

H & L Care Limited

# Hunningley Grange Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Hunningley Grange is a residential care home providing personal care to up to 39 people. The service provides support to older people some of whom were living with dementia. At the time of our inspection there were 23 people living at the home.

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

Medicines were not always managed safely. Improvements were needed to ensure processes for recording people's medicines were robust and effective. A minimal number of activities were available to people. Further improvements were required in this area to ensure activities were available more often and were person-centred and meaningful to people. We have made a recommendation about the development of activity provision in the home.

Since the last inspection the provider had introduced dementia friendly signage to assist people in navigating around the home. Refurbishment and redecoration of the home was planned and ongoing. Checks were in place to ensure people lived in a safe environment.

Staff received training and support to carry out their role. There were enough staff available to meet people's needs effectively. Risks to people had been assessed, monitored, and reviewed. People were supported to eat and drink sufficient to maintain a healthy diet.

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

Staff were kind and caring. People and their relatives told us staff were approachable and friendly and offered support in a caring way. Care plans were informative and described people's needs and how they liked to be supported.

Although the service had significantly improved since the last inspection, further improvements were required. The provider had a system in place to monitor the quality of the service. However, this was not always effective in identifying areas of improvement. The registered manager gave assurance these improvements would continue to be further embedded, to ensure there was a continuous approach to improving care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 25 October 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they

would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

This is the third consecutive inspection where the provider has been in breach of the regulations relating to safe care and treatment and good governance and has failed to achieve a rating of at least good.

#### 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 the service can respond to COVID-19 and other infection outbreaks effectively.

#### Enforcement and Recommendations

We have identified breaches in relation to the proper and safe use of medicines and governance.

We have made one recommendation in the responsive key question. Please see this section for further details.

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

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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 effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive 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** ●

# Hunningley Grange Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 Health and Social Care Act 2008.

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 2 inspectors and 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

Hunningley Grange is a 'care home.' People in care homes receive accommodation and nursing and or personal care as a single package under one contractual agreement dependent on their registration with us. Hunningley Grange is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service, including Healthwatch. Healthwatch 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 (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 4 people who used the service and 9 relatives about their experience of the care provided. We spoke with 6 members of staff including the registered manager, care workers and ancillary staff. We reviewed a range of records including 4 people's care plans and multiple medication records. We looked at 3 staff files in relation to recruitment and supervision. We also reviewed a variety of management documents.

# 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. At this inspection, the rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not always managed safely.
- Medicine records were not always accurate which placed people at risk of harm. Records to show topical preparations such as creams were being applied were not always completed. This meant we were not assured people's skin was cared for properly.
- The provider did not maintain accurate records of controlled drugs that were in stock or that had been disposed of. We found several medicines had not been entered into the running log, which meant this medication was unaccounted for.
- Records about the application of medicine patches did not provide assurance the site of application was being rotated safely. This meant there was a risk people might suffer from skin irritation.
- Medicines audits were not robust. Controlled drugs were not included in these audits. When audits were undertaken, they failed to highlight the shortfalls we found during the inspection.

Medicine records were not always accurate which placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the registered manager took appropriate actions to ensure improvements took place in this area.

### Preventing and controlling infection

At our last inspection, the provider was not promoting safety through the layout and hygiene practices of the premises. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At this inspection we were assured the provider was promoting safety through the layout and hygiene practices of the premises. We carried out a tour of the home with the registered manager and found the home was visibly clean throughout.
- Cleaning schedules were used to ensure all areas were regularly cleaned. Storerooms were tidy, and shelving had been fitted so items would no longer be stored on the floor making cleaning difficult. Armchairs

and pedal operated bins had all been replaced.

- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was facilitating visits for people living at the home to maintain contact with family and friends.

Systems and processes to safeguard people from the risk of abuse

- The management team and staff were aware of their safeguarding responsibilities.
- Staff had received appropriate training in this area and showed a clear understanding of how to recognise and respond to signs of abuse. They were aware of internal and external reporting processes and told us they felt confident any such concerns would be taken seriously by their management team.
- Comments from relatives included, "Yes, I do feel [relative] is safe. I feel the staff have her best interests at heart" and "Yes [relative] is safe, I know they have had issues in the past, but it has improved, and she is safe."

Assessing risk, safety monitoring and management

- Risks to people had been assessed, monitored, and reviewed.
- A range of risk assessments helped to ensure risks to people around areas such as falls, choking and skin integrity were managed and reduced.
- Environmental risks were assessed, and any required actions were taken to reduce risks to people.

Staffing and recruitment

- We observed there were enough staff available to meet people's needs and staff responded to people promptly during this inspection.
- Staff numbers were kept under review and were based on the needs of people and the promotion of their safety. Recruitment was taking place for more staff for the service.
- The provider had a system in place to safely recruit staff. Pre-employment checks were carried out prior to staff commencing in post. This included Disclosure and Barring Service checks (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.

Learning lessons when things go wrong

- The registered manager kept a record of all accident and incidents. The record showed people had been referred to professionals when required.
- Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.

# 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 requires improvement. At this inspection, the rating for this key question has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet; Adapting service, design, decoration to meet people's needs

At our last inspection provider failed to make sure people receive person-centred care which met their needs and took into consideration their preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection, and the provider was no longer in breach of regulation 9.

- Since the last inspection, the provider had made a number of improvements to the environment. Areas of the home had been decorated with contrasting colours and furniture. The provider had incorporated dementia friendly signage throughout the building to assist people with orientating around the building. A range of sensory and tactile activities and reminiscence objects had been placed around the home to actively engage people.
- People received support to maintain a balanced diet. We saw people being offered drinks and snacks in-between meals. The dining area had been partially decorated and pictorial menu boards were in place to help people make their meal choices.
- Where people were at risk of losing weight, a risk assessment was in place with guidance for staff to support them with maintaining their diet.
- People had the equipment they needed to be supported effectively and, where they had chosen to, personalised their own bedrooms.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's need were assessed, and care plans were in place to guide staff in how people liked to be supported.
- Staff worked with other agencies to ensure people received consistent, effective and timely care.
- Records confirmed people were supported to access their GP and other health services when required.

Staff support: induction, training, skills and experience

- The registered manager used a training matrix to track training completion. We found staff had completed

refresher training in areas the provider had deemed mandatory. This was an improvement since the last inspection.

- Regular staff received an induction when they started employment and the training, they needed to support people effectively.
- Relatives comments included , "All the staff seem to know what they are doing" and " The staff always seem good and know what they are doing

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 service was working within the principles of the MCA. DoLS were in place where required.
- Decision specific mental capacity assessments were in place where these were needed. People's representatives had been involved in decisions made in their best interests.

# 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 our last inspection we rated this key question requires improvement. At this inspection, the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People were well treated and supported. We observed positive and caring interactions throughout our inspection, where time allowed this.
- People told us they received a caring service. Comments from relatives included, "The staff definitely listen to how [relative] wants to be treated" and "Yes, the staff all treat [relative] with dignity and respect."
- People were supported to make sure they were appropriately dressed and their clothing was arranged to ensure their dignity.
- Staff knew people well, including the support they needed and their daily routines. Staff were able to explain how they maintained people's privacy and dignity whilst supporting them.

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

- Staff respected people's choices and wherever possible accommodated their wishes, including those relevant to protected characteristics. For example, around their cultural or religious choices.

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

- Care plans demonstrated where people had been involved in decisions about their care. Where appropriate, family members had also been consulted.
- The service understood when people needed help from their families and involved them in decision making processes. Staff supported people to maintain contact and shared information with those involved in supporting people, as appropriate.
- Where required, people were supported to have an advocate, who is an independent person who ensures decisions made on people's behalf are in their best interests.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained the same. This meant people's needs were not always met.

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

At our last inspection, the provider had failed to make sure people received person-centred care which met their needs and took into consideration their preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's care plans contained information about their care and how they liked to be supported. Staff we spoke with knew people well.
- We found there was a range of social activities within the home and tactile items for people to engage with. People were also able to access a secure garden area. Relatives commented they would like to see more structured and regular activities that met people's individual needs. We discussed this with the registered manager who said the activities co-ordinator had recently left, and they had recruited an activities co-ordinator and would be working at the service once the necessary employment checks had been completed.

We recommend the provider refers to good practice guidance to support the development of the activity provision in the home and acts to update their practice accordingly.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- We observed staff communicating with people and found they were knowledgeable about their needs. For example, staff observed body language and reacted appropriately.
- Information throughout the home, was appropriate for people to understand. For example, the use of pictures helped people living with dementia to understand what meals were on offer and how to navigate around the home.

Improving care quality in response to complaints or concerns

- The service had a system in place for responding to concerns and complaints. The management team were confident the service would treat all concerns seriously, investigate them, learn lessons from the results and share the learning with the whole team.

End of life care and support

- People were supported at the end stages of their lives. Staff ensured people were comfortable and support was offered to their family members.
- We saw end of life care plans were in place which guided staff in how to support people to fulfil their wishes.

# 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. At this inspection, 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 we found governance systems did not effectively monitor the service. This was a breach of regulation 17(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 17.

- The providers governance systems did not always ensure effective oversight of the service. Since our last inspection, the provider had made a number of improvements to the quality of the service. However, further improvement was needed to ensure the progress made is sustained and embedded into everyday practice.
- Quality assurance checks did not always identify improvements required to ensure people's safety. For example, audits in place had not identified the concerns we found in relation to the safe management of medicines or when care had not been delivered in line with people's assessed needs. For example, we found concerns with the recording of support offered to people with the administration of topical medicines. This put people at risk of neglect and harm.

The provider had failed to implement ensure government systems were effective in monitoring the service. This was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others

At our last inspection we identified a lack of person centred care, leadership, engagement, and ineffective management systems. This was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer on breach of regulation 17(1).

- The provider had been working with an action plan set by the local authority to drive specific improvements within the service. We saw some progress had been made, however further improvements were required.

- The provider took an open and honest approach to the inspection process. They acted promptly on the feedback provided and supplied all information requested. They also produced an action plan following the inspection detailing how they would address the issues raised from this inspection visit.
- We received mixed feedback from people and their family members about the management of the home. Comments included, "The manager is alright, but I feel they don't always follow through with what they say" and another relative commented, "I get on with the manager fine" and "I chat to the manager they are approachable."

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

- People and most relatives were satisfied with the support their family member received. They spoke positively about how the care and domestic staff provided consistent care to their loved ones. Comments from relatives included, "The home is cosy and friendly" and "The staff are very pleasant."

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

- The provider had a system in place to gain feedback from people about the service and service improvements.
- People and relatives were encouraged to input to the development of the service through residents' meetings and surveys.
- Regular meetings and supervisions with staff were held where they were updated on developments received feedback. Staff were encouraged to be involved in the development of service delivery

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

- The provider understood the duty of candour legislation and fulfilled their responsibility to be open and transparent with people when things went wrong.
- Throughout the inspection the management team were honest and open with us. They acknowledged the shortfalls identified at this inspection and were eager to put processes in place to ensure people receiving care and support were safe and protected from harm.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Medicine records were not always accurate which placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to implement ensure government systems were effective in monitoring the service. This was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.