complaint policy and procedure. Copies were displayed in the home. Records of complaints showed

## Is the service responsive?

that complaints had been dealt with in line with the complaints policy and to the satisfaction of the person making the complaint. We saw that action had been taken to remedy issues raised through the complaints system.

# Is the service well-led?

## Our findings

People told us the service was well-led. Comments included; “This service is well led and I enjoy it here” and “I think it is well led, the manager is always checking on me”. Visitors were positive about the management of the home. One visitor told us, “I think it (service) is well led, there are lots of links with the community”.

Visitors were complimentary about the registered manager. A relative of a person who had recently moved in to the home was positive about the approach of the registered manager. The relative told us, “(Manager) really wants to get [relative] settled. I am so pleased we have found this home. I can see an improvement in [relative] already”.

Health professionals we spoke with were positive about the registered manager. One health professional told us, “There is an ethos of genuine care and fondness. (Registered manager) is approachable and I always see her out and about in the home”.

Staff were positive about the management of the home. Comments included; “The manager is supportive” and “(Manager) is really approachable, I can go to her with any queries”. There were regular staff meetings, staff told us they were encouraged to share ideas and felt listened to. One member of staff told us they had made suggestions about the decoration of the dining area and lounge where people living with dementia spent time. The manager had been supportive of the decoration and had involved staff in the project.

Staff were aware of the whistleblowing policy and felt confident that any concerns raised would be taken seriously.

The manager was passionate about supporting people living with dementia and had worked with a consultancy company to review the physical environment and staff knowledge. This had resulted in the manager securing funding to improve the environment and for staff training. Staff were positive about the impact of the training on the way they supported people living with dementia.

There were regular meetings for people to enable them to give feedback about the service. Records of meetings showed people were encouraged to make suggestions about improvements that could be made and that action had been taken. For example, people had requested to meet regularly with the chef to discuss the menu. We saw that meetings were being held and menu suggestions had been implemented.

The provider sent out an annual quality questionnaire to people and their relatives. An action plan was prepared by an independent analyst, showing areas for improvement. The action plan seen during the inspection did not include any action dates covering when actions were going to start and when they would be concluded. Despite the lack of dates we saw improvements had already begun. For example, the survey identified that people were not aware of the complaints procedure. The registered manager had provided a copy of the complaints procedure to all people living in the home. Minutes of residents meetings showed the complaints procedure had been discussed. However, there were some areas of the action plan where there was no record of action being taken to address the issues raised.

There were systems in place to monitor and improve the quality of care. However the systems were not always effective. Quality monitoring visits were carried out by the regional manager which identified issues found during our inspection. The action plan identified that actions had been taken to address issues; however we found that there were still concerns. For example an audit carried out on 6 August 2015 identified that monitoring records were not always fully completed and that there were issues relating to the Mental Capacity Act. We found these issues had not been resolved.

Accidents and incidents were recorded and any actions identified. There was a system in place to enable the provider to have an overview of all accidents and identify any trends. This included monitoring falls and identifying actions relating to individuals and across the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care  
Diagnostic and screening procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent  
**The provider did not have appropriate systems in place to ensure care and treatment is only provided with the consent of the relevant people**

### Regulated activity

Accommodation for persons who require nursing or personal care  
Diagnostic and screening procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  
**The provider did not have safe systems in place to manage medicines.**  
**The provider was not mitigating the risk associated with the management of medicines.**

### Regulated activity

Accommodation for persons who require nursing or personal care  
Diagnostic and screening procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance  
**The provider did not ensure records were complete, accurate and legible.**