Almondsbury Care Limited

Hatherley Grange Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place on 20 October 2014 and was unannounced.

Hatherley Grange Nursing Home provides accommodation and nursing care for up to 25 people who have nursing or dementia care needs. At the time of our inspection there were 22 people who lived in the home. The home had 25 bedrooms over 4 floors. People had complex health needs and lived with advanced stages of dementia. Most people spent their day in the lounge and adjacent dining room.

A registered manager was in place as required by their conditions of registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

At our previous inspection on 3 June 2014, the provider did not meet all the legal requirements in relation to the management of medicines and supporting and training staff. Following this inspection, the provider sent us an action plan to tell us the improvements they were going to make. During this inspection we looked to see if these improvements had been made. We found that improvements had been made in systems to manage and record people's medicines. However staff training as stated in the action plan had only been partially carried out. Not all staff had received relevant training in caring for people living with dementia to ensure their care practices were up to date.

People's mental capacity for specific decisions had not been thoroughly assessed or recorded although staff knew people well enough to understand their preferences. Records of best interest decisions made on behalf of people were not in place.

People who spent the day in their bedrooms due to their health needs were not always effectively monitored to ensure their safety and wellbeing. The provider's safeguarding policy and some training provided to new staff did not always give staff clear guidance on where they could report any allegations of abuse or poor care practices to outside agencies. Recruitment processes and employment checks had been carried out by an agency.

Care records gave staff guidance so they could deliver care and support which was focused around the person. Activities provided for people were limited and not always personalised, especially for those people who had advanced dementia. People were not always provided with activities that were meaningful to them.

Although people were well cared for, there was a sense that the provider and registered manager did not have a vision of how the service provided could continually improve. The registered manager and staff were not fully aware of changes in the latest care practices and legislation. Although the provider supported the registered manager in implementing changes there was no record or action plan to drive improvement in the quality of the service provided.

People had access to health care services such as chiropodists and mental health teams to meet their specific needs. Staff implemented the recommendations made by the professionals to ensure people's changing needs were being met. People enjoyed the well balanced meals that were provided and staff supported them respectfully to eat their meals.

We observed people were well cared for. Staff were compassionate and kind when supporting people. People looked relaxed and content at the home. Relatives were positive about the care their loved ones received at the home.

Relatives told us they had confidence in the registered manager and staff. The registered manager knew people individually and how they preferred to be supported. They had formed strong links with health care services to ensure people received additional care or treatment in a timely manner.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. People who spent their day in the lounge and dining room were supported by sufficient numbers of staff. However the well-being of people who were cared for in their bedrooms was not effectively monitored.

Employment checks of staff were carried out by an agency. Staff did not have knowledge how to contact local safeguarding authorities if they wished to report an allegation of abuse outside the home.

Relatives said their loved ones were safe at the home. People looked relaxed around staff and content to be living in the home. Staff knew people well and knew how to support them.

Is the service effective?

Requires Improvement

The service was not always effective. Relatives told us that overall people received good care. However, staff skills and knowledge had not been fully updated to ensure they were caring for people in line with current care practices.

Records of people's ability to make decisions for themselves were not comprehensive and did not reflect people's best interests.

People were provided with appropriate assistance and support to eat their meals. The meals provided, which people enjoyed, were well balanced and in sufficient quantities. Appropriate referrals were made to health care professionals when people's needs changed.

Is the service caring?

Good

The service was caring. People were treated with respect and dignity.

People were unable to express their feelings but they looked content and relaxed around staff. Staff held people's hands and put their arms round their shoulders.

Relatives were complementary about the attitude and approach of staff. They thought the staff were caring and friendly.

Staff were knowledgeable about the people they supported. They knew people's preferences and dislikes and acted on these.

Is the service responsive?

Requires Improvement

The service was not always responsive. Activities were limited and did not meet everyone's needs. Some people were left for periods of time with no meaningful activities.

Summary of findings

The staff responded quickly and appropriately when people's care needs changed. Care records gave staff a good understanding of people's physical needs and social history. Care was delivered in a way that was personal to the individual.

Relatives were encouraged to give feedback and make comments about the service their loved ones received.

Is the service well-led?

Requires Improvement 

The service was not always well-led. There was no clear management records of a plan to drive improvements of the service delivered. The registered manager had not kept up to date with regulatory changes and current practices.

There was a family atmosphere in the home. People and their relatives spoke highly of the staff and the registered manager. The registered manager supported people and staff and led by example.

The registered manager knew people and their relatives well. Staff were approachable and responded to any concerns raised. Complaints and concerns were dealt with by the registered manager in an effective and timely way. Monitoring systems were in place to ensure the service was operating effectively and safely.

Hatherley Grange Nursing 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 20 October 2014 and was unannounced. The inspection was led by one inspector who was accompanied by 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. Their area of expertise was in caring for older people.

Before the inspection the 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 also examined other information we held about the provider and previous inspection reports. We reviewed notifications which are information the provider is required to send us about significant events.

We spent time walking around the home and observing how staff interacted with people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four relatives, three members of staff and the registered manager. We looked at the care records of four people. We also spoke with two health and social care professionals. We looked at staff files including recruitment procedures and the training and development of staff. We checked the latest records concerning complaints and concerns, safeguarding incidents, accident and incident reports and the management of the home.

Requires Improvement

Is the service safe?

Our findings

People were being cared for by a team of established staff plus agency staff. The staffing levels were being managed by using agency staff until the home had recruited sufficient numbers of permanent staff. The registered manager told us, "We try and use the same agency and get the same members of staff to provide continuity for people who live here." We observed the agency staff knew people well and provided the support they required. However the monitoring of some people who spent long periods of time in their bedrooms was not always robust. During the day, the majority of people were cared for in the lounge however some people with more complex needs sometimes spent time in their bedrooms. We observed two people were left alone in their bedrooms for a long period without contact from staff. These people were not always safe as they were not always being routinely monitored by staff to check if they required assistance. They were also at risk of social isolation.

We heard one person who was left in bed calling out for help for 45 minutes before a member of staff attended them. They were unable to use a call bell and had no other way of alerting staff other than calling out. This person may have been at risk of harm if they attempted to get out of bed although bed rails and padding on the floor was in place. Their care plan stated they needed to be supported regularly but did not specify how frequently they should be checked. Staff told us they aimed to visit people in their bedrooms every half hour. However there were no recording or clear monitoring systems in place to check the well-being of these people especially during busy periods such as meal times. We were told there was a plan to move this person to a bedroom on the ground floor so they could have contact with staff and staff could make sure they were safe.

At our previous inspection in June 2014, we were concerned about the management of medicines in the home. These concerns included the record keeping of people's medicines and the storage and records of disposal of unused medicines. People required the staff to manage their medicines for them. People were at risk of not being given the correct medicines. Following the inspection the provider sent us an action plan detailing how they would make improvements. The management of medicines had improved since our last inspection.

We found there had been an improvement in the storage and recording of people's medicines. Medicines were stored in a secured area and records were kept following the disposal of medicines. People received their medicines in a timely manner. We observed the lunch time medicines round and people were given their medicines in an appropriate manner. Medicines administration record (MAR) stated when people had taken their medication. These records were monitored and checked by the head nurse to reduce the risk of people not being given the correct medicines. The recording and storage of controlled drugs were carried out efficiently and correctly. Controlled drugs are medicines that have been identified as liable to be misused under the Misuses of Drugs Act.

An agency carried out employment and criminal checks before new staff started work at Hatherley Grange Nursing Home. It is the responsibility of the registered manager to ensure that all staff who support people with personal care should be of good character and have checked the agency's procedures. A representative of the provider said some agency staff would gain full employment after a probation period and the home would recheck the references of new employees.

Staff had a good understanding of safeguarding people and how to report any concerns within the home however people were not always cared for by staff who knew where to report allegations of abuse outside the home. New staff had learnt about safeguarding people on their induction course but they were not informed how to contact local agencies and authorities to report their concerns. The provider's safeguarding policy did not provide staff with local contacts and information. This meant staff did not always know where to report any concerns about people if they were not managed properly within the home.

Each person had an individualised care record. Most people had clear risk assessments in place which gave staff clear direction and guidance to help minimise risk of injury or harm to a person. This included providing staff with guidance on how to support people both with their physical needs and their emotional needs. For example, one person's care records gave staff guidance on how to support them when they became angry if they tried to assist them with walking. Staff were aware of people who

Requires Improvement

Is the service safe?

were at risk of harm and understood their role to help minimise the risk of injury. We found that accidents and incidents had been reported appropriately and care records were updated appropriately.

Most people had limited communication and were unable to express their feelings about living in the home. However, relatives were positive about the care their loved ones received. A relative told us the staff were nice and they had never heard or observed staff speaking inappropriately to people.

We recommend that the provider considers the local authority policy on 'Gloucestershire Safeguarding Adults Multi Agency Policy and procedures'.

Requires Improvement

Is the service effective?

Our findings

Although staff were knowledgeable about people's individual needs, some staff were not fully informed about how people's rights should be protected under the Mental Capacity Act. Staff recognised the need to support and encourage people to make decisions and choices whenever possible. Where people lacked capacity to make day to day decisions, we observed staff make decisions on behalf of people. They took into account their preferences to ensure their care was as personalised and the least restrictive option possible. However the mental capacity assessments for specific decision making had not been fully assessed and records did not always describe the reasons of best interest decisions for people.

Following our previous inspection, the provider sent us an action plan detailing how they would make improvements in supporting staff. The action plan stated staff would receive training in, the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards. However, during this inspection we found that although progress had been made, not all staff had completed the training stated in the action plan.

The registered manager had limited understanding of the new judgement in relation to Deprivation of Liberty Safeguards (DoLs) which meant that people's rights may not be fully protected or promoted. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. We identified two people whose freedom may be restricted. We raised this with the registered manager who told us they would seek advice from the local authority. This is a breach of Regulation 18, Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's action plan also stated staff would receive a refresher course in subjects such as safeguarding, manual handling, infection control and first aid. This had not been completed for all staff. We were told staff holidays during the summer had prevented some staff attending courses. People were therefore being supported by some staff who had not updated their knowledge and skills. For example, two staff members did not support a person correctly when they tried to move them from their armchair into a wheelchair in the dining room.

Some staff had received training in these subjects at college or by other health care providers but the registered manager had not obtained all their certificates of training or assessed their competency skills. Not all staff had received training in supporting people with dementia.

Staff who were responsible for the management of medicines had not received refresher training to ensure that their skills in managing medicines were in line with current practices. Although one staff member told us that they frequently read online articles relating to the management of medicines.

A training chart was in place; however it did not demonstrate a comprehensive plan to train staff to ensure they would be fully up to date in their care practices to support people. Staff told us they had regular informal support and had met up with the registered manager to discuss their annual development.

All the above information relates to a continued breach of Regulation 23, Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff knew how people liked to be supported with their care and where they liked to sit in the lounge or dining room. This helped staff to provide continuity and reassurance to people who had limited mental capacity. People weren't always able to express their consent but staff always informed them of the support they were about to give. If people objected to this support, then staff withdrew respectfully. We saw staff returning to retry offering support to people who had initially declined care.

People were supported to eat and drink throughout the day. During lunchtime we observed staff interaction with people. Some people chose to eat their meals at the dining room table. Other people were brought to the dining room table to be supported with their meal or be in a more comfortable position to eat their meal. Some people preferred to eat in their armchairs rather than joining others in the dining room and this choice was respected. Some people used specialised crockery and cutlery which helped them to be independent in their eating and drinking. Other people required staff to guide or prompt them to eat and drink independently. For example, one person who had visual problems was initially guided with

their cutlery until they were able to independently manage and comprehend the size of the plate and its contents. One person refused their meal. This person was offered an alternative which they enjoyed.

People were offered a choice of drinks throughout their meal and a second helping when they had finished their meal. For people who needed support to eat and drink, staff observed for signs of non-verbal communication to indicate if they liked their food and their preferred pace of eating and drinking. People who were at risk of dehydration or malnutrition were monitored and supported to eat.

The home had a four week rolling menu. People were encouraged to have a balanced and healthy diet with locally sourced produce and homemade food. Fish was served twice a week and people were served a roast meal on Sundays. The kitchen had records of people's preferences and dietary needs. Although people were not provided with a choice of food at each mealtime, an alternative meal was provided if people did not like the meal option. Staff observed which meals people enjoyed and communicated this to the kitchen as most people were unable to express their food preferences. The chef said "We speak to relatives and the care staff will tell me what meals have gone down well or if one of the residents doesn't like a particular meal." The chef adapted the menu according to people's preferences and seasonal food.

Appropriate referrals were made to health care professionals when additional advice and support was needed. Staff acted on their recommendations and adapted the care provided. We spoke with two health care professionals. One nurse said "The staff have been very cooperative and have implemented new approaches and strategies to support people." Relatives were kept informed if there was a fluctuation in people's health. One relative said "They are quick to call the GP and family. On each occasion, I have been notified immediately". This relative went on to tell us staff had accompanied their family member to the hospital and with the relatives consent they had stayed until the person had been put to bed on the ward even though family had been present throughout.

Staff shared information about the well-being of people at meetings between shifts. Staff on the morning shift also met for an informal breakfast meeting to share information and raise any concerns. Records of the nurses meetings were made available for all staff to read to keep up to date with any changes in the well-being of people.

Good

Is the service caring?

Our findings

People who lived in the home were supported by kind and compassionate staff. A relative told us, "They're very, very caring. Some of them treat the patients as if they're their own family and put their arms round their shoulders. It's lovely."

Staff interacted with people in a caring and polite manner. Staff sat and chatted with people during the day. One person who was able to speak with us said, "I like it here, they are my friends." Relatives were positive about the care their loved ones received. We received comments such as "I'm observing and I like what I see. I can't fault any of the staff". One relative said "My view on the home is that it's not the poshest of places but the care has been second to none. She wouldn't be alive today. I want the best care for my wife and I think they give the best care, for what they do. I can't praise them enough."

During the lunchtime period, the staff were respectful of people while they were supported with their meals. They helped people to the table and made sure they were comfortable and could reach their drinks. They assisted people to eat in a dignified way and helped people wipe their mouths and hands after their meal.

The majority of people were unable to express themselves. Staff were able to recognise people's own unique verbal and non-verbal communication expressions and understand what they wanted. Staff held people's hand or put their arm around their shoulders if they became upset. People appeared comfortable and relaxed around staff.

Hatherley Grange Nursing Home had a warm and relaxed atmosphere. Most people spent their day in the lounge and dining area. People were spoken to respectfully and calmly. Staff knew people who they cared for well. They were able to tell us about people's past and how they liked to be cared for. Staff had a good understanding of people's needs. Staff said, "People here have advanced dementia, it is getting harder for us to always understand what they want but we can usually know what they want as we know them so well." Relatives and visitors were welcomed any time. One relative said "I would say that this is the most caring home. I can go home and feel at peace. You can't put a value on it. It takes great folk to do this job."

We observed staff in the afternoon sitting and chatting with people who were awake. We saw many warm exchanges between people and staff. For example a person sat down beside a member of staff and leaned into their shoulder. This staff member sat with the person and held hands and said "You're very tired aren't you? Why don't you sit down here and have 40 winks?" Staff were mindful of the comfort of people who rested in their chairs. They helped people to adjust their seating position into a more relaxing position or adjusted the curtains so people were not sitting directly in the sun.

People's privacy was respected. People were spoken to in a calm and quiet manner so that other people could not over hear their conversation. People and their relatives had the opportunity to talk in a private area if they wished. Staff helped people with their personal care with the bedroom doors shut and curtains closed.

Requires Improvement

Is the service responsive?

Our findings

People spent most of their day resting or sleeping in the lounge or sitting in arm chairs in the dining room. Activities in the home were provided by all the staff. Relatives told us that people enjoyed music afternoons such as 'Music for health' and people were encouraged to join in with musical instruments. Staff interacted with people by chatting with them and looking at books and photograph albums. One member of staff cleaned and painted a person's nails and said "We do get a smile, that's all we want". However the selection of activities in the home were limited and not personalised. The activity logs recorded people had taken part in watching the TV, listening to music, looking at books. People were unable to express their views on the activities provided although two people looked restless during our inspection but soon settled down when staff interacted with them.

Due to the limited mental and physical abilities of people who lived in the home, an individual activity profile was being developed to identify people's likes, interests and abilities to join in activities. This would help to identify and plan suitable and appropriate activities for each person.

The registered manager had formed links with health care professionals and sought their advice appropriately. Due to people's complex needs they did not often go out into the community however local groups and representatives from a church visited the home.

People received care that was responsive to their needs and was being regularly assessed and reviewed. People were not always able to communicate their feelings due to their advanced dementia, however, staff had good knowledge of the people they cared for and responded to people's needs appropriately. For example, we observed that staff were able to recognise if people were unhappy or in pain and responded quickly to support them. Staff knew how people liked to be supported with their care and where they liked to sit in the lounge or dining room. This provided people with continuity and reassurance.

The registered manager and staff encouraged people's relatives to give feedback and make comments about the service they received. The registered manager told us they had not received any formal complaints recently and they dealt with day to day issues immediately.

People were unable to express their views or concerns. Staff told us they would recognise a change in people's behaviour and emotions if they were not happy. Relatives told us they were able to raise their concerns and these were addressed immediately. One relative told us they had no complaints but were confident that any concerns they raised would be examined. Another relative said "I speak to the manager quite frequently, she's very approachable." A relatives' survey was sent out earlier in the year. All the completed surveys gave positive comments. These comments included "Auntie is receiving superb care in extremely pleasant surroundings", "No concerns at all" and "The food is always very well presented and looks tasty and nutritious."

The registered manager was always present in the lounge and dining room and gave support to people and their relatives. One relative told us that staff were very supportive and said "It's not just the care they give my family member; it's the care they give me". The registered manager told us the relatives meetings were not well attended so they received feedback from relatives more informally.

Relatives and health care professionals were positive about the care and support that people received. One nurse said "The home seems caring, people are well looked after." People's care plans were person centred and focused on people's health and social well-being. Records gave staff guidance on how people preferred to be cared for such as "to be dressed smart as if he dresses himself". People's needs were regularly reviewed. Each person had a life story book which contained information about their past social and family history. This helped staff understand people's past and provide care that was personal to the individual.

Requires Improvement

Is the service well-led?

Our findings

The registered manager had run the home for many years. The registered manager was supported by an administrator and senior staff to ensure that people received good care.

However, there was no evidence of direction or a drive for improvement from the senior staff or registered manager. They had not kept up to date with the current changes in the new inspection methodology of CQC and the new judgement in relation to Deprivation of Liberty Safeguards.

The registered manager sent monthly management reports to the provider about significant events which had affected people or staff and any maintenance or regulatory issues. Records to monitor the service and identify any shortfalls in the service were not in place**.** A representative of the provider told us they visited the home at least once a month and was in continual contact with the registered manager. The purpose of the visits was to monitor and direct the quality of the service. However the representative of the provider acknowledged that there were no records which identified any shortfalls or action plans of the proposed improvements. These had been communicated on an informal basis. Systems to monitor staff training and support were in place but not used effectively.

Records confirmed regular audits and monitoring of the home maintenance was taking place. These included regular checks of the wheelchairs and other equipment. Equipment had been replaced when a fault had been found. Audits of the maintenance of the building and equipment such as fire detection systems and monitoring for legionella bacteria were carried out by external companies. Accidents and incidents had been reported and learnt from. The records showed us the registered manager monitored incident reports and put measures in place to reduce the risk of them happening again.

The registered manager and staff were clear about the values of the service they provided to ensure people who lived with advanced dementia had a good quality of life and were well cared for. The home had a quality policy and residents charter which gave people, their relatives and staff guidance on the expected level of care. We saw that staff followed these values when they delivered personal care and supported people with activities of daily living.

Staff told us they were listened to and the registered manager acted on their concerns. We were told the registered manager had planned to send out a survey to staff during the next month to capture the views and feelings of staff.

The home had a family run feel about it. The culture of the home was to ensure people felt safe and well cared for. We observed this culture and approach in the relationships between people and staff. One relative said “My worries stopped when they came here. It was a tremendous difference to where they were. Here, they are treated like a member of the family”. The registered manager had ‘a hands on’ approach and knew the people and their relatives well. The registered manager led by example and demonstrated a caring and person centred approach with all people and staff. They spent a lot of time in the dining room and lounge supporting staff and people when appropriate. The registered manager knew people well and understood their needs and personalities. Staff told us that they thought the home was managed well. One staff member said “Yes, if it wasn’t well managed I wouldn’t have stayed so long. We all help each other, its one big team”. Relatives were positive about all the staff in the home in particular the registered manager and senior staff. A relative told us they had confidence in the registered manager and all the staff and said, “The caring is from the top down.”

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment People's rights were not always protected as suitable arrangements were not in place to obtain and act in accordance with, the consent of service users in relation to their care and treatment provided for them.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff People were not protected against the risks of unsafe or inappropriate care and treatment as persons employed for the purpose of carrying out a regulated activity were not appropriately trained in relation to their responsibilities to enable them to deliver care and treatment safely and to an appropriate standard.