

HC-One Oval Limited

Capwell Grange Care Home

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 well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Capwell Grange is a nursing and residential care home. Providing personal and nursing care to 83 people, most of whom were living with dementia and long-term physical conditions, at the time of the inspection. The service can support up to 146 people. The home is made up of five individual bungalows with each having its own manager. One of the bungalows is a rehab service supporting people to regain their independence following a period of ill health.

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

One person's relative said, " It has improved by 90 per cent, we were thinking of moving [family member]. But proof is in the pudding, we shall have to see." One person told us, "I was wheeled into Capwell Grange, but I walked out. They [staff] gave me back my independence, it changed my mind what a nursing home was like."

We found improvements had been made to the home in terms of promoting people's safety and effectively responding to people's nursing and health needs. People were protected against potential harm and abuse. Swift action was taken to respond to injuries and changes in people's health needs.

However, we did identify some shortfalls in responding to potential neglect, when people first moved into the home from a hospital or another residential care home. We made a recommendation about the management of potential safeguarding concerns at the home.

Improvements had been made in the leadership of the home. The bungalows were well managed by managers who knew people's needs well. Staff were directed and supported to care for people. The deputy and registered manager monitored the quality of daily care.

The provider's own monitoring of the service had also improved; however we did find some shortfalls in this area. We made a recommendation about the provider improving their systems to assess the service. This will help the provider to sustain the changes made.

Staff were recruited safely and given the support and training to perform well in their work. Staff received competency checks to see if they could meet people's needs effectively or if they needed further training.

People received their medicines as prescribed. The home was clean, and the registered and deputy manager ensured staff followed up to date COVID-19 government guidance. Relatives were supported to visit their family members in a safe way.

Those with specialist diets were supported to eat and drink in a safe way. Professional input was sourced quickly when people showed signs of choking and losing weight.

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.

The environment had improved. Efforts had been made to make the bungalows look inviting and comfortable for those who lived there. This work was continuing.

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

Rating at last inspection and update. The last rating for this service was inadequate (published 24 October 2020) there were multiple breaches of the regulations. 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 improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 30 September 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

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

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

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to good. This is based on the findings at this inspection.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Capwell Grange Care 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was completed by two inspectors.

Capwell Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 spoke with the local authority to gain their feedback about the service. We reviewed the information the provider sent us each month following the last inspection. We also reviewed other information about events the registered manager must notify us about. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with six people who lived at the home. Most people were unable to communicate with us so we completed many observations. We also spoke with the deputy manager, registered manager, the managers of three bungalows, three members of staff and the area director.

We reviewed records for eight people, in relation to pressure care management, percutaneous endoscopic gastrostomy (PEG) care. We reviewed people's food, fluid, and weight management. Medication charts, and care plans were also reviewed. We also reviewed two member of staff's recruitment checks.

After the inspection

We continued to seek clarification from the deputy and registered manager about the evidence found. We looked at mental capacity assessments, training records, audits, and safety checks. We spoke with six people's relatives and a person who had lived at the home. We also spoke with a further nine members of staff.

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 inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure people were safe in terms of the risk of abuse and injury. Staff were not responding to concerns about people's care. The provider's own understanding of this was limited. This was a breach of regulation 12 (Safe Care and Treatment) 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.

- People were protected against experiencing potential harm and abuse. Staff had a clear understanding what the possible signs of abuse could be. Staff told us they were confident about reporting any concerns they may have about people's safety.
- There were systems in place for managers to report safeguarding concerns to the local authority.
- We could see appropriate referrals were made when people arrived at the home with pressure sores. However, the managers of the bungalows and the registered manager had not identified other potential signs of abuse when people new to the home arrived with other injuries such as cuts or bruises. They had not investigated further, even when one person came from a home where there were concerns about people's care. The registered manager said they would address this shortfall.

We made a recommendation for the provider to consider current best practice guidance in responding to potential neglect and harm.

Assessing risk, safety monitoring and management

- The managers of the bungalows had a detailed and up to date knowledge of people's risks especially in relation to their nursing needs.
- People had risk assessments and care plans in place to promote their safety and manage their nursing needs. There were processes in place for the deputy and registered manager to monitor these people's needs.
- Checks were being completed to ensure the building and the equipment used was safe. However, we found mattress checks to promote people's skin integrity, were not effective. These checks did not confirm if the mattress was set to the correct setting. We found one out of sample of four was not set to the correct setting. The registered manager later sent us an action plan addressing this issue.

Learning lessons when things go wrong

- There was now a growing culture of learning when something went wrong. Staff spoke confidently about the lessons learnt from a historic safeguarding event which happened at the home last year.
- We identified key improvements had been made at Capwell Grange since our last inspection.

Staffing and recruitment

- We observed, and we were told by staff and people's relatives there were enough staff to meet people's needs.
- New staff had received security checks before they started working at the home. This included a Disclosure and Barring Service (DBS) completed check and references.
- It was challenging for former employee references to be obtained due to the pandemic, the provider was now taking action to resolve this issue.

Using medicines safely

- We checked a sample of people's medicines and found the correct amount had been administered. We also observed a medicine administration round and were satisfied with how this was conducted.
- However, we found some shortfalls in the recording and auditing of people's medicines. The registered and deputy manager said they would address these issues.
- Proactive action had been taken to ensure those who were at the end of their lives had the appropriate medicines available to them, if this was required.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were somewhat assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At our last inspection assessing this aspect of people's care the provider had failed to ensure people's rights were always protected. Restrictions on people's liberty had not always been authorised because most of the Deprivation of Liberty Safeguards (DoLS) authorisations had not been renewed. This was a breach of regulation 11 (Consent to Care and Treatment) 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 11.

- The deputy and registered manager had a system to monitor if people's DoLS authorisations from the local authority needed renewing.
- We saw people being offered choices and being asked questions about their care. Care records and competency assessments for nursing staff directed staff to ensure consent was obtained from people.
- When people were assessed to not have the capacity to make certain decisions, the assessor evidenced how they had reached this conclusion.

Staff support: induction, training, skills and experience

At our last inspection staff did not have a good knowledge and understanding in important aspects of their work. The provider did not have effective ways to ensure staff were well trained and knowledgeable in their practice. This was a breach of regulation 18 (Staffing) 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 18.

- Care staff, nurses and the managers of the bungalows were knowledgeable of people's needs and what processes they must follow when a person became unwell or experienced an injury.
- Staff gave examples of how useful certain recent training courses had been to assist their daily work. They told us they received regular supervisions and why these were helpful to them. But care plans were not always clear and easily accessible for care staff. The registered manager said they would address this issue.
- Nurses and care staff now had regular and detailed competency checks in their work, to test their knowledge and practice. This also gave assurances to the registered and deputy manager these staff were effective in their work.

Supporting people to live healthier lives, access healthcare services and support

- Timely action was taken when a person became unwell and needed professional intervention.
- We looked at sample of records for people who had pressure ulcers. The nurses could demonstrate to us these were all healing.
- Relatives were confident their loved one's health needs were being met. One relative said, "It's because of them [staff] my [family member] is still with us." Another relative said, "[Family member] has improved so much since they have been here."

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

- The registered manager and deputy manager had processes in place to monitor and respond if a person was a low weight. We saw staff followed these processes, seeking professional input from food specialists.
- We were shown records demonstrating people who had previously lost weight had then gained weight. When people were at risk of choking quick action was taken to manage this new need.
- However, we found fluid charts were not completed to check if people had received their target fluids. We spoke with the registered manager about this who agreed further work was needed to see if the record was needed and if so to ensure it was completed. They later sent us an action plan about this.
- Staff checked people's food was prepared correctly before they gave it to them. One person's relative who had pureed food told us, "It looks appetising." They added their relative enjoyed their meals at the home.

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

- We looked at people's risk assessments and their care plans. For people who had a percutaneous endoscopic gastrostomy (PEG) because they had issues with swallowing, we saw their care plans and assessments were detailed.
- We were told by the managers of the bungalows about the good relationships they had with various professionals such as GP's, food specialists, and tissue viability nurses. They talked about the regular productive weekly meetings and one to one consultations they had with these professionals, to manage people's health needs.
- People's care documents also showed regular contact with professionals and regular reviews took place to monitor people's health needs.

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

- The environment had improved since the last inspection. Work had been carried out to make the bungalows look bright and welcoming. We were told by the provider further work will be completed to maintain the environment.

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 inadequate. At this inspection this key question has now improved to requires improvement. 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

At our last inspection the provider did not have effective systems to monitor the quality of care provided and take effective action to respond and resolve matters appropriately and in a timely way, in order to ensure people received good quality care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At a previous inspection the provider had not informed the Care Quality Commission about events which they should do by law. This was a breach of registration regulation 18 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 17 and registration regulation 18.

- At this inspection we identified improvements had been made in management processes to monitor people's safety and managers and staff's knowledge of their roles. For example, responding to injuries, changes in people's health needs, and managing people's nursing needs.
- The providers quality monitoring systems had improved. However, we still found some shortfalls in their audits. In terms of some checks not being completed for hydration and whether mattresses were set to the correct settings. Care plans not being accessible for staff. Issues with the medicine auditing processes. We also identified when people first moved to the home they did not always receive support to manage this change, especially those living with dementia. The managers and provider were not monitoring this issue. The registered manager responded to these shortfalls, but the providers audits had not identified them.

We found no evidence people had come to harm due to these shortfalls. We had also seen improvements in the standard of the care delivery. Therefore, we made a recommendation for the provider to consider current best practice in assessing and monitoring the quality and performance of the service. To also consider innovative work to improve people's experiences.

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

- The culture at Capwell Grange had improved. We observed staff were respectful and attentive to people.

We saw some people had formed friendly relationships with some of the staff.

- Although, we found when some people first moved to the home, they sometimes lacked support to help them settle into their new home. Attention was needed to plan their care, and to check these people were helped to feel at home. This was not being monitored. The registered manager said they would address this issue.
- Relatives could see improvements, but they felt more time was needed for them to be confident these improvements had been sustained.

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

- The quality of care had improved at Capwell Grange. Staff told us they felt they could approach the managers at the service, and they did feel listened to.
- The registered and deputy manager responded openly when shortfalls were identified. They made plans to address these.

Working in partnership with others

- Nurses and managers told us how they had worked with a range of professionals to achieve improvements for people's physical and mental health and to improve the quality of their day to day life.
- The provider had responded to the previous concerns raised by the local authority and CQC.