

H & L Care Limited

# Hunningley Grange Residential Home

## Inspection report

327 Doncaster Road  
Stairfoot  
Barnsley  
S70 3PJ

Tel: 01226245348

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

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 and people were living with dementia. At the time of our inspection there were 27 people using the service.

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

We carried out a tour of the home and found concerns regarding infection prevention and control. Some areas required a deep clean. People received their medicines as prescribed. We informed the registered manager about some minor medication recording concerns and they took appropriate action to address these following our inspection. There were some occasions when there were not enough staff available to meet their needs effectively. Risks associated with people's care needs had been identified and risk assessments were in place.

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

The home was not always appropriately designed to meet the needs of people living with dementia. There were limited signage available to assist people to navigate around the home. People did not always have access to tactile objects and items of interest. People were supported to eat and drink sufficient to maintain a healthy diet. The menu was not displayed in a useable format. Staff received training and support to carry out their role. However, some training required refreshing in line with the provider's policy. People had access to outside space, and we saw staff supporting people to use the garden area.

Staff were caring and assisted people in a kind way. 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. However, there was a lack of activities and social stimulation available for people. There was very little available for people living with dementia to engage with. Staff used a screen to play bingo, but people could not see the screen or hear the numbers shouted out. Staff had to leave the activity several times to respond to call bell system.

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.

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

This service was registered with us on 2 November 2020 and this is the first comprehensive inspection. We carried out a focused inspection, published 7 September 2021. This was to respond to concerns and looked at key questions of safe, effective and well-led only. The safe and well-led key questions were rated requires improvement with a breach in good governance.

The last rating for the service under the previous provider was good, published on 16 September 2020.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 found evidence the provider needed to make improvements. You can see what action we have asked the provider to take at the end of this full report.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### 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 one inspector 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 7 people who used the service and 5 relatives about their experience of the care provided. We spoke with 5 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.

### Preventing and controlling infection

- We were not 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 many areas that required attention.
- Many areas required a deep clean, storerooms were untidy, and items were stored on the floor making cleaning difficult. There was a lack of pedal operated bins, and armchairs, some beds, and bathrooms required deep cleaning.
- Following our inspection, the registered manager confirmed they had taken actions to address our concerns. However, internal audit systems had failed to identify these areas prior to inspection.

The provider had failed to ensure infection, prevention and control policies and procedures were always followed. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- 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'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.

### Staffing and recruitment

- Through our observations and speaking with people, relatives and staff, we found people were not always supported by sufficient staff to meet their needs.
- There were many times throughout the day when staff were not visible in communal areas including in the main sitting room, reception and corridors.
- One person said, "Well, [enough staff], sometimes they're down to about two or three and they pick up agency staff and it's very awkward. But they're very nice, every one of them, they can't do enough to help me." Another person said, "No, they don't [come quickly] very often, it's quite a long wait. Sometimes they [staff] come in the night and say they'll be ten minutes and they don't come back."
- The registered manager used a dependency tool to identify the number of staff required each day. We

looked at this in line with the rota for two weeks and found occasions where staffing levels were not sufficient to meet people's needs. The registered manager told us they were in the process of recruiting more staff. In the interim, the registered manager was assisting with supporting people to ensure people's needs were met.

- 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.

#### Using medicines safely

- Systems were in place to ensure people received their medicines as prescribed. However, we found some discrepancies in the recording of medicines administered.
- Some people were prescribed medicines on an 'as and when' required basis, often known as PRN. Information about how and when to take these medicines was available, but not kept with the medication administration records. This made it difficult for staff to access relevant information in a timely way.
- Following our inspection, the registered manager took appropriate actions to address these concerns.

#### 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.
- However, there was no detailed analysis of trends and patterns to help mitigate future risks. For example, there had been a number of unwitnessed falls, but no analysis to identify any potential hazards.

#### Systems and processes to safeguard people from the risk of abuse

- The registered manager kept a record of safeguarding concerns and could evidence actions were taken when abuse was suspected.
- Staff received training in safeguarding and knew what to do if they suspected abuse. Staff were confident the registered manager would take appropriate actions.
- Relatives we spoke with felt people were safe living at the home. One relative said, "Yes it's safe and secure here and to be fair they [staff] have calmed [person] to what they were." Another relative said, "I don't think I'd feel safe leaving [person] if I didn't trust these girls [staff]."

#### Assessing risk, safety monitoring and management

- Risks in relation to people's care had been identified and predominantly managed safely.
- Staff we spoke with were aware of people's risks and could explain how they mitigated risks occurring.
- Maintenance checks of the building and equipment had taken place. We saw equipment had been serviced regularly.

# 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 good. At this inspection the rating for this key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People received support to maintain a balanced diet. However, we observed lunch and found people were offered a choice of drinks although food choices were not offered at the time of the meal.
- The menu was not displayed in an alternative format, such as the use of pictures, or offering plated meals to help people decide what they would prefer. The menu board was displaying the wrong menu which was contradictory of what food was provided.
- We saw people were offered drinks and snacks in-between meals.
- The home had minimal signage to assist people to navigate around the home. Some bedroom doors did not have people's names on them, and bathroom and toilet doors signs were not dementia friendly. We saw a lack of pictures and stimulus available throughout the home. For example, the lounge area was quite sparse, and the dining room was locked between meals.
- We discussed these issues with the registered manager who assured us action would be taken to address these concerns.

People did not always receive person-centred care which met their needs and took in to 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.

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.
- The provider used an electronic care planning system which recorded the care and support people received.
- Care plans evidenced people received support from health care professionals as required.

Staff support: induction, training, skills and experience

- The registered manager used a training matrix to track training completion. We found not all staff had completed refresher training in areas the provider had deemed mandatory. The registered manager was taking action to ensure staff training was addressed.
- Staff we spoke with felt supported by the registered manager and told us they received regular one to one

meeting to discuss their work.

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.

- Care plans were in place for mental capacity which included information about how people were to be supported.
- Some DoLS had conditions attached and these were recorded in care planning documentation and monitored appropriately.

# 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 did not rate this key question. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with felt staff maintained their privacy and dignity. However, some people had not always received personal support they required to brush their hair and appropriately dress. We raised this with the registered manager who told us they had taken action to address this.
- Staff explained how they closed doors and curtains when carrying out personal care. This was to maintain the person's dignity.

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

- We observed staff interacting with people and found they were kind and caring.
- We asked people if they thought the staff were kind. One person said, "Kind? oh yes."
- Relatives we spoke with said, "It's a nice atmosphere as well, the atmosphere's very good." Another relative explained how staff had not only supported their family member but had also supported them. They said, "They've been a great support to me, they've [staff] been amazing."

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

- When staff interacted with people, they were considerate of what the person wanted. For example, we saw one person looking outside and staff asked them if they would like to go in the garden.

# 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 did not rate this key question. This key question has been rated requires improvement. 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

- We found there was a lack of social activities within the home and a lack of tactile items for people to engage with.
- During our inspection staff were providing a game of bingo, however, the screen used was too small for people to see and the sound was poor. Staff were required to leave the game on several occasions while they responded to the call system. This did not create an effective activity and people became disengaged.
- One person told us they would like more conversation with staff and said, "Staff don't come in [bedroom] for a chat, they're too busy." Another person told us they were bored.
- We spoke with the registered manager who told us they were in the process of recruiting an activity co-ordinator and was hopeful activities would improve.

People did not always receive person-centred care which met their needs and took in to 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.

- People's care plans contained information about their care and how they liked to be supported. Staff we spoke with knew people well.

### 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 not always appropriate for people to understand. For example, information was in written format. The use of pictures may have 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 provider had a complaints procedure in place. This was used to support people and their relatives to raise concerns.
- Concerns were recorded, and the registered manager could demonstrate that appropriate actions had been taken to provide each complainant with an appropriate outcome.

#### End of life care and support

- People were supported at the end stages of their lives. Staff ensured people were comfortable and that 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(1).

- Systems in place to monitor the service were not always effective. For example, audits in place had not identified the concerns we found in relation to infection prevention and control, the meal service and dementia friendly environment.
- The provider visited the home frequently and carried out a review of the service. However, these concerns had not been identified during provider visits.

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.

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

- The management team did not always promote a positive culture which was person-centred. For example, people had limited access to the dining room, did not always receive support to preserve their dignity and the service did not always facilitate the needs of people who were living with dementia.
- Following our inspection, the registered manager took appropriate actions to ensure improvements took place in this area.

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, although this could be improved. Relatives felt involved saying, "[Manager] seems to be on top of things, I speak to [Manager] about it and it's dealt with [complaints]," and "They [staff] interact with family members really well."

- However, some people who used the service told us they didn't feel involved in the home. When we asked about residents' meetings, we were told these did not happen.
- We saw results of a recent quality survey, where relatives had been asked for their comments about the home. The registered manager told us the conclusion from the survey were families appeared to be satisfied with the home, staff, and care, but there were people who were not satisfied. Some concerns were the environment, lack of meetings and no activities. The registered manager told us they were looking to resolve these issues.

#### Working in partnership with others

- The provider could not always evidence that they worked effectively with others.
- The local authority had raised concerns with the home prior to our inspection and had given opportunity for the management team to action concerns. There was no evidence these issues had been addressed.

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.

#### 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 registered manager had a good understanding of their duty of candour and had reported notifiable incidents to the appropriate bodies.

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 9 HSCA RA Regulations 2014 Person-centred care  People did not always receive person-centred care which met their needs and took in to consideration their preferences.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to ensure infection, prevention and control policies and procedures were always followed.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  We identified a lack of person centred care, leadership, engagement and ineffective management systems.

### **The enforcement action we took:**

Warning notice