

K N & S Ramdany

Holly Grange Residential Home

Inspection report

Cold Ash Hill
Cold Ash
Thatcham
Berkshire
RG18 9PT

Tel: 01635864646

Date of inspection visit:
11 August 2016

Date of publication:
09 September 2016

Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

Holly Grange Residential Home provides accommodation for up to 19 older people who require personal care support. The home is situated in the village of Cold Ash, near Newbury.

A registered manager was in place as required. 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.

The inspection took place on 11 August 2016 and was carried out by one inspector. We gave short notice of this inspection because we needed to ensure the manager would be present to assist us.

At the previous inspection in March 2016 we found significant breaches and concerns across eight regulations. As a result we issued warning notices regarding three regulations. When we carried out this focused inspection we found that the registered manager had taken or was in the process of taking action to address all of the areas identified within the warning notices. Sufficient action had been taken that the warning notices had been complied with. We found no new or continuing breaches of the regulations.

This was a focused inspection specifically to check whether the issues identified in the warning notices, following the previous inspection, in March 2016 had been addressed. As a result, the overall rating for this service remains 'Inadequate' and the service remains in 'special measures'.

A further comprehensive inspection will be carried out in due course to review the service's compliance across all areas and review the rating in order to decide whether the service will come out of 'special measures'.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

Improvements had been made to the safety of the service.

The registered manager had addressed many of the health and safety, infection control and fire safety issues identified at the last inspection. Other issues were in the process of being addressed.

Staffing levels had been improved, through the use of agency staff, pending the recruitment of additional permanent staff. Staff had received additional safety-related training.

The quality and accuracy of risk assessments on nutritional needs and skin integrity had been improved. Where necessary these now linked to relevant actions.

The service had worked positively with the Berkshire Healthcare NHS Foundation Trust Care Home Support team, (CHST) to develop and improve.

Is the service well-led?

Inadequate ●

The service was being more effectively led by the registered manager.

Monitoring system had been improved and the registered manager was now signing key records to demonstrate his observations.

With support from the CHST the registered manager had improved care related recording. Records were more detailed and person centred.

Further improvements were needed to the future planning and development of the service and it remained to be seen whether the improvements seen would be maintained.

Holly Grange Residential Home

Detailed findings

Background to this inspection

We undertook an announced focused inspection of Holly Grange Residential Home on 11 August 2016. This inspection was done to check that improvements to meet legal requirements, planned by the provider following our 14, 15 and 24 March inspection had been made.

We inspected the service against two of the five questions we ask about services. Is the service safe and is the service well led. This is because the service was not meeting some legal requirements and was rated inadequate overall. Warning notices were issued, following the previous inspection, regarding three regulations relating to these two areas.

Because this was a focussed inspection, to follow up the warning notices, the service's ratings were not reviewed. A further comprehensive inspection will be carried out in due course to review the service's overall rating.

This inspection was undertaken by one inspector. We gave short notice because we needed to be sure the registered manager would be present to assist with the inspection.

During our inspection we spoke with the registered manager two of the staff and three people receiving care in the service. We examined records relating to the issues raised in the warning notices. We also examined key areas of the premises and equipment, related to the warning notices to check that the stated improvements had been made.

We looked at the care files for three people to confirm that appropriate changes had been made. Prior to the inspection we also spoke with the local authority to seek their opinion of the progress made since the inspection. The Berkshire Healthcare NHS Foundation Trust "Care home support team" had been providing support, advice and training to the registered manager and staff to assist the registered manager to address the shortfalls identified at the last inspection.

Is the service safe?

Our findings

When we inspected the service on 14, 15 and 24 March 2016 we found a range of shortfalls relating to safe practice. We rated the service "Inadequate" with respect to safety and issued Warning Notices under regulations 12 (Safe care and treatment) and 15 (Premises and equipment), related to this.

We found the service could be insecure because the front door and other exits had no alarm system and on one occasion the front door had been left open. A vulnerable person had also previously left the building undetected. Hoist equipment provided to assist people with transfers was in an unsafe condition and bathing facilities could present a risk to people due to scalding or infection control issues. Arrangements in place for the cleaning and sterilising of commode pots were inadequate and presented a risk of infection. Hot water temperature monitoring was inadequate as was the monitoring of water temperature safety valves. Temperature monitoring equipment and records were inadequate or absent.

No legionella testing had been carried out to establish whether the premises presented a risk. People's care plans did not always follow through regarding identified risks, to detail the actions necessary to minimise these. Staff and management did not have the competence and training to enable effective assessment of some risks. Where injuries to people had been noted, these had not always been followed up to record any investigation of cause, the treatment action taken or the outcome. Some people were at risk of neglect because their care plans were not fully up to date or did not provide clear enough information on their needs.

A fire inspection had been carried out by the fire authority but some matters identified had not been addressed. No emergency contingency plans were in place regarding the arrangements to maintain the service in the event of foreseeable emergencies.

The registered manager and some staff had no record of recent medicines management training and the manager could not evidence the competency to assess the abilities of staff in this area.

Staffing levels were inadequate to fully meet people's needs during the daytime and at night. Some staff were working excessively long hours. Staff rotas were inadequate and did not represent the true picture at all times. Some of the staff recruitment records were not sufficiently robust to safeguard people from potential harm.

Following the inspection, the registered manager provided an action plan, detailing his plans to address the issues identified in the warning notices. We carried out this inspection to follow up the warning notices to check the registered manager had taken the necessary actions to safeguard people from the identified risks.

When we visited to follow up the warning notices, on 11 August 2016, people told us they felt safe and that staff treated them well. They were aware there had been some changes of staff over the past few weeks. One person told us they; "...still felt safe", noted it was, "hard to get staff", and added that the, "...agency staff are alright." Another person said they were "...getting used to the new staff, I feel safe [they] are always

gentle and kind." People felt the staff responded promptly to the call bell when they sought support. A third person told us, "The staff are very nice." One person told us they did not get on with one staff member but said the staff member was aware of this and rarely supported them.

We looked at all of the concerns raised in the warning notice that was issued following the previous inspection. The registered manager had taken action or steps were in progress, to address all of the issues raised.

Since the previous inspection a door alarm system had been fitted to the front door which was integrated with the call system. It set off a clear alarm via that system, should the door be opened without the correct steps being followed. Other exits had been fitted with independent alarms that sounded when the door was opened without first keying in a code. These devices helped ensure vulnerable people would not be able to leave the service without alerting staff and also prevented the front door being left open inadvertently.

The bath hoist, which had been found unsafe previously, had been repaired through the fitting of a required part and certified as safe by the service company. The exposed hot water temperature control in one bathroom had been boxed in to prevent unauthorised adjustment. The registered manager had obtained additional thermometers, so one was now present in each of the bathrooms to enable water temperature checks by staff. Records of temperature checks each time someone used a bath or shower, were now held in each bathroom and we saw they had been completed. Records of when bathrooms were cleaned were now in place and signed by the cleaner. The registered manager was also countersigning the log weekly to indicate he had monitored that cleaning was taking place. The hot water temperatures at all outlets were being monitored and recorded monthly. The registered manager had not been countersigning this record but agreed to do so henceforth, to evidence his monitoring of safety checks.

The registered manager had leased a commode pot steriliser which was located in the laundry and one of the sluice sinks was designated for washing toilet brushes. This meant people were protected from the risk of infection we previously identified due to these being washed in the bath. The sterilising of commode pots was recorded as part of the cleaner's record of bedroom cleaning. The cleaning log was kept in a drawer in each bedroom. The registered manager had arranged a contractor to carry out a legionella risk assessment of the premises. The issues raised had been completed or were in the process of being addressed. Records were kept of preventive measures.

The registered manager had also carried out other improvements to the bathing facilities, including redecoration of the upstairs bathroom and replacement of the sealer around the bath. The downstairs shower had been fitted with a new shower pump unit and brought back into use and the sit-down shower/bath had had its seal repaired so it was again fully functional.

We examined a sample of the new care plans and associated records and found new nutritional risk assessments had been completed for each person to identify where an individual might be at risk regarding inadequate nutrition or hydration. These were appropriately completed and identified any necessary actions to address identified risks, which were then included in the care plan. The risk assessment was reviewed monthly to monitor for any changing needs. People were also weighed monthly, to help identify any potential concerns. Staff had received training from the Berkshire Healthcare NHS Foundation Trust Care Home Support team (CHST) on completing the nutritional risk assessments.

The CHST had also provided staff with training on the completion of a recognised skin integrity risk assessment. These had also been revised for each person and were reviewed monthly. We saw that identified risks were now linked to appropriate actions in the person's care plan and that appropriate

support and preventive equipment had been sought from the district nursing team. The registered manager told us he had reminded staff of the importance of reporting any observed concerns about people's wellbeing to senior staff immediately. However, there was no written record of this having been done. The registered manager agreed to ensure this was done and recorded either by himself or with the support of the CHST.

Staff and the registered manager had received or were booked on training to ensure they could complete risk assessments competently and so the registered manager was fully up to date and able to assess the competency of other staff in key infection control and manual handling. All staff had been enrolled onto the local authority computer-based learning website and had completed the relevant units, aside from the registered manager, the deputy manager and the cleaner.

Previously we found that where an injury to a person had been noted, there was not always evidence of follow up. We saw that in a recent instance where a person had a small bruise, this had been followed up, with the cause, treatment and healing process recorded. The associated fall was also recorded within the registered manager's new falls record as part of his monitoring.

The registered manager had taken steps to address the remaining issues from the fire officer report. A device to assist with the evacuation of non-ambulant people from the first floor, via the stairs, had been purchased. Staff had all watched a training DVD on its use pending a face to face training which was due on 30 August 2016. Individual emergency evacuation plans had also been compiled to identify clearly, the level of support each person required should evacuation be required. Copies were in each person's bedroom, on their file and collectively in a file for fire brigade reference.

Since the previous inspection the registered manager had drafted an emergency contingency plan to address the actions necessary by staff in the event of various foreseeable emergencies or failures of services. This remained to be finalised but once completed, would mean staff had access to the necessary information in one document for them to take the required actions.

All staff including the registered manager and deputy manager had now attended external medicines training, either in February 2016 or completed a verified computer-based course, pending a further local authority run course in September 2016. Once the registered manager had completed this training, he planned to complete the outstanding medicines competency assessments of staff.

With regard to staffing levels the registered manager had ensured that three staff were now on care duty daily for the morning shift, when care demands were highest. Afternoon and evening staffing was a minimum of two care staff and at night there was now one waking night staff and a designated and verified member of staff sleeping in. In the interim the sleep in duties were being covered by the registered manager and deputy manager, until additional staff had been recruited. The person sleeping in was currently using one of the empty bedrooms, as the home was not full. There was no contingency in place to provide a designated sleep-in room once the home was full. In the past the sleep-in duties had been covered nominally by one of the staff living above the service in a staff flat. This was and remains an unsatisfactory arrangement, as it necessitates entering the shared flat to waken the designated person, should their assistance be required.

The registered manager reported that local staff recruitment was still proving challenging. At the time of inspection there were two and a half full-time equivalent vacancies. However, he was due to interview two staff from overseas, the week after this inspection. We discussed the need for him to ensure that, like all potential recruits, they had the knowledge, verbal and written skills to enable them to perform their role

effectively, in the light of previous issues he had encountered with this. The registered manager was also advertising vacancies in local shops and through a recruitment agency. The recruitment records for the one new member of permanent staff recruited since the last inspection indicated that the checks had been appropriately robust.

At the time of this inspection additional staffing cover was being provided by a small group of regular staff from an external agency. Information had been obtained from the agency to confirm three staff had been subject to the required pre-employment checks and had attended appropriate training to equip them for their role. One agency staff member's employment information was obtained from the agency during the inspection. The updated staff rota format was clearer than in the past. It included the management and care hours worked by the registered manager, deputy manager, the domestic and catering hours and those covered by agency staff on one page. The designated sleep-in staff member was indicated each night, by means of a tick.

The registered manager discussed the ongoing staff management issues and the action being taken to address them. The required disciplinary and other action had been taken in respect of a safeguarding issue which had emerged, in liaison with other agencies. The registered manager was reminded of the need for disclosure to the relevant authorities, without delay, where any concerns arose.

Is the service well-led?

Our findings

When we inspected the service on 14, 15 and 24 March 2016 we found a range of shortfalls in relation to the management and governance of the service. We rated the service "Inadequate" with respect to 'Well led' and issued a Warning Notice under regulation 17 (Good governance), related to this.

We found there was no effective ongoing monitoring or review of the operation of the service. There were no records of monitoring visits or outcomes and no current service development plan. The registered manager had failed to notify the appropriate authorities about a notifiable event.

The registered manager had failed to identify or address a range of health and safety related issues, including potential infection control risks and defective equipment. Safety checks were inadequate. The quality and content of care plans and other records had not been monitored, in order to ensure they were complete, up to date and written appropriately. Some care records were inconsistent or had gaps in information. Rotas were misleading or unavailable and daily notes did not cover the full day. The registered manager did not display sufficient understanding of the Mental Capacity Act 2015 and other legislation and failed to demonstrate sufficient understanding of the law around consent.

The management of the service had been largely reactive rather than proactive. Action to address issues had not been taken until they had been identified by external agencies.

Following the inspection, the registered manager provided an action plan, detailing his plans to address the issues identified in the warning notice. We carried out this inspection to follow up the warning notice to check the registered manager had taken the necessary actions to improve the governance of the service.

When we visited to follow up the warning notices, on 11 August 2016 people told us they were happy with the service. Some people were aware that changes had been made. One person told us, "He [the registered manager], has tried very hard" and another said, "...things are alright."

We found the registered manager had, with the support of the Care Home Support Team (CHST), devised a new monthly monitoring format to complete as an aide memoire and record of his monitoring activity. The format included summaries of accidents, falls, incidents, hospital admissions, pressure area concerns, bruises, complaints, staff issues, training done and due and identified any necessary maintenance.

The CHST had provided training to staff on record keeping. All care plans had been revised in an improved format. We saw that care plans and associated records were being reviewed more clearly and contained more person-centred information to enable staff to deliver more individualised care. Consent was more clearly recorded and records of people's activities had improved, making it easier to monitor that each person was receiving support with their social and emotional needs. People had each contributed to a new record called 'My life, my story', which provided information to assist staff with engaging people in conversations.

Daily notes were now recorded for each shift and handover records had been improved to better ensure continuity of important information about people's wellbeing. The registered manager was countersigning daily notes to confirm his monitoring of their quality and appropriateness.

The registered manager's understanding of consent and the Mental Capacity Act 2015 had improved and consent was more clearly recorded within people's files. He was also due to attend a further safeguarding training course, in September 2016. Training records in general had improved and the registered manager now maintained records of core training as well as the local authority on-line courses.

Staff rotas had been improved and presented a clearer picture of overall staffing. A service development plan had been produced in outline form. It did not include details of the proposed actions to achieve the stated goals or deadlines for completion, and required further development. In discussion, it emerged some items were being deferred, but this was not clear from the development plan. The registered manager told us about additional future plans for premises improvements which could also be included in the plan.

The registered manager had introduced a comments box in the entrance hall. This would enable people, relatives, staff or other visitors to make comments anonymously should they wish to. Although the home had an appropriate complaints procedure, this could have been further enhanced by providing a supply of complaints forms in the hall, so people could obtain one without recourse to staff. One complaint had been raised since the last inspection. The registered manager had taken appropriate action and resolved it.

The registered manager had taken action to address all of the previously identified health and safety issues, had purchased new equipment and introduced new monitoring processes and systems to keep people safe. As already noted, infection control and fire safety issues had been addressed and monitoring of records had improved.

The registered manager had been informed about sources of managerial support along with other local service managers but had yet to attend these meetings. A team meeting had taken place in July 2016. The minutes noted the various changes made but it was not clear to what extent staff had been engaged with the change process. A further "group discussion" had taken place with staff in August 2016. The minutes showed the agenda had included recording, the provision snacks and drinks, and updates on training and the people receiving support.

It remained to be seen, whether the registered manager would sustain a proactive approach to the management of the service as new issues arose. This will be further assessed at subsequent comprehensive inspections.