A H Choudhry

Hunningley Grange Residential Home

Inspection report

Hunningley Grange
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Barnsley
South Yorkshire
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 19 October 2016 and was unannounced. This meant the registered provider and staff did not know we would be visiting. The service was last inspected in April 2014 and was meeting the regulations we inspected at that time.

Hunningley Grange is a detached residence with a purpose built extension, registered to provide personal care for 36 older people. All accommodation and services are on the ground floor. The home is located in the centre of Stairfoot, approximately two miles from Barnsley town centre. At the time of our inspection 32 people were using the service.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us the service kept them safe. Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. Regular checks were made of the premises and equipment to ensure they were safe for people to use. Procedures were in place to monitor and respond to accidents and incidents.

Plans were in place to keep people safe in emergency situations. Policies and procedures were in place to help protect people from abuse. People's medicines were managed safely.

The registered manager monitored staffing levels to ensure they were sufficient to support people safely and the registered provider's recruitment processes reduced the risk of unsuitable staff being employed.

Staff told us they received the training they needed to support people effectively and said they found it useful and would be confident to ask for any additional training they felt was needed. Staff were supported through regular supervisions and appraisals.

Staff worked within the principles of the Mental Capacity Act 2005, but improvements were needed in recording information on people's capacity. We made a recommendation that the service finds out more about MCA record keeping.

People were supported to maintain a healthy diet and to access healthcare professionals to maintain and promote their health.

People spoke positively about staff at the service, saying they were kind and provided high-quality care. People said they were treated with dignity and respect and we saw this was the case during the inspection. Throughout the inspection we saw staff delivering kind and caring support.

Procedures were in place to support people to access advocacy services and to plan end of life care where needed.

Care was based on people's assessed needs and preferences and was person-centred. The registered manager and staff looked at how to support people to lead independent lifestyles and develop new skills.

People were supported to access activities they enjoyed and spoke positively about the activities on offer. Procedures were in place to investigate and respond to complaints and people and their relatives told us they knew how to complain and were confident any issues raised would be acted on.

People spoke positively about the registered manager, who was a visible presence around the service. The registered manager carried out a number of quality assurance checks to monitor and improve standards at the service. Feedback was sought from people using the service, their relatives, staff and external healthcare professionals through an annual survey.

The registered manager had informed CQC of significant events in a timely way by submitting the required notifications, though we did note that we had not been informed of some safeguarding incidents.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring.

Policies and procedures were in place to help protect people from abuse.

People's medicines were managed safely.

The registered provider's recruitment processes reduced the risk of unsuitable staff being employed.

Is the service effective?

Requires Improvement

The service was generally effective but improvements were needed in recording information on people's capacity. We made a recommendation that the service finds out more about MCA record keeping.

Staff told us they received the training they needed to support people effectively and were supported through regular supervisions and appraisals.

People were supported to maintain a healthy diet and to access healthcare professionals to maintain and promote their health.

Is the service caring?

Good

The service was caring.

People spoke positively about staff at the service, saying they were kind and provided high-quality care.

People said they were treated with dignity and respect and we saw this was the case during the inspection.

Throughout the inspection we saw staff delivering kind and caring support.

Procedures were in place to support people to access advocacy services and to plan end of life care where needed.

Is the service responsive?

Good

The service was responsive.

Care was based on people's assessed needs and preferences and was person-centred.

People were supported to access activities they enjoyed and spoke positively about the activities on offer.

Procedures were in place to investigate and respond to complaints.

Is the service well-led?

Good

The service was well led.

People spoke positively about the registered manager, who was a visible presence around the service.

The registered manager carried out a number of quality assurance checks to monitor and improve standards at the service.

Feedback was sought from people using the service, their relatives, staff and external healthcare professionals through an annual survey.

Hunningley Grange Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 October 2016 and was unannounced. This meant the registered provider and staff did not know we would be visiting. The inspection team consisted of two adult social care 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.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The registered provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the local authorities who worked with the service to gain their views of the care provided by Hunningley Grange Residential Home. We did not receive any feedback.

During the inspection we spoke with 16 people who used the service and two relatives. We looked at eight care plans, medicine administration records (MARs) and handover sheers. We spoke with 11 members of staff, including the registered manager, care staff, kitchen, maintenance and housekeeping staff. We looked at four staff files, which included recruitment records, as well as other records involved in running the service.

Good

Is the service safe?

Our findings

People told us the service kept them safe. One person said, "The staff are so kind. It makes you feel safe." Another person said, "The staff keep you safe at all times." Another told us, "I am much safer here than at home. That is so reassuring." Another person said, "This is better than being at home. I was so lonely and frightened at home." A relative we spoke with said, "I have no worries about [named person] being here." Another relative told us, "[Named person] is so safe here."

Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. Risk in areas such as nutrition, medication, skin integrity and falls were assessed to see if people needed additional support in those areas. Where they did, plans were put in place to help keep people safe. For example, one person's continence risk assessment identified the need for continence aids and these were arranged. Another person was assessed as being at risk of falls, so a walking aid was arranged to help them move around more safely. The registered provider's policy was to review risk assessments on a monthly basis, but we saw in some cases reviews were not up to date. However, discussions with staff confirmed that they were knowledgeable about the risks people faced and could describe how they kept them safe. We shared this with the registered manager who advised that risk assessments would be reviewed immediately and monitored in the future.

Regular checks were made of the premises and equipment to ensure they were safe for people to use. Required test and safety certificates were in place in areas including hoists, electrical and gas safety, fire alarms and water treatment. Bedroom audits and other checks of the building were carried out regularly to ensure they were safe. One person told us, "The managers ensure we live in a safe environment, they are so thorough."

Procedures were in place to monitor and respond to accidents and incidents. Reports were made of accidents or incidents, and these recorded the steps taken to reduce the chances of them occurring. We saw an example of this during our inspection when a member of staff brought an incident to the registered manager's attention, who then took action to investigate it. The registered manager monitored accident and incident reports on a monthly basis to see if any trends were emerging requiring remedial action to be taken.

Plans were in place to keep people safe in emergency situations. Each person had a personal emergency evacuation plan (PEEP). The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. A business contingency plan was in place to help ensure people received a continuity of care in situations that affected the use of the building. Fire alarms were regularly checked and fire drills carried out to ensure staff knew how to support people to evacuate the building.

Policies and procedures were in place to help protect people from abuse. Staff were knowledgeable about the types of abuse that can occur in care settings and said they would not hesitate to report any concerns they had. One member of staff told us, "I would report any inappropriate behaviour towards any one of our

people." Staff also told us they would whistle-blow. Whistleblowing is when a member of staff tells someone they have concerns about the service they work for. One member of staff we spoke with said, "We are all told to report any concerns we have straightway." Minutes of staff meetings showed that safeguarding best practice was discussed to ensure staff were aware of safeguarding policies and procedures. Where issues had been raised records confirmed investigations had taken place and appropriate referrals had been made to the local safeguarding team. This meant staff procedures were in place to reduce the risk of abuse occurring.

People's medicines were managed safely. We found that there were appropriate arrangements in place for obtaining medicines; checking these on receipt into the home and storing them. We looked through the medication administration records (MARs) and it was clear all medicines had been administered and recorded correctly. Adequate stocks of medicines were securely maintained to allow continuity of treatment. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

All staff who administered medicines had been trained and completed regular competency checks to ensure they were able to safely handle medicines. We found that information was available in both the medicine folder and people's care records, which informed staff about each person's protocols for their 'as required' medicine. We saw that this written guidance assisted staff to make sure the medicines were given appropriately and in a consistent way.

Arrangements were in place for the safe and secure storage of people's medicines. Room temperatures were monitored daily to ensure that medicines were stored within the recommended temperature ranges. We saw that there was a system of regular audit checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

People and their relatives told us their medicines were managed safely. One person said, "They (staff) get my tablets from the chemist. I get them all on time." Another person said, "'I keep my own medication. They (staff) did an assessment to make sure it was safe." A relative we spoke with told us, "The staff always come round with medication on time from what I have seen."

The registered manager monitored staffing levels to ensure they were sufficient to support people safely. Day staffing (during the week and at weekends) levels were one senior care assistant and three care assistants. Night staffing levels (during the week and at weekends) were one senior care assistant and one care assistant. We checked staff rotas, which confirmed those staffing levels. The registered manager based staffing levels on people's assessed levels of dependency, which was reviewed every month. The registered manager told us these assessments had led her to conclude additional staff were needed and a recruitment process was underway. Staff absence through sickness or holiday was covered by other staff at the service. In emergencies, cover was available from staff at another service operated by the registered provider located nearby. The registered manager said this was preferable to using agency staff as they preferred people to be supported by familiar faces.

Staff told us there were enough staff employed and that sickness and holidays were covered. Throughout the inspection we saw staff responding to people's calls for support in a timely manner. Call bells were answered quickly, and staff had time to wander into communal areas to check that people in them were safe. One person we spoke with told us, "I call for help if I need it. They come straight away." Another person said, "The staff give me good attention. I don't have to wait long for anything."

The registered provider's recruitment processes reduced the risk of unsuitable staff being employed. Applicants were required to complete an application form setting out their full employment history. Records of recruitment interviews confirmed applicants were asked care related questions to help assess their suitability. Written references and proof of identify were obtained. Where applicants could not supply two written references (for example, if they had not previously been employed) they were required to sign a declaration that they had disclosed all relevant information to the registered manager, and then worked under supervision for a period of time if they were recruited. Disclosure and Barring Service (DBS) checks were also carried out. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults.

Requires Improvement

Is the service effective?

Our findings

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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. The application procedures for this in care homes and hospitals are 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 were being met. We discussed the requirements of the MCA and the associated DoLS with the registered manager.

Care records showed that the registered provider understood when assessments of the person's capacity were needed. The forms used helped staff to identify the decisions people were able to make and those where a 'best interest' decision was needed. The records also prompted staff to record whether relatives held enacted lasting power of attorney for care and welfare or were Court of Protection deputy and therefore could legally make decisions about individual's care and treatment needs. We saw evidence of the involvement of people's relatives and other professionals in these assessments. However, we did see that some people's capacity assessment had not fully considered the impact of their mental health conditions on their ability to make decisions. Staff displayed knowledge of how these people should be supported to make decisions, but this had not always been recorded. The registered manager recognised this deficit and told us that they had sourced additional training for staff to assist them become more confident when implementing the MCA guidance.

We also saw that the service was helping one person whose mental health difficulties impacted their cognition with positive risk-taking by supporting them to access the local community. Staff could describe how this was done safely, but details were not recorded in the person's care records. The registered manager said they would ensure the appropriate risk assessments were completed.

We recommend that the service finds out more about MCA record keeping, based on current best practice.

At the time of the inspection, we found that, where appropriate people were subject to a DoLS authorisation. The registered manager explained that most people would need this form of authorisation and they had submitted the applications but the supervisory body had not yet processed them. They confirmed that action was being taken to chase this up and none of the people actively sought to leave the home. Staff had a good understanding of DoLS and why they needed to seek these authorisations. We found that they had recognised that people may have disabilities, but were able to retain the capacity to make decisions about their care.

People were supported to maintain a healthy diet. People's nutritional needs were assessed and regularly reviewed, and their dietary needs and preferences were recorded in their care plans. Staff had a good knowledge of these which meant people were supported to enjoy the foods they wanted and needed. The cook was also the service's 'Nutrition Champion'. They told us this involved them attending additional training on food and nutrition and knowledge with other staff.

There was a set menu in place but people were free to ask for any food they wanted and this was provided. Outside of mealtimes we saw that people were regularly offered drinks and snacks. Most people chose to eat their meals in the communal dining room but said they were free to eat in their rooms if they wanted. We ate lunch with people and saw that there was a friendly and homely atmosphere at mealtime. However, we did note that there were delays in people receiving their food as the cook did not have a kitchen assistant so was working hard to prepare food and plate it up. We told the registered manager about this. They said two people who used the service sometimes helped in the kitchen but this had stopped recently, and they recognised the need to review staffing levels in the kitchen.

People spoke positively about the food at the service. One person we spoke with said, "The food is just right for me." Another told us, "I am more than happy with the food. They will do me anything if I ask." Another person said, "I cannot fault the food." Another told us, "We get good, old-fashioned food. And plenty of it."

Staff told us they received the training they needed to support people effectively. Mandatory training was completed in areas including first aid, safeguarding, fire safety, infection control, food safety and dementia awareness. Mandatory training is training the registered provider thinks is necessary to support people safely. Mandatory training was refreshed at least every three years to ensure it reflected current best practice. Training was delivered by an external company, and combined classroom and online learning. Staff with additional duties such as medicine administration received extra training to allow them to carry those tasks out. The registered manager planned and monitored training using a chart. This showed that staff had either completed all required training or that training had been arranged.

Newly recruited staff completed induction training. This involved an introduction to people using the service, learning policies and procedures and working under the supervision of more experienced members of staff.

Some staff had completed Care Certificate training, and the registered manager said more would be doing so. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected.

Staff we spoke with said they found the training they received useful and would be confident to ask for any additional training they felt was needed. One member of staff we spoke with said, "I have done so much training in relation to people with living with a dementia. I feel so much more aware of their needs."

Staff were supported through regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records of supervisions and appraisals showed they were used to discuss training and any other support needs they had. For example, one member of staff's supervision was used to review their recently completed induction training and to plan the training they would like to complete in future. Staff said they found supervisions and appraisals useful and that they were free to raise any issues they had at these meetings.

People were supported to access healthcare professionals to maintain and promote their health. Care plans

contained records of visits from relevant professionals, including GPs, district nurses, chiropodists, the memory clinic and continence nurses. People and their relatives told us staff helped them to access these services whenever they were needed. One person told us, "I have regular visits to the hospital. They (staff) make sure that an ambulance comes to pick me." Another person said, "I see [named external professionals]. The staff make sure I get there." Another said, "'I have my own GP. The staff will communicate with them if I need them to." A relative we spoke with said, "They call out the specialist services whenever they are needed."

Good

Is the service caring?

Our findings

People spoke positively about staff at the service, saying they were kind and provided high-quality care. One person we spoke with said, "I like living at Hunningley Grange. The staff look after us all very well." Another person told us, "The staff are nice and kind - they are brilliant - they look after me well." Another person said, "The staff here are lovely." Another said, "The staff are great. That's what is so good about this place." Another person told us, "The staff help me out whenever I need something."

Relatives we spoke described the service as kind and caring. One relative told us, "The staff are very, very, very kind. They look after [named person] so well. Nothing is too much trouble" and "I think it is a wonderful home." Another relative said, "I have no worries about [named person's] care. I cannot thank the staff enough" and "The staff show such love and care."

People said they were treated with dignity and respect and we saw this was the case during the inspection. One person said, "I feel respected and I feel listened to." Another person told us, "'Yes I feel respected, and staff always knock on my door before coming into my room." We saw that staff spoke with people in a friendly but professional and respectful way, using their preferred names and asking for permission before supporting them. Staff knocked on people's doors and waited for permission before entering, and were careful not to discuss people's support needs in communal areas.

Staff engaged with people in a warm and caring manner, greeting people on first seeing them and taking time to sit and chat throughout the day. Where people appeared anxious or distressed we saw staff using appropriate touch such as holding people's hands to offer them support and reassurance.

Throughout the inspection we saw staff delivering kind and caring support. In one example we saw a member of staff helping a person to decide what they would like from the tea trolley. The member of staff helped the person to locate their favourite cup then to choose which biscuits they would like. The member of staff reminded the person which biscuits they had enjoyed the day before, which helped the person to decide. In another example, we saw a member of staff helping to reassure a person who was becoming anxious and displaying behaviours that can challenge. The member of staff spent time reassuring the person until they appeared happy and relaxed, and then moved around to other people who had witnessed what happened to reassure them. Later in the day we saw staff sitting in a communal lounge engaging people in relaxed and friendly conversations, asking what they had been doing that day and about a programme they were watching on TV.

At the time of our inspection one person was using an advocate. Advocates help to ensure that people's views and preferences are heard. The registered manager told us how they had arranged for the appointment of the advocate, including arranging a multi-disciplinary team meeting at the service attend by other professionals involved in the person's care. This meant procedures were in place to help ensure people's views were heard when planning their care.

No-one was receiving end of life care at the time of our inspection. The registered manager was able to

explain how this would be arranged if needed, including how the service would ensure people's relatives and other professionals were involved. Some staff had received training in end of life care, and the registered manager said this would be extended to more staff if such care was needed.

Good

Is the service responsive?

Our findings

Care was based on people's assessed needs and preferences and was person-centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. Before people started using the service their support needs were assessed in a number of areas, including personal hygiene, continence, skin integrity, food and nutrition, activities and mobility. Where a support need was identified a care plan was put in place, guiding staff on the help the person needed and how they would like it delivered. For example, one person's personal hygiene care plan detailed the things they would like to do for themselves and the tasks they would like support with, such as showering.

Care plans were reviewed on a monthly basis to ensure they reflected people's current support needs. We saw that some of these monthly reviews had been missed, and when we asked the registered manager about this she said this would be immediately investigated to reduce the risk of them being missed again. Despite the missed reviews, we saw staff were knowledgeable about people's preferences and throughout the inspection we saw examples of people being offered choices over the support they received.

The registered manager and staff looked at how to support people to lead independent lifestyles and develop new skills. Four of the people had been able to work with the cook to develop their cooking skills. All were being supported to gain their food hygiene qualifications in order to make employment opportunities as kitchen assistants more readily available. One of the people told us they intended to initially be a volunteer in the home's kitchen and to do this until they felt confident to try and seek paid employment. We also heard that one of the people also assisted the laundry staff and again was looking to see this work become paid employment.

People were supported to access activities they enjoyed. The registered provider employed an activities co-ordinator who worked at the service four days a week. People spoke fondly of the activities co-ordinator and the activities they organised. We saw that a range of activities was on offer on a daily basis, including games, music, physical exercise, arts and crafts, poetry reading and the attendance of singers and entertainers. A range of pastoral visitors and church leaders also visited the home. On the day of our inspection a quiz and musical exercises were taking place, which most people clearly enjoyed. Where people were unable to participate in group activities we saw the activity co-ordinator and other staff spending time with them to ensure they did not feel excluded.

People and their relatives spoke positively about the activities on offer. One person told us, "With all these activities you never get bored." Another person said, "I will join in anything. It is such fun." A relative we spoke with said, "Everyday there is some sort of activity going on" and "There are special activities around holidays such as Easter and Christmas." Another relative told us, "The activity worker tries to cover everything. People really enjoy it. "

Procedures were in place to investigate and respond to complaints. People and their relatives told us they knew how to complain and were confident any issues raised would be acted on. One person told us, "I could speak with [the registered manager] at any time if something was wrong." Another person said, "If you ever

have a problem [the registered manager] sorts it out straight away." A third person told us, "I have never had to complain about anything." Another person said, "If I was unhappy I would speak to staff." A relative we spoke with said, "I have been given details of how to make a complaint." Another relative told us, "I see [the registered manager] whenever I have a problem. She sorts things out really quickly."

There was a complaints policy in place, and this was publically advertised in the reception area. Records confirmed that any issues raised were investigated and updates and outcomes sent to the people involved.

Good

Is the service well-led?

Our findings

People spoke positively about the registered manager, who was a visible presence around the service. One person told us, "The manager is always around the home. She comes to ask me how things are." Another person said, "The manager is great. There is nothing she will not do for us." Another said, "[The registered manager] really knows how to look after us. She only has our best interests at heart."

Relatives we spoke with also praised the registered manager. One relative told us, "The manager is so open and transparent with us." Another relative said, "The manager makes this place what it is – a real home, full of caring people."

Staff said the registered manager was approachable, supportive and always working to monitor and improve standards at the service. One member of staff told us, "The manager keeps us going. She is very positive about the work we do and is very supportive." Another told us, "[The registered manager] spends a lot of time on the shop floor. She knows people well." Staff confirmed that staff meetings took place on a regular basis and were used to keep them informed of service news and developments.

The registered provider employed a business manager, who visited the service regularly to support staff and was well known by people and their relatives. One person told us, "[The business manager] came to see me soon after I moved in to see if they could do anything to improve my stay, which is really reassuring." Another person said, "[The business manager] comes to see me every time they visit. I am happy to tell them what I think.

We asked people and their relatives if there were any improvements they would like to see at the service. Nobody could think of anything they would like to see improved. One person told us, "The whole staff team have made every effort to ensure my needs are met - I cannot praise them highly enough." A relative told us, "I totally admire the staff team for the wonderful manner in which they support people with various forms of confusion and dementia" and "This staff team are a credit to the caring profession." Another relative said, "'There is no room for improvement as far as I can see" and "It might not be a five star property but the care definitely is five star."

The registered manager carried out a number of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. Regular audits were carried out in areas including care plans, medicine management and accidents. We saw that where these identified issues, remedial action was taken to address them. The registered provider carried out monthly quality review visits, which the registered manager said were useful in supporting them and staff.

Feedback was sought from people using the service, their relatives, staff and external healthcare professionals through an annual survey. This had last been completed in February to April 2016. The registered manager analysed the results of these surveys to see if any actions were needed. We saw that the

feedback from the most recent surveys was largely positive, and that negative feedback led to actions being taken. For example, someone in the external professional survey had commented on the need to improve the layout of the reception area. As a result new chairs were purchased and the layout of the reception area changed.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications, though we did note that we had not been informed of some safeguarding incidents. The registered manager said they would ensure all such notifications were sent to CQC in future.