

Shaftesbury Care GRP Limited

Henwick Grange

Inspection report

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Date of inspection visit:
10 February 2021

Date of publication:
15 April 2021

Ratings

| | |
|---------------------------------|------------------------|
| Overall rating for this service | Requires Improvement ● |
| Is the service safe? | Requires Improvement ● |
| Is the service well-led? | Requires Improvement ● |

Summary of findings

Overall summary

About the service

Henwick Grange is a nursing home providing personal and nursing care to 56 people aged 65 and over. At the time of the inspection the service was supporting 20 people.

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

Clinical oversight was ineffective. There was a lack of management oversight of the service being provided. Systems, processes and checks had failed to identify the shortfalls we identified during our inspection visit.

Risks to people's safety was not always well managed which placed people at risk of harm. Care plans were not always being followed including some aspects of medicine administration.

Risks to people's skin care management and instructions from health care professionals were not always followed.

Staff were recruited safely. Checks made prior to employment had been carried out to ensure staff were of good character.

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 requires improvement (published November 2020).

Why we inspected

This focused inspection was prompted in part due to concerns received about safe care and treatment for people. A decision was made for us to inspect. We only looked at the key questions of safe and well-led.

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 coronavirus and other infection outbreaks effectively.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the safe administration of people's medicines, risks to people's pressure area care and clinical governance.

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

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 request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always safe.

Details are in our well-led findings below.

Requires Improvement ●

Henwick Grange

Detailed findings

Background to this inspection

The inspection

This was a focused inspection to check on concerns raised with the Care Quality Commission about people's safe care and treatment.

As part of this inspection we also 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 team consisted of two inspectors and a Specialist Advisor {a registered general nurse}.

Service and service type

Henwick 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 did not have a registered manager in place. This means that the provider is 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 on 10 February 2021.

What we did before the 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.

We looked at information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. We sought

feedback on the service from the local authority and local 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 all this information to plan our inspection.

During the inspection

We spoke with two people who lived at the home and four relatives by telephone. We also spoke with the regional manager, the regional support manager and business support manager. In addition, we spoke with one nurse, one nurse associate, catering staff, domestic staff and maintenance staff.

We looked at a range of records. these included four people's care records, multiple medicines records, staff rotas, staff training records, and staff recruitment records. We also looked at incident and accident records, complaints, selected policies and records relating to the safety of the premises and management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at rotas 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 now deteriorated to 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 and recorded accurately.
- Where people received their medicine in the form of transdermal patches a rotation chart was in place so there was a record of when, how and where on a person's body the patch needed to be placed to meet their health needs. [The rotation placement of transdermal patches is important to avoid sensitivities. These include, developing and thinning of the skin which can develop if routinely applying the transdermal patch to the same area and the rate of absorption into the blood stream can be higher leading to overdose.
- There was no record of daily checks to show if transdermal patches] remained on a person's body [where it should be and or a consistent record of the removal of the previous patch to avoid the risk of overdose].
- When medications which are prescribed on a where necessary basis [PRN] the reason for this should be recorded and the effectiveness recorded on the back of the Medication Administration Record [MAR] sheet, There were a number of occasions where a PRN medication was administered and neither the reason or effectiveness was recorded.
- Where verbal prescriptions and handwritten instructions had been made we saw these were not always signed to identify who had written them.
- The nurse told us they had attended medicines management and administration training and had her competency assessed since starting her employment.

Assessing risk, safety monitoring and management

- People were at risk of skin damage.
- We found concerns regarding the care and treatment of people's skin including pressure area care. Staff had not always followed the instructions of the tissue viability nurse. For example, the tissue viability nurse had recommended a person be repositioned every two hours. However, according to the person's care records on 4 February 2021 they were not repositioned for up to seventeen hours. This placed the person at risk of harm.
- There was not always sufficient details in people's care plans once concerns over a person's skin was identified. The information had not been communicated to staff using handover sheets and prescribed interventions not recorded on people's re-positioning charts.
- Regular safety checks and servicing was carried out in areas such as fire and electrical safety, the environment, water quality and a variety of health and safety checks. People had personal emergency evacuation plans [PEEPs] in place that directed staff how to respond in the event of an emergency.

We found systems were not robust enough to demonstrate risk was effectively managed. This placed people

at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- The provider understood their responsibility to report allegations of abuse to the local authority and the Care Quality Commission. During the inspection period we were made aware of five safeguarding referrals made to the local authority which were being investigated.
- People told us they felt safe living at the home. One person said " I'm generally well looked after...no complaints."

Staffing and recruitment

- We saw there were enough staff to respond to requests for assistance and call-bells without unreasonable delay.
- The provider told us they monitored and adjusted staffing levels in response to people's current care needs.
- The provider followed safe recruitment procedures to ensure prospective staff were suitable to work with the people living at the home. Agency staff were used to cover shortfalls in staffing numbers especially to cover the nurse rota.

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 assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Staff were aware of how to report accidents and incidents involving people who lived at the home.
- Incidents were noted in the care records and reviewed by the management. These records were completed and demonstrated appropriate action by staff.
- Learning from incidents was reviewed and if necessary, discussed at staff team meetings.

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 requires improvement. At this inspection this key question has now remained the same. 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.

- There was lack of governance and clinical oversight as the service had not been effectively managed.
- During a recent Covid-19 outbreak at the home we found the provider had failed to monitor the clinical needs of people putting them at potential risk of harm. We identified throughout our inspection, shortfalls in the management of people's transdermal medicines and staff support with people's repositioning to prevent pressure damage .
- Communication in the home with management and staff failed to support people's care resulting in harm to people which is being investigated.
- This is the third consecutive inspection rating of requires improvement. The provider has failed to make and sustain improvements.

The provider failed to operate effective systems and processes to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

- At this inspection there was not a registered manager in post, the service manager had left their position. The provider was in the process of recruiting a new manager. There had not been a registered manager in post since July 2019.
- A relative we spoke with commented about the management, "There is a high turnover of management, we've never met, and no-one has introduced us."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The management team were open and approachable and aware of their responsibilities under the Duty of Candour. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.
- Following our inspection, we met with the provider, the local authority and clinical commissioning group to discuss the concerns raised and to seek assurances. The provider sent in action plans of how they intended to improve the situation and the lessons learnt.
- The management now had a daily 'managers monitoring meeting'. This followed a set structure. For example, a manager feedback meeting with staff informing them of their findings from their walk around

such as, to ensure there were always drinks in all rooms, bedding needs to be crease free to prevent skin sores and to be positive all turn charts were completed."

- The management had involved GP's, tissue viability nurse and speech and language therapists to support people's care and developed good working relationships.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received mixed responses from relatives about communication and their involvement with the home. One relative told us, they had difficulties' during the Covid-19 pandemic keeping in touch with their relative who resides at the home. They said, "We use [social media site name] to keep in touch, however this doesn't always happen due to the tablet not being charged or staff are not available – everything at their [staff] convenience instead of the people and their relatives." Another relative said, "We ring three times a week, we have a good relationship with staff."

- People's individual care plans detailed their personal choices, sexuality and religious preferences. However, there was no evidence of celebrating cultural, religious or Lesbian Gay Bisexual Transgender communities [LGBT].

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 |
| Diagnostic and screening procedures | The provider failed to ensure the correct administration of medicines. The provider failed to ensure correct procedures were followed for people's pressure area care. |
| Treatment of disease, disorder or injury | |