

Holmleigh (Pirton) Limited

Pirton Grange Specialist Services

Inspection report

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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

About the service

Pirton Grange Specialist Services is registered to provide accommodation, nursing care and rehabilitation services for up to 58 people who may have support needs owing to mental health, learning disabilities or autistic spectrum disorders and dementia. Services are also provided for older people, people detained under The Mental Health Act, people with physical disabilities, sensory impairment and younger adults. At the time of the inspection there were 35 people living at the home.

Pirton Grange Specialist Services had two separate areas of the home. In one area there were facilities for eight people needing support with mental health or learning disabilities. In the other area there were facilities for thirty people needing nursing support spread over two floors.

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

People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. Sufficient, knowledgeable staff were available to meet people's needs. Staff followed infection control and prevention procedures. People received their medicines regularly and systems were in place for the safe management. Incidents and accidents were investigated, and actions were taken to prevent recurrence.

People's needs were assessed, and care was planned and meet legislation and good practice guidance. Care was delivered by staff who were well trained and knowledgeable about people's needs and wishes. People enjoyed their meal time experiences. 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.

People were supported by staff who were caring. The atmosphere within the home was welcoming and friendly and staff were considerate towards people they cared for. People and their relatives were involved and supported in decision making. People's privacy was respected, and their dignity maintained.

People were supported by staff who cared for them as individuals and had the information and understood how to meet people's needs. People had some interesting things to do and support to improve their well-being. Complaints were investigated, and outcomes agreed with on-going communication, and improvements made when needed.

The registered manager and her management team were open, approachable and focussed on providing quality care. Systems were in place to monitor the quality of care provided. The management team and staff were passionate about person centred care and people and staff felt valued and well supported. The management team promoted links with community health and social care teams to improve people's well-being.

The service applied where possible the principles and values Registering the Right Support and other best

practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 31 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.
Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-Led findings below.

Pirton Grange Specialist Services

Detailed findings

Background to this 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.

Inspection team

The inspection team consisted of two inspectors with an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses 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 single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Health watch and professionals who work with the service. Health watch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what

they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and two relatives about their experience of the care provided. We spoke with 15 members of staff including the registered manager, deputy manager, clinical lead, nurses, senior care workers, care workers and the kitchen staff and the maintenance person. We used the 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 reviewed a range of records. This included ten people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed. We spoke with two professionals who regularly visited the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they were safe. One person told us staff knew what was "Going on" with them, which reassured them and made them feel safe.
- Staff demonstrated good knowledge about how to protect people from abuse. They had up to date training and understood who to report concerns to. Staff were confident to take appropriate action.
- We saw examples where incidents had been reported and these were actioned appropriately.

Assessing risk, safety monitoring and management

- People told us staff helped them to stay safe. One person said, "[Staff] help me all the time, they listen to me."
- Risk assessments were up to date and reviewed when required. Staff had a good understanding of people's risks and knew how to mitigate them. For example, people at risk of sore skin had the specialist equipment to reduce the risk of sores. Staff had a good knowledge of this and ensured the equipment was constantly in place for each person who needed it. The information was clearly recorded in people's plans to aid staff knowledge.

Staffing and recruitment

- People and their relatives said there were sufficient staff on duty keep people safe. One relative told us, "All the staff are brilliant, they take [family member] out when they can."
- Staff told us there were enough staff and gave examples when the registered manager had increased staffing levels to meet changes in people's needs. Additional cover would be arranged from agency staff familiar with people living at the home when possible.
- The registered manager explained staffing levels were kept under regular review to ensure there were enough staff to meet people's needs. The registered manager said when needed they used regular agency staff to ensure there were sufficient staff. There was an on-going recruitment campaign to fill vacancies.
- Staff we spoke with told us they had provided references and there were checks in place to ensure they were suitable to be employed at the service. We saw this practice was reflected in staff files.

Using medicines safely

- People said they had their medicines when they needed them. One person told us, "I have a peg and never feel concerned as to its administration."
- Staff administered medicines following appropriate guidance and used an effective system to ensure people had their medicines as prescribed. Staff were trained and regularly checked to ensure they followed safe practice. There was safe storage and disposal of medicines at the home. When errors were made by

staff the management team had a robust system in place to ensure improvements were made and people had their prescribed medicines.

- Where people were prescribed 'as and when required' medicines there were protocols in place to ensure people received these as they should.

Preventing and controlling infection

- Measures were in place to control and prevent the spread of infection. Staff completed training and were knowledgeable about the requirements. We observed staff using personal, protective clothing and equipment safely. There were regular audits to ensure standards were maintained.
- There were cleaning schedules in place to ensure staff followed best practice.

Learning lessons when things go wrong

- When there were accidents and incidents these were reviewed by the management team to look at trends and to take any learning from the incident. For example, the registered manager identified a high number of medicine administration recording errors after a change in how the medicines were supplied. She arranged additional training and support for staff, and completed competency checks to improve staff skills. The registered manager was continuing to monitor for improvements.
- Staff knew how to report accidents and incidents and told us they were updated about any changes made as a result.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were assessed prior to coming to the home and this formed the basis for the delivery of their care.
- Staff used nationally recognised tools to assess risks of pressure ulcers, nutritional risk and falls risks. Care interventions, such as fluid records to prevent dehydration, were completed consistently.
- We saw information on best practice guidance was available for staff.

Staff support: induction, training, skills and experience

- People told us staff knew how to support them.
- Staff told us they had completed training when they first started their role. They were supported by experienced staff who shared their knowledge of people's needs and best practice skills. Agency staff told us they received a thorough induction and were given clear information about people's needs. They had the information they needed to support people well. One staff member explained how they had been new to care and completed shadowing with experienced staff and training to support their skills when they started.
- Staff said they were supported with all the training they needed to ensure they could meet people's needs. The management team completed competency checks so they were confident they were providing quality care. Specialist training such as training about Huntington's disease was regularly arranged for staff. We saw there were new sessions being arranged to update new staff members.
- Ongoing training updates were arranged for staff, and staff said they were encouraged to further develop their knowledge and skills through vocational training.

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

- People we spoke with said the food was good and they had choice and could have more if they wanted. One person said, "There is a good choice," another person told us, "If you fancy something they will provide it." We saw people were offered choices with their meals and if people wanted something different they could just ask. Where people could make their own meals, they were supported to be as independent as possible. People were provided with dignified, respectful support with their meals when this was needed.
- People were offered drinks and snacks through the day.
- The kitchen staff were aware of people's needs and ensured there was suitable food provided. When people were at risk of choking staff ensured they were supported safely.

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

- The premises and environment were designed and adapted to meet people's needs. Corridors were wide enough for easy wheelchair access.

- There were adaptations to support people's needs such as clear signage to identify key areas for people living with dementia. There were plans in place to reduce the clinical look of the home through changes in decoration. The registered manager had plans for further improvements to the environment. In one part of the home there was a homely feel, in the rest of the home the registered manager was working on improvements.

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

- People could access healthcare services when they needed.
- We saw appropriate referrals were made to support people with their health needs.
- Health care professionals explained they had a positive relationship with staff and were confident appropriate referrals were made.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- All the staff we spoke with had a good understanding of the principles, of the MCA and people were supported wherever possible to make their own decisions. Staff consistently obtained consent for people's care and support and we saw staff provided support in line with the MCA principles.
- Where people needed support with decisions this was recorded in their care records with clear, decision specific assessments and decisions made in people's best interests.
- DoLS applications had been made when required. Any conditions associated with their DoLS authorisation were identified in people's care planning and staff were aware of the conditions.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us all staff were kind and caring. One person said, "Everyone is courteous, thoughtful and listens to me."
- Staff demonstrated sensitivity and consideration about issues around equality, diversity and human rights. Staff noticed non-verbal messages from people and reacted to them, for example a member of staff noticed a person needed something as they walked past their room. They were quick to talk with the person and provided the support needed. One person said, "[The staff] are all lovely, they really care and know me well."
- Relatives said staff were patient and supportive to people living at the home and knew them well. One relative told us how their family member was, "Getting wonderful care," and they felt involved and listened to.
- We saw examples of staff being kind and caring throughout the inspection. We saw staff found time to sit and speak with people and reassured them. We saw people visibly relaxed as staff spent time with them.

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

- Staff asked people what they wanted to do and offered choices to meet people's needs. One member of staff used their skills and knowledge to support one person who had become anxious. This person was immediately reassured.
- People made decisions about their day to day care and had the support they needed. We saw people were supported to make their own choices.
- There were meetings for people to discuss their views and to look at any improvements to the home. People were asked for feedback about food options and to plan interesting things to do, to ensure they were happy with the choices available.
- Some people chose to get up later and staff were able to provide breakfast when people wanted to eat.
- Relatives told us they felt involved in the care of their family member and were kept included and updated by staff and the management team.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity and supported them to be as independent as possible. One person said they were able to go out when they chose and if they needed help this would be provided. Another person said they could go into the garden when they wanted, and they enjoyed being able to do this
- Staff were careful to close doors when assisting people in their own rooms and knocked on people's doors

before entering.

- Staff were respectful of people's needs, for example, making sure they were at the same level as people when they spoke with them.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People said they received the support they needed, when they needed it, from staff who knew them well.
- Information was gathered from people living at the home and their families to build a detailed picture about each person care needs, preferences and history. We saw staff were able to provide personalised care tailored to the needs and wishes of the individual.
- People's care records provided information about their life history, cultural and spiritual needs and activities they enjoyed. There were systems in place to support staff to remain up to date. We saw there were thorough handovers completed when staff changed shifts with detailed information about people's risks. During the inspection the registered manager updated this information for one person as a result of a complaint to ensure staff had detailed information about people's risks. We spoke with an agency staff member and they explained they had been at the home before and were provided with all the information they needed.
- Relative's told us people had personalised support and they were kept up to date with what was happening with their family member.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We saw on the PIR [provider information return] the management team understood their responsibilities to comply with the accessible information standards and told us of ways in which they were meeting the standards. For example, they provided information in different formats when needed.
- Staff knew how to communicate with people to understand their wishes and when people had difficulty communicating verbally. There was clear information about people's communication needs recorded in people's plans. For example, ensuring people had their glasses and hearing aids available as needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they were well looked after. One person said they could do lots of things such as cooking, funfairs, and fireworks. Their family and friends visited regularly which they enjoyed.
- All relatives said they were welcome at the home and could visit whenever they wanted.
- There was an activity programme advertised around the home, with events planned regularly which people told us they enjoyed participating in. People enjoyed the events that were arranged. The activities

co-ordinator explained how they adapted the plan to meet peoples changing needs. There was support from physiotherapist staff who spent regular time with people improving their health and well-being, providing exercise classes and one to one sessions.

Improving care quality in response to complaints or concerns

- People and relatives said they could complain if they needed to. One relative explained about a complaint they had made, and they were continuing meeting with the management team. The registered manager told us how important it was they supported relatives and strived to ensure complaints were resolved.
- Where complaints were made, these were investigated, and the complaints policy followed by the registered manager. The registered manager reviewed complaints with the provider to ensure continuous improvement was established.

End of life care and support

- Staff told us they were knowledgeable about how to support people with end of life care when this was needed. They were knowledgeable about how to respect people's needs and wishes. We saw people's views and preferences about their end of life care were recorded for staff guidance when needed.
- There were systems in place to provide assistance for people at the end of their lives and to ensure their family members were also supported.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives said the management team knew them well and treated them as individuals. One person told us about the registered manager, "She is brilliant, approachable and has conversations with me." We heard and saw many examples of person-centred care from staff and the management team. The management team led by example to be inclusive and person centred when working with people. People told us the management team were involved with their support. For example, one person said the registered manager was involved in making tea and cake with them.
- The management team completed a range of quality audits on a regular basis and we saw actions were identified and addressed to bring about improvements.
- Relatives explained they had confidence in the management team and staff.
- All the staff we spoke with said there was an open and positive culture, led by the registered manager and supported by the management team. Staff said they felt appreciated and listened to by the management team and when they had ideas for improvements they were listened to.

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

- Relatives were confident they would be notified if there were any concerns about their family member. Relatives confirmed they were told when there had been a fall, or their family member was unwell.
- The provider had systems in place to ensure they completed their legal responsibilities. The registered manager understood they needed to be open and honest and contact families when mistakes happened. We saw the registered manager had completed this when needed.

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

- The management team completed regular checks to ensure people received quality care. For example, ensuring staff were competent in their roles.
- The management team and staff were clear about their responsibilities and the leadership structure. Staff were confident that the management team would listen and support them when they needed it.
- The registered manager was clear about their responsibilities for reporting to the CQC and regulatory requirements. Risks were clearly identified and escalated where necessary.
- The registered manager had an action plan to take forward improvements to the service which was reviewed regularly with the provider. For example, the provider was arranging for new electronic systems to

be put in place which would improve the effectiveness of record keeping and potentially provide staff with more time for people.

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

- People and their relatives were encouraged to contribute their views on an ongoing basis through conversations with the management team and questionnaires. When feedback had been gathered it had been analysed and added to the improvement plan to ensure continuous improvement was completed. For example, there had been feedback from people that the food was too spicy, action was taken, and people said the food was improved.
- Meetings for people using the service and for relatives were held regularly and feedback was discussed to improve people's experience.
- Staff were encouraged to share best practice and contribute to improvement ideas. When the management team identified morale was low amongst some staff, action was taken to mediate between staff groups and improve well-being. Staff said they felt listened to and well supported.

Continuous learning and improving care

- The registered manager had an action plan to ensure improvements were completed and sustained. All the staff we spoke with were positive about the management team. They were proud of the skilled, quality of the care provided. They all said the management team always involved them with improvement ideas.
- The management team drove through improvements. For example, following up incidents to implement new policies and procedures when needed.
- We found accidents and incidents were regularly reviewed and learning used to inform future plans.

Working in partnership with others

- We heard positive feedback from the health professionals that management and staff worked effectively with them to improve people's health and well-being.
- There were strong links with community health and social care teams to promote people's well-being.