HC-One Oval Limited

Capwell Grange Care Home

Inspection report

Addington Way
Luton
Bedfordshire
LU4 9GR

Tel: 01582491874

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced comprehensive inspection was carried out on 2 and 3 May 2018, and was concluded on 8 May 2018. This was the first inspection since the service was taken over by HC-One Oval Limited. We found they were meeting the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Capwell Grange Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates up to 146 people with a range of care needs including those living with dementia and physical disabilities. People are accommodated in five separate bungalows. At the time of the inspection, 116 people were being supported by the service.

There was no registered manager in post as she had deregistered in April 2018. The deputy manager was the interim manager while a newly appointed manager was undergoing induction training. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the service is run.

People were safe because there were effective risk assessments in place, and systems to keep them safe from abuse or avoidable harm. There was sufficient numbers of staff to support people safely. Staff took appropriate precautions to ensure people were protected from the risk of acquired infections. People's medicines were managed safely, and there was evidence of learning from incidents.

People's needs had been assessed and they had care plans that took account of their individual needs, preferences, and choices. Staff had regular supervision and they had been trained to meet people's individual needs effectively. The requirements of the Mental Capacity Act 2005 were being met, and staff understood their roles and responsibilities to seek people's consent prior to care and support being provided. People had been supported to have enough to eat and drink to maintain their health and wellbeing. They were also supported to access healthcare services when required.

People were supported by caring, friendly and respectful staff. They were supported to have maximum choice and control of their lives, and the policies and systems in the service supported this practice.

Staff regularly reviewed the care provided to people with their input to ensure that this continued to meet their individual needs in a person-centred way. The provider had an effective system to handle complaints and concerns. A variety of activities that people enjoyed were provided, and people were supported to pursue their hobbies and interests. People were supported to remain comfortable, dignified and pain-free at the end of their lives.

The service was well managed and the provider's quality monitoring processes had been used effectively to drive continuous improvements. The manager provided stable leadership and effective support to the staff. They worked well with staff to promote a caring and inclusive culture within the service. Collaborative working with people, relatives and external professionals resulted in positive care outcomes for people using the service. Feedback was positive about the quality of the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were safe and there were systems in place to safeguard them from harm.

There were effective recruitment processes in place and there was enough skilled and experienced staff to support people safely.

People were supported to take their medicines safely.

Is the service effective?

Good

The service was effective.

People's care needs were assessed. Staff understood people's individual needs, and provided effective care and support.

Staff received regular training, supervision and support in order to support people effectively.

The requirements of the Mental Capacity Act 2005 were being met.

Is the service caring?

Good

The service was caring.

People were supported by kind, caring and friendly staff.

Staff respected people's choices and supported them to maintain their independence.

People were supported in a respectful manner that promoted their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People had personalised care plans to enable staff to provide person-centred care.

People's needs were met in a timely way by responsive and attentive staff.

The provider had a system to manage people's complaints and concerns.
People were supported well at the end of their lives.

Is the service well-led?

Good

The service was well-led.

The provider' s values and ethos promoted caring and person-centred care.

People and their relatives were enabled to routinely share their experiences of the service. The feedback about the quality of the service was very positive.

The provider's quality monitoring processes had been used effectively to drive continuous improvements.

Capwell Grange 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 checked 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 comprehensive inspection took place on 2 and 3 May 2018. It was concluded on 8 May 2018 when we received the feedback we required to support our judgement.

The inspection was carried out by two inspectors and an expert by experience on the first day, and one inspector visited the service on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was in the care of older people.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information we held about the service including notifications they had sent us. A notification is information about important events which the provider is required to send to us.

Prior to the inspection, we contacted the local authority that commissioned the service, the local Healthwatch and the local Clinical Commissioning Group, but we did not receive any feedback about the service. However, feedback during a professional information sharing meeting in April 2018 did not raise any concerns about the service.

During the inspection, we spoke with twelve people using the service, six relatives, three nurses, six care staff, two activities coordinators, a member of the housekeeping team, the clinical lead, the deputy manager who was the interim manager, the provider's area quality director, and the provider's regional manager. We also spoke with a professional visitor who was familiar with the service.

We looked at the care records for 10 people to review how their care was planned and managed. We looked

at six staff files to review the provider's staff recruitment and supervision processes. We also reviewed training records for all staff employed by the service. We checked how medicines and complaints were being managed. We looked at information on how the quality of the service was assessed and monitored. We observed how staff supported people in communal areas of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "I haven't had any problems at all." Another person said, "I definitely feel safe." Relatives we spoke with also told us their relatives were safe. One relative told us, "I think he is very safe here because I've never noticed anything that will make me think otherwise." Another relative said, "What makes me feel that [relative] is in a safe environment is that they have safeguarding policies and procedures that staff working with [relative] are following. I know that I would be informed about any issues that may arise."

Staff had completed appropriate training and they had guidance on how to keep people safe. Information about safeguarding procedures was displayed in prominent areas around the service so that anyone who wanted to raise a concern knew what to do. Staff showed good knowledge of the provider's safeguarding policies and local reporting procedures. One member of staff told us, "We get trained on this and I would definitely report to the manager and the safeguarding team if I thought a resident was at risk." We saw that senior staff followed local safeguarding protocols to report potential safeguarding incidents in a timely way.

Potential risks to people's health and wellbeing had been assessed. Care records showed that people had individual risk assessments including for risks associated with them being supported to move, falling, eating and drinking, pressure damage to the skin, use of bedrails, behaviour that may challenge others, and specific health conditions. These risk assessments gave guidance to people and staff on how a variety of risks could be minimised. Records showed that there was a system to review risk assessments regularly, and prompt action was taken to update these if people's needs changed.

There were safe staff recruitment procedures, and sufficient numbers of staff were always planned to support people safely. People told us there was sufficient staff to meet their individual care needs safely and in a timely way. Some staff told us of days when there was not sufficient numbers of staff due to unsuccessful attempts to cover for unexpected absence. The manager told us that where necessary, they used regular agency staff to ensure that they maintained appropriate staffing levels to cover for leave and sickness. They were also working on improving their list of bank (irregular) staff so that they had a number of staff to call on to cover shifts at short notice. Although staff told us that their workload increased when there was not enough staff, they said that people's care was not negatively impacted by this as they ensured that they still maintained high standards of care. They also told us that when they did not have enough staff, they were supported by staff from other units during busier times of the day, such as in the mornings when they supported most people with their personal care. One member of staff said, "I am able to support people without rushing as we have enough staff. If we are short, then the two nurses will step in to help."

People's medicines were managed safely so that they received effective treatment. This was because the service had effective systems in place for ordering, recording, storing, auditing, and returning unrequired medicines to the pharmacy. There was also guidance for staff on how to manage medicines safely. People were happy with how staff supported them with their medicines. One person said, "The nurses give me my medicines and I have no concerns about that." We looked at the medicines administration records (MAR) for some of the people and we found these were maintained well to evidence that people were given their

medicines as required. The unit managers and the clinical lead carried out regularly audits of the MAR and checked stock levels to ensure that medicines were managed safely.

Care was provided in a safe environment because regular health and safety checks were completed to ensure the service was safe. An environmental risk assessment had also been carried out to ensure that there were no hazards that could put people, visitors and staff at risk of harm. The service was clean because there were dedicated staff for this role. Cleaning schedules showed that all areas of the service were cleaned regularly to promote a safe and pleasant environment for people who lived there.

People were supported in a way that ensured they were protected from risks of acquired infections, and people we spoke with confirmed this. Relatives told us that they always found the service clean when they visited and they saw that staff wore aprons and gloves when providing personal care. Staff told us they had adequate supplies of protective equipment such as gloves and aprons. We observed that they wore these when required. There was infection prevention guidance for staff and they told us that they followed appropriate hand washing procedures to reduce the spread of infections.

The clinical lead showed us how they reviewed accidents and incidents that occurred at the service so that they put effective systems in place to reduce the risk of them happening again. There was evidence of learning from these. For example, following a medicines management audit in March 2018 identifying some issues with consistency of record keeping on some units, the clinical lead now completes daily thorough checks of medicines records and stock levels for at least one person on each unit. They found this ensured that any discrepancies were dealt with quickly, including providing training and competency assessments to staff if recording issues persisted.

Good

Is the service effective?

Our findings

People told us that their care needs were met and they were happy with how staff supported them. They also said staff had the right skills and knowledge to understand their care needs, and they knew how to use the equipment people needed. One person told us, "I'm definitely happy with my care as my health is improving each week." One relative said, "I know that not much could be done (to improve relative's health), but I know staff are making him the most comfortable as possible." Another relative said, "I'm very confident that carers and nurses my [relative] has are excellent. Nurses are so knowledgeable here, they explain and offer that extra personal time."

Records showed that staff had been appropriately trained to support people effectively. Staff were complimentary about the quality of the training and support they received through regular supervision and appraisals. One member of staff said, "Training is good. I recently attended Percutaneous Endoscopic Gastrostomy (PEG) training as I wanted to learn those skills. It will come useful when we have a resident who needs this kind of care." Another member of staff told us, "Training has been good, but I haven't heard much yet with HC One I heard that we will be doing a lot more online training, but I'm fine with that." In relation to supervision, staff told us they found it to be useful and a positive approach was used to help them to reflect on their work and development needs. This included a member of staff who said, "We get supervisions quiet often. I couldn't tell you how often but it's enough."

People's care needs had been assessed prior to them moving to the service. The information gathered during the assessments was used to develop care plans that took account of people's needs, choices, views and preferences. The detailed care plans meant that staff had information they needed to provide good quality care to people using the service. We noted that staff were still in the process of gradually transferring people's care records to the provider's care plan templates. A unit manager showed us the new packs they needed for each person and they told us, "Staff are now writing care plans for new residents using the new forms. The rest will be transferred to the new forms whenever they need re-writing." Another unit manager told us that they aimed to transfer the care plans to the new paperwork as soon as possible, with aims to transfer records for two people per week.

People told us they enjoyed the food provided by the service and they had enough to eat and drink. They also told us that they were supported to choose what they wanted to eat and drink, and alternative food was provided if they did not like what was on the menu. When asked if they enjoyed the food, one person said, "Yes, we've been having lovely dinners." Another person said, "The food is lovely, very well presented and nicely cooked. I always have more than enough." They also said, "The meals are always wonderful and delicious. Look at the menus and that's exactly how the food looks." A relative told us that their relative likes the food. A member of staff told us, "Nothing has changed really with HC One, the food is still good and nutritious." We observed that the food people ate was presented well, including the pureed food provided for people who experienced swallowing difficulties.

People's weight was monitored regularly to ensure that they ate enough to maintain their health and wellbeing. Where required, staff monitored this closely by way of keeping records of what people ate and

drank. Staff were not concerned about people not eating and drinking enough, and they told us that prompt action was always taken when issues were identified. Where necessary, we saw that referrals had been made to dietitians and speech and language therapists to support people to eat well. One relative told us, "[Relative] is definitely eating well as has put on weight since being here. [Relative]'s overall health has greatly improved too."

The service worked closely with various health professionals so that people received healthcare support when required. One person told us that their mobility had improved because of the support from staff and other professionals involved in their care. They said, "If you are not well, this is a wonderful place to be." We saw that GPs, chiropodists, opticians, dietitians and community nurses had been involved in providing care and treatment to people when required. Staff supported people to attend hospital appointments unless people's relatives chose to do so. One member of staff told us, "Residents get good care here and I've not been concerned about anyone. Any health issues, we contact the GP and they will come out to see the resident."

People's individual needs were met by the adaptation, design and decoration of the premises. For example, all units were on one level, which made them easy to access by people with limited mobility. Wide corridors also made it easy for people to move around, especially those using wheelchairs.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found the service was working within the principles of the MCA, and conditions on authorisations to deprive a person of their liberty were being met. Where required, mental capacity assessments had been carried out to ensure that decisions made on their behalf of people who lacked mental capacity were done in accordance with the law. Additionally, the manager had made referrals to relevant local authorities to ensure that any restrictive care was lawful. Some people had valid DoLS authorisations in place to ensure that they were supported in a safe way.

Staff had been trained on the MCA and they showed good knowledge of the processes they needed to take to ensure that people's rights and choices were protected. Consent to care was sought in line with legislation and guidance. We saw some people were able to give verbal consent to their day-to-day care and support, and staff told us that they always asked for people's consent before care was provided.

Good

Is the service caring?

Our findings

People told us that they were supported by staff who were kind, caring and friendly. One person told us, "Staff are wonderfully kind and they are lovely. You couldn't ask for any better." Another person said, "Staff are lovely here." A relative told us, "I always find the staff caring and friendly." Another relative said, "I've got to know all the staff here and they are lovely." While another relative told us, "The staff here are marvellous, so helpful and professional."

Staff told us that senior staff promoted a caring and inclusive environment within the service. This was reflected in the way staff interacted with people. We observed positive interactions between people and staff. Staff always spoke with people and everyone was involved in conversations. One person told us, "I always have someone to talk to, they are all friendly really." One relative said, "Staff talk to [relative] and is never lonely." One member of staff told us, "I think so far, HC One is a caring company. They have made some positive changes for the residents." Another member of staff said, "We enjoy our time with the residents because they tell us stories about their lives."

People told us staff asked for their views about how they wanted to be supported and their preferences were respected. Staff confirmed this when they told us that they always actively involved people in making decisions and choices about their care and support. Examples of this included: people choosing when they wanted to go to bed or wake up; what they wanted to wear; gender of the staff who supported them with personal care; how they spent their day. Relatives told us they were encouraged to get involved in supporting their relatives in making decisions about their care, including being involved in care planning and reviewing processes. One relative said, "There is always staff who can update me with how [relative] is doing." Another relative said, "If I ask them anything, even for my own personal knowledge, they are happy to help with whatever they know." While another relative said, "When we found this place, one of managers came and discussed what we would like help with and it seems they are following this very much."

People told us that staff supported them in a respectful manner, and they promoted their privacy and dignity, particularly when providing personal care. One person said, "They are always respectful." We observed that staff were respectful and discreet when asking people sitting in communal areas of the service if they wanted support with their personal care. We noted that staff also understood how to maintain confidentiality. They told us they did this by not discussing about people's care outside of work or with anyone not directly involved in their care. one member of staff said, "We try very hard and the unit manager will always remind us of the importance of treating people with respect." We also saw that people's care records were kept securely within the service to ensure that they could only be accessed by people authorised to do so.

People said that staff encouraged them to maintain their independence as much as possible, and would only provide support when it was necessary. Some people were at the service for short periods of respite care and they needed support to develop and maintain their independent living skills. This included one person who told us, "I am now able to have baths as I couldn't do so at home. Each day I can do something I couldn't do yesterday, and I now look forward to getting much better and going home." Another person

said, "I always get just the right support I need."

Good

Is the service responsive?

Our findings

People told us their individual needs were met in a holistic way. They also said that they were supported quickly whenever they needed support, and we observed this during the inspection. One person said, "They always help me if I call them. Sometimes they check if I need anything and help me if I need it." Another person said, "You are not hurried as they do things at you pace." A relative told us, "My [relative]'s needs are very specific so carers need to follow a detailed routine. So I guess, this means that they do cover his individual needs. When I read his plan and all the additional notes, it really reflected his needs and care provided, much more than I was able to do at home." We saw that staff worked closely with people and their relatives to regularly review the care plans to ensure that these continued to meet people's individual needs in a person-centred way. Care records showed that care plans were reviewed monthly or earlier if people's needs changed.

There were activities coordinators employed to support people to positively occupy their time during the day. The service had recently recruited into the activities coordinator vacancies to ensure that each unit had an activities coordinator. People confirmed that they either took part in activities provided within the service or they pursued their individual hobbies and interests. One person showed us a music keyboard they played and told us that they had played at various churches for most of their life. They also said, "I don't sit idly all day. I do puzzles too to keep my mind active. I don't get bored." Another person said, "There is always something to do, so I don't get bored." On one unit, we observed the activities coordinator painting the fingernails of two people and they were both pleased with the colours they chose.

The activities coordinators told us of a range of activities they planned to support people to live more active, happy and fulfilled lives. These activities offered regularly included: card games, board games such as dominos, arts and crafts, and arranging visiting entertainers, flower arrangements, animal therapy, sing-alongs, musical instruments, baking, ball therapy, doll therapy. One activities coordinator also said, "I work about six hours a day and I do lots of activities. I do one to one time with people in their rooms. I feel supported to do different things with the residents and I can order anything I need." Staff told us people had enough to do including one member of staff who said, "We sit and talk, do jigsaws, read books or we have a laugh and a joke. It can get quite loud and funny."

The provider had a complaints policy and procedure, and people and relatives knew how to raise concerns or complaints. People told us that they were happy with how their care was managed and they had no reason to complain. One relative told us of a few concerns they had about their relative's care. We discussed these with the manager and they showed us evidence of how they had responded to the issues raised. Furthermore, they were going to arrange another meeting with the relative to discuss what else the service could do to improve their experience. We saw that appropriate action had been taken to deal with complaints received by the service.

Many people were supported by the service at the end of their lives. Staff told us how they ensured that people remained comfortable, dignified and pain-free. One member of staff said, "When a person passed away recently, I made sure they were nicely presented for when their family came. I supported the family,

but gave them privacy, going in now and again to check they were okay." We saw that some people's care plans included information about how they wished to be supported at the end of their lives. However, the provider had already identified that there was a need to improve the quality of these. One relative told us, "[Relative] has not been here long enough to be able to discuss in much detail about their end of life plan, but I know it was mentioned and I was given a leaflet about it. I guess it will be important to finalise it while I am here, in case we need to change it. I will have a chat with nurse here and ask her for help." Another relative said, "They supported us with some difficult decisions about end of life plans and we discussed these in detail with a nurse."

Good

Is the service well-led?

Our findings

There was no registered manager in post, but the service was well-led by the deputy manager, who was supported by the clinical lead in providing day-to-day leadership. The manager also worked closely with the unit managers, provider's area manager and the quality team to develop the service so that they provided good quality care to people using the service. People using the service, relatives, health and social care professionals and staff were complimentary about the quality of care provided by the service. One person told us, "It's a brilliant service and I'm happy." One relative told us, "I find the service quite organised. I have no concerns at all and it is really good." Another relative said, "I don't know who is the main manager and to be frank, I don't really care as I am very happy that people who are around my [relative] are so easy to talk to and helpful. That is all that matters to me." A visiting professional told us that the service was good, with caring staff who were professional and welcoming. They also said that staff acted promptly to improve the quality of care as any issues they had raised in the past had been dealt with immediately.

Staff were very complimentary about how the transition between providers had been managed. Everyone told us this had been done so well, they had not seen any changes in their roles and the quality of care provided to people. One member of staff said, "It's been good (the changeover). We met the area manager who gave us some information. We are still getting used to HC One procedures and we are updating the folders for the unit." Another member of staff said, "The change hasn't affected us much, we are kept informed of what's happening." Staff felt valued and enabled to contribute to the development of the service through regular team meetings. Minutes of these meetings showed that various issues relevant to staff's roles were discussed. Staff said these and daily handovers were essential in ensuring that information was appropriately shared and understood by everyone. Staff said teamwork was very good and there was mutual respect amongst staff, managers, people using the service and their relatives. One member of staff said, "We are fine as a team, most staff are good and work hard."

There was a positive culture within the service which promoted a caring and person-centred approach, openness, and inclusive working with people using the service and their relatives. People and relatives' positive comments about the quality of the service were also reflected in the written compliments the service received. There was information telling people of the provider's ethos and objectives. This also gave information about the executive team, their backgrounds and experience in running care services. Some of the people and relatives we spoke with knew that the provider had changed, but told us that this had not had any negative impact on the care people received. This was because continuity of care had been maintained as most systems remained the same and the provider was able keep most staff.

There were opportunities for people and their relatives to provide feedback about the service they received. These included regular planned 'residents and relatives' meetings, although everyone told us that they could speak with the unit managers whenever they needed to. In addition, there was a feedback box by the main entrance to each unit where people could post comments and suggestions they might have. The provider had sent a survey to people and their relatives in April 2018, but they were still awaiting responses at the time of our inspection. One relative told us, "We filled the last survey, but we didn't have much to suggest. We were happy that they accepted my [relative] and made the transition so easy. We could not be

happier he is here now."

The provider had an effective system to assess and monitor the standards of care at the service. The unit managers, the manager and the clinical lead frequently completed many quality audits to ensure that people received good care. Care planning and reviews, record keeping and medicines management were audited regularly. The suitability and cleanliness of the premises, infection control measures, health and safety, equipment and catering were also subject to regular checks. There was a service improvement plan where issues requiring action were acted on. The provider's quality regional managers completed an unannounced inspection of the service in April 2018 and we noted that the manager had acted promptly to rectify any shortfalls identified. For example, everyone now had an up to date personal emergency evacuation plan (PEEP) in their care records and fire drills had taken place to ensure that staff knew what to do in an emergency. The area manager also completed bi-annual reviews of the service and we saw the report of the one that had been completed in March 2018. This demonstrated a proactive approach by the provider, that was focussed on always improving the welfare of people using the service.

There was evidence that the service worked closely with other agencies or organisations so that they could continually improve the care provided to people. The manager attended local provider forums to learn from others and share good practice. They also worked collaboratively with the local authority and the local Clinical Commissioning Group as part of the 'Hydration Project' to ensure that people were supported to drink enough within local care homes. The manager and staff told us about the project that required them to ensure that people had access to plenty fluids, fruits and snacks that increased their fluid intake. We saw that staff were still being trained before this was fully implemented at the service.