

Holmleigh (Pirton) Limited

Pirton Grange Specialist Services

Inspection report

Worcester Road
Pirton
Worcester
Worcestershire
WR8 9EF

Tel: 01905821544

Website: www.europeancare.co.uk

Date of inspection visit:

27 July 2022

28 July 2022

Date of publication:

03 October 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

About the service

Pirton Grange Specialist Services is registered to provide accommodation, nursing care and rehabilitation services for up to 38 people who may have support needs owing to mental health, learning disabilities or autistic spectrum disorders, Huntington's disease, dementia and neurological conditions. At the time of the inspection there were 32 people living at the home.

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

At this inspection we found some of the governance systems had been improved since the last inspection. However, the oversight and governance were not yet effective and established because the provider's systems had not identified concerns we found on this inspection. The registered manager was unaware of the scale of gaps in the recording of people's clinical observations or of the environmental risks found during inspection.

People did not always have risks to their health and welfare effectively managed. Identified risks to people's safety was not always communicated to the staff responsible for providing care and support and did not always ensure safe delivery of care.

People were exposed to environmental risks and COSHH (Control of Substances Hazardous to Health) were not always safely stored. Areas where building work was taking place were accessible to people living at the home.

Some people did not have fire doors that closed properly. This left people at risk in the event of a fire.

People's care plans were not always clear to enable staff to identify needs and risk. Information in different areas of the home contained details of care needs that conflicted with the information in people's care records. For example, information about the amount of thickener needed in a person's drink was different in the food preparation area to what was in their care file.

There were sufficient staff to meet people's needs, however due to ongoing recruitment challenges there was a high use of agency staff. The use of agency staff increased the risk of staff not knowing people's individual needs or the systems to accurately record people's needs. The provider had measures in place so that where possible agency staff were consistent and had experience of the home and the people that lived

there.

Feedback from people that lived there, and their relatives was largely positive. We found staff to be kind and attentive when supporting people with their care needs.

Staff observed and followed infection control procedures in line with national guidance for reducing the spread of COVID-19.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Support

People did not always receive care and support in an environment that was safe or well maintained. Staff communicated with people in a way that met their needs. People had access to specialist healthcare when needed.

Right Care

People's care, treatment and support plans did not always accurately reflect their range of needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Right Culture

People felt able to speak up and be listened to. There was use of agency staff through the service, and the registered manager took steps to ensure where possible consistency of staff was achieved.

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 9 December 2021) and there were breaches of regulation 12 and regulation 17. The last rating for this service was requires improvement (published 9 December 2021). At this inspection there were breaches of regulation 12 and regulation 17 and we served the provider a warning notice to improve. At this inspection some improvement had been made, however regulation 12 and regulation 17 was not met and some areas of the warning notice not complied with.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained unchanged at requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well-Led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pirton Grange Specialist Services on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and good governance at this inspection.

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

Follow up

We held a meeting with the provider after this inspection to clearly identify what still needed to be done to improve their quality assurance systems. The provider will submit an action plan identifying what actions will be taken to make the improvements and the relevant timescales. This will be sent to the Commission so we can closely monitor the improvements being made. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Pirton Grange Specialist Services

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 so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors who visited Pirton Grange Specialist Services on 27 July 2022 and one inspector and a nurse specialist advisor on 28 July 2022. The team were supported by one Expert by Experience who spoke with people who used the service on 27 July 2022 and one Expert by Experience who made phone calls to relatives on 28 July 2022. An Expert by Experience is someone who has experience of using this type of care service.

Service and service type

Pirton Grange Specialist Services is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held, such as people and relatives' feedback and statutory notifications, as well as information shared with us by the local authority. We also reviewed the action plan sent to us following our last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with nine people who received a service to get their experiences about the quality of care received. We spoke with ten relatives and asked them for their feedback about the service provided. We spoke with five members of staff, the clinical lead, registered manager and a maintenance member of staff. We also spoke with the director of operations who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included nine people's care records and samples of medicine records and daily and associated records of their care including care plans and risk assessments. We looked at two staff records and a variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people were not consistently safe and protected from avoidable harm.

Assessing risk, safety monitoring and management, Learning lessons when things go wrong

- Some of the areas identified that needed improvement, from the previous inspection remained. Whilst some improvement actions had been taken, those had not been learnt, understood and fully implemented to drive up standards and mitigate risk.
- Actions were not always taken to mitigate known risks to the health and safety of people using the service. For example, risk assessments and care plans identified two people who were at risk of self-harm. However, information provided on their 'About Me Critical Information Crib sheets' failed to identify the risks or to give guidance on how to mitigate the risks. The registered manager told us crib sheets were implemented following the last inspection to identify key information about people for agency staff or new staff to access on shift. Staff we spoke with were unaware of these risks or actions that needed to be taken to manage these risks. For example, for one person, observations were not being made in line with their risk assessments and ligature risks remained unmitigated. Following our feedback, the provider took immediate steps to review the monitoring and management of these risks for this person.
- Fire risks were not effectively managed. The registered manager showed us the regular checks that were undertaken to check on emergency procedures in the event of a fire. However, these checks had failed to identify that not all of the fire doors closed properly. Immediately following the feedback, the provider contacted the fire service to request an inspection of the home. The provider had arranged for their internal maintenance staff member to check every door and identify any issues to the registered manager.
- People had access to areas that had the potential to put them at risk. For example, on 27 July 2022 we found the door to a storeroom unlocked which contained a staff member's handbag open, containing a range of personal medication. This meant there was a potential people had access to medicines they were not prescribed for. On 28 July 2022, we found areas of the home unlocked that contained potential risk to people. We raised these with the nominated individual and registered manager, and immediately following feedback, the provider told us all cupboards in corridors were now fitted with keypad locks and signage to state all doors must remain closed and locked.

At our last inspection, the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

Staffing and recruitment

- The provider's recruitment process included checks to ensure staff were of a suitable character. Staff files showed recruitment checks were robust, which included checks on staff through the Disclosure and Barring

Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- Current recruitment challenges meant that there was a reliance upon agency staff to cover some shifts. The registered manager told us they tried to ensure consistency for people by booking the same agency staff where possible, but there were times when agency staff did not know the service. Agency staff recruitment checks were thorough and included information showing suitable checks had been completed.
- There were enough staff to ensure people received care and support when needed. There had been improvements in how staff were assigned to work in specific areas of the home, and we saw that staff were available for people that needed support.

Using medicines safely

- At our last visit we found medicines were not always managed safely. Where errors had occurred with administering people's medicines, action had not always been taken to reduce the risks of errors happening again. At this inspection we found improvements had been made. There was a system that identified when medicine errors had been made and recorded the actions taken to mitigate the risks or errors reoccurring. For example, where needed staff who had made medicine errors were given additional training and medicine competency checks.
- Medicines were stored in line with the prescribed instructions.
- People received their medicines from staff who had training and checks on their medicine competency. Medicine that needed to be given at a specified time for example before food, were administered in line with the prescribed instructions.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe and happy with their care. One person said, "Nobody has ever been unkind, all sorts of people but get on with them ok." Another person said, "I feel safe here because there is always somebody around and I've made friends with the staff."
- The registered manager understood their responsibilities to investigate and report any safeguarding concerns and worked well with other agencies to do so.
- Staff had the knowledge and training on how to recognise and report abuse.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The registered manager told us there were no restrictions on visiting. Families and friends were able to visit without formal appointments.

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.

At our last inspection we rated this key question good. At this inspection the rating has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People had comprehensive assessments prior to moving into the home so their personal needs and wishes were identified. The local authority had identified that some care plans and risk assessments appeared to have not been reviewed as needed. The provider told us they had taken action to review all the care plans and risk assessments for people. However, the registered manager told us a care plan for one person's epilepsy was in the process of being reviewed. This was missing important information about recent seizures from the revised risk assessment. The registered manager and nominated individual took steps to review the process for the reviews to ensure all staff reviewing the care records would use the most recent information available.
- People's oral health had been considered and there were plans in place to ensure their needs were met.

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

- People had assessments of their eating and drinking needs, including where they required special preparations of food and fluids. However, some information for staff to follow was contradictory as information in people's care records was not always accurately reflected in paperwork in food preparation areas. For example, where information in a person's care records identified fluids to be thickened to a level two, in the area where drinks were prepared it said level one. Although staff we spoke with were able to tell us the correct quantities of thickener for the person, there was a risk that staff unfamiliar with the people in the home, could give the wrong amount of thickener creating a choking risk. We highlighted this to the registered manager, and they responded immediately and reviewed all eating and drinking guidelines for people to ensure the information matched their assessed needs.
- People we spoke with were happy with the choice and quality of food. One person said, "'Food good, I mainly eat vegetable and fish, love nut roasts, chef makes that and special things for me.'

Staff support: induction, training, skills and experience

- Staff told us that new staff had induction training including working alongside more experienced staff and training before they commenced shifts. Staff told us they had access to training they considered as fitting to their roles. This included the 'Care Certificate', The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The provider had systems to highlight when staff required refresher training and what training staff had completed.

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

- Health professionals provided support to people and care staff to ensure that people's needs were met effectively. We found examples where physiotherapists were involved to assist with mobility. One person told us, "Physiotherapists are very good. They are working to get me standing." This person then demonstrated to us that they could now stand unaided. Where people needed professional input regarding their eating and drinking referrals were made to speech and language therapy.
- The management team were welcoming of the inspection and feedback and continued to engage proactively with us following the inspection.

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

- People had their own bedroom, some with en-suite facilities. People were able to personalise their rooms, however some furniture was in need of updating and some communal areas contained unused equipment, limiting safe access to some of the areas of the home.
- The registered manager told us the provider was in the process of undertaking maintenance internally and externally at the home. There were also plans to commence extending the home and building new areas including a specialist hydrotherapy suite. Following the inspection, the provider has said there are no restrictions on what resources the registered manager could request to make any necessary improvements. The newly appointed maintenance person was also in the process of identifying their maintenance priorities in the home.

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 MCA 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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager was aware of their responsibilities regarding the Deprivation of Liberty Safeguards and was able to share with us when they had applied for DoLS to keep people safe.
- Staff were able to explain the principles of the MCA and how to promote people's best interests. One staff member said, "Choice and respecting people's wishes is key. Where they are unable to make certain choices you always have to look at best interests."



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 we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Continuous learning and improving care

At our last inspection, the provider did not demonstrate effective governance, including assurance and auditing systems or processes. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection not enough improvement had been made and the provider remained in breach of regulation 17.

- Whilst there had been some improvements to the systems of governance, improvement in the oversight of the service was still needed. The recent change and restructure in their quality assurance procedures, had not identified some of the concerns we highlighted during the inspection. Some of these concerns had been found at the previous inspection. This included issues related to the clinical oversight and monitoring of people's health, actions not being taken to effectively mitigate risks of self-harm, environmental risks and poor record keeping.
- The registered manager explained how the role of the clinical lead had developed since their last inspection. Part of the role and responsibilities was to have oversight of the clinical monitoring of people's health, and that daily meetings between the clinical lead and registered manager increased oversight of any potential deteriorations in a person's health. However, when we looked at the clinical monitoring, we found gaps in the recording of observations, including gaps of over a month. The registered manager could not tell us why there were gaps in these records.

The provider has failed to make and sustain improvements to the service and comply with regulations. Service oversight and governance systems although improved, have not improved enough. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and staff we spoke with were positive about the registered manager. One person said, "Manageress and deputy manager are good at their jobs, see them and all good, I have nothing but compliments." A member of staff said, "They are what we need. We get good support and supervision."
- Staff told us sharing of information, and communication had improved in the home. We found there were systems that supported more frequent sharing of information through staff meetings.

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, Working in partnership with others

- Statutory notifications had been sent to us for notifiable incidents. These were reviewed to ensure actions were taken to reduce similar incidents from happening again.
- The provider and registered manager worked to have a culture that was open and responsive to challenge. The provider had engaged in identifying actions that needed to be taken and was working proactively with CQC and the local authority in identifying and making the necessary improvements.
- The provider shared information with people and their relatives when things had gone wrong and worked with people to address any concerns.

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

- The provider had systems to gather feedback from relatives and the people that used the service. The registered manager ensured that people and their relatives were able to give feedback at any time to the registered manager about their experiences of care.
- People told us they felt listened to by the registered manager. One person said, "The Manager makes time for you she is brilliant with people and that makes it a lot easier to talk to her. Easy to communicate with and very good at her job."
- People's individual equality and diversity characteristics were recorded in their care notes and considered when care was being planned.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service This placed people at risk of harm. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider has failed to make and sustain improvements to the service and comply with regulations. Service oversight and governance systems although improved, have not improved enough. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>