

Shaftesbury Care GRP Limited

Henwick Grange

Inspection report

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WR2 6BY

Tel: 01905424705

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The home was last inspected on 25 January 2016. At that inspection the home was rated as Good overall. At this inspection we found the service remained Good.

The inspection took place on 22 June and was unannounced.

The home provides accommodation for a maximum of 56 people requiring personal care. There were 36 people living at the home when we visited. A registered manager was in post when we inspected the service. 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 and associated Regulations about how the service is run.

People told us they felt safe around care staff and did not have any concerns for their safety. Relatives told us they had no concerns and that care staff understood how to keep their relatives safe. People were supported by staff that understood people's health needs and the risks to people's health that people lived with. Information was given to staff to help them to support people appropriately. People received help to take their medicines and people medicines were safely administered and stored. The registered manager made regular checks to ensure people received the correct support.

People were cared for by staff who had access to regular supervision and training. People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Whilst people's ability to make decisions was recorded and processes were followed to ensure people were not restricted unnecessarily.

People were offered a choice of food and drink and people requiring support were offered this at mealtimes. Staff kept families up to date about their relative's care and encouraged them to visit whenever they chose to. People felt respected by staff that understood how to protect their dignity and maintain their respect. Staff demonstrated this knowledge by supporting people in a way that reinforced to people that they were being cared for in a respectful manner.

People were supported to take part in a wide variety activities they liked or had an interest in. People's personal preferences were incorporated into their care. People and their families felt able to contribute their thoughts about their care. People understood they could complain if they chose to and felt assured their complaint would be responded to.

People liked the registered manager who they found approachable and willing to listen to them and discuss their care needs. Staff were positive about the registered manager and felt part of a team. People's care was regularly checked and reviewed by the registered manager. However, some of the systems for ensuring people received the care they needed were still in the process of being updated and we could not be assured that the processes were fully embedded. We saw that whilst staff had received training and

guidance on the MCA, staff did not understand who was affected by a Deprivation of Liberty. However, the registered manager took immediate action when this was brought to her attention.

Further information is in the detailed findings below.

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 remains Safe.

Is the service effective?

Good ●

The service was not consistently Effective.

People's experience of care was not always based on best practice. Staff did not always understand if people had a Deprivation of Liberty in place and what restrictions were in place. People liked the choices of food they were offered and were able to access help from additional services.

Is the service caring?

Good ●

The service remains Caring.

Is the service responsive?

Good ●

The service remains Responsive.

Is the service well-led?

Good ●

The service was well led. The registered manager had recently taken over the service. Where issues had been identified, the registered manager took the appropriate action. People's care was reviewed and updated regularly.

Henwick Grange

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 22 June 2017 and was unannounced. There was one Inspector and one Specialist Professional Advisor who was a nurse in the inspection team.

The provider had completed a Provider Information Return (PIR). This form asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

As part of the inspection we spoke to five people living at the service. We also spoke with nine relatives, five staff, one visiting health professional and the registered manager.

We observed care and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We reviewed three care records, medications records for six people, the complaints folder, recruitments processes as well as monthly checks the manager completed. We also reviewed minutes of meetings for staff and residents of the home.

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person told us, "Yes I feel very safe." Relatives we spoke to all told us they were happy to have their family members cared for at the home.

Staff were able to clearly describe their understanding of safeguarding and keeping people safe. Staff described to us training they had received on the subject and could also describe to us what it meant to safeguard people who used the service. For example, one staff member told us about what it meant to protect people from financial abuse. Notifications we reviewed as part of the inspection also confirmed that the registered manager understood their obligations with respect to keeping people safe.

Risks to people's health needs were kept up to date and their health needs were communicated to staff through daily handover and update meetings. One staff member told us, "We have handover each morning, so we know what's happening with residents." Staff told us they found this helpful. For example, if staff had been on leave, they could get the most up to date information on people's care needs.

People we spoke with told us they had access to help from staff when needed. They told us they could press a call bell and that staff would attend. We saw people had access to help when they needed it. We saw when people indicated they needed support, this was provided promptly.

We spoke to the registered manager about how staffing at the home was managed. The registered manager told us whilst there had been a turnover of staff, staffing levels had now settled. We saw from the information supplied in the PIR (Provider Information Return) and compared it to current staff rotas and saw the reliance on agency staff had reduced and a more permanent team was available. One staff member told us, "I can't remember the last time we were short staffed." We reviewed how staff were recruited, and saw that background checks were completed on staff to ensure the registered manager was assured of their suitability to work at the home.

During the inspection we saw how people were supported to take their medicines. People were happy to receive support and we saw that people had their medicines explained to them before they took them. People told us they received their medicines at regular times and could ask for pain relief if they needed it. The nurse we spoke with explained confidently how each person preferred their medicines and how they were supported. People told us they received their medicines at regular time and if they needed extra pain relief this was provided. An audit by the pharmacy supplying medicines to the home had checked how people received their medicines and the pharmacy had been satisfied with the results.

Is the service effective?

Our findings

Staff working at the home told us they had received Dementia Training and understood what it meant for people living with Dementia. Staff understood some of the symptoms people lived with such as people becoming anxious or forgetful. The registered manager explained how they had implemented observation charts to understand triggers why people became anxious. Prior to the inspection we were contacted by a family member who expressed concern that their family member was not receiving the correct care. However, the same family member later contacted us and shared their how they had worked with the registered manager to understand the person's behaviour and reduce their anxieties.

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. We saw there was a system in place for assessing and recording information about people's ability to make decisions for themselves. Where appropriate, decisions made in people's best interests were recorded and in files. We saw people were supported in a way that ensured they were supported in the least restrictive way.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had submitted DoLS applications to the local authority. We also saw that training and guidance for staff was available to help direct them about who may have been deprived of their liberty. Staff we spoke with told us they had received training about the Mental Capacity Act. One staff member told us of the training "I did it earlier this year."

However, when we spoke with staff, including key staff, they could not demonstrate their understanding of which people were affected by a DoLS. One staff member told us, "We assume people have capacity until assessment proves otherwise." Not sure who has authorised DoLS'. Some people did have authorisations in place that meant they lived with some restrictions to their liberty. For example, some people were not allowed to leave the building without a care staff member to support them. Whilst we saw people were living happily within the building, staff could not tell us people might have a restriction in place so that they could provide the most appropriate care. Whilst we did not see that anyone was restricted unnecessarily, we could not be certain staff understood people's individual care needs.

When we raised this with the registered manager, they showed us how they communicated to staff about applications to deprive someone of the liberty. They showed us that it was listed on the front of care plans and discussed at handovers. One staff member we spoke with told us they had recently discussed MCA training at a staff meeting. The registered manager agreed to prioritise the cascading of this information as a matter of priority so that staff were clearer in their knowledge about how individual people were affected. The registered manager also explained that further training had also already been organised. They also

agreed to evaluate staff knowledge of care.

People were cared for by staff, who were supported by the management team through training and supervision. One nurse explained how training was encouraged and staff felt able to request training they saw as appropriate to their needs. One staff member told us, "There's plenty of training." Staff we spoke with told us they had access to feedback and training about their performance to ensure they supported people correctly. A number of staff had recently joined the home and told us their induction had included formal training together with shadowing opportunities with more experienced staff. One staff member told us the "Induction was good, we did all the mandatory training." Staff at the home were working towards the Care Certificate.

People told us they had faith staff would support them in ways they needed and was appropriate to their needs. One person told us they always received the correct support. Another relative told us, they had been relieved when their family member moved to the home so they could now get the support they needed.

People told us they liked and enjoyed the food. We saw people being offered choices and where people did not like something, an alternative was offered. People that required a special diet or thickeners were also offered these and staff understood who required these.

People told us they were able access help from other medical professionals when they needed. People said they saw the doctor and nurse regularly. We also saw from people's files that people saw a number of professionals including the SALT (Speech and Language Therapists) team and opticians. One staff member told us, "I wasn't happy with one of the residents. So I told the nurse and the GP came the same night." A visiting professional from the Falls Clinical told us, they felt assured advice they gave staff was incorporated into people's care and the care at the home had improved in recent months.

Is the service caring?

Our findings

People spoke positively about the staff supporting them. One person told us, "I'm fine. Everybody's so nice." Throughout the inspection we saw a number of examples of staff demonstrating care towards people. We saw people exchange light hearted jokes with people and people responded positively.

People told us they knew and valued the staff supporting them. People told us they regarded staff more like friends and we saw one person offer to make a staff member a coffee. People we spoke with told us, they knew and liked the staff supporting them. Whilst they said there had been previously been a high number of agency staff working at the home, this had now improved. People attributed the improvement to their being more permanent staff at the home and staff understanding their needs better. Two relatives told us they had sometimes been concerned previously, but they felt there had definitely been an improvement in the staff at the home.

Relatives we spoke with told us they visited whenever they chose to. We saw a number of relatives visit their family members throughout the day. Relatives we spoke with told us communication between them and the home was good and this helped to reassure them about their family member's stay. One relative told us if their family member was ever unwell, the home did not hesitate in contacting them.

People were involved in making decisions about their day to day care needs. We saw staff involving people in making decisions about where they sat, the activities they were involved with and also whether or not they wanted to return to their room for a rest. People responded warmly to staff. People spoke positively about the staff throughout the inspection. People told us they had noticed the difference since they had a settled staff team and since the registered manager took over the service.

People told us they were treated with dignity and respect. They explained how staff always supported their needs in a sensitive way by allowing them to continue to do things that helped them maintain their independence. We saw one incident where a person had an accident with their drink and the staff member promptly helped the person to change out of their clothing into some dry clothes. Relatives told us they always saw their family member's being treated in way they would expect them to be treated. Staff understood what it meant to treat people with dignity. One staff member told us they treated people how they would expect their own family members to be treated.

Is the service responsive?

Our findings

People told us they were satisfied with how their care was delivered. People and their families told us they had opportunities to discuss their family member's care with staff and the registered manager. One relative told us, "The service has been brilliant from day one."

Two relatives we spoke with told us their relative had moved to the home recently. They explained it had been a difficult decision but that they had explained all of their relative's needs to the staff and staff understood and had cared for them in line with their wishes. They told us their family member had settled in well and this had helped them greatly.

We saw that people's care was monitored to ensure people had the appropriate access to equipment and care. One person told us they had recently received a new chair. We also saw that one person had demonstrated a reluctance to use the hoist and the registered manager was working with the person's family to identify ways of making it more user friendly for the person.

People were encouraged to participate in activities. One person told us, "There is a lady who does activities with us. We were eating the doughnuts we made yesterday. Sometimes we play bingo, sometimes art stuff." Another person told us, "They entertain us as much as possible." Another person told us about a recent visit by the Lord Mayor to the home. People were happy with the activities provided which they felt reflected their interests. One relative told us "[The manager] done a lot of positive change. They do some nice activities."

People told us they understood they could complain if they needed to and understood how to do so. One person told us, "I can't find anything to complain about." One relative told us about how they had not made a formal complaint but had asked for changes to be made to a family member's care. They told us they were satisfied with the response they received. We reviewed how the registered manager acknowledged and responded to complaints and saw there was a process in place. Where there had been a complaint, opportunities were offered to better understand and respond to people's concerns so lessons could be learned.

Is the service well-led?

Our findings

The registered manager of the service had recently become the registered manager. The previous registered manager had been with the service for a number of years and his departure had caused some staff to feel unsettled and a number of staff had left. The registered manager acknowledged a lot of work had been invested in rebuilding team morale at the service. Staff described a positive relationship with the registered manager who they felt was willing to get involved and help the team with day to day care where needed. The registered manager understood their legal obligations and notifications we reviewed prior to the inspection confirmed this. One relative told us, "Now, its much better. The manager is much better." One visiting professional told us, "I think there's been improvements. It feels a lot more positive." However, during the inspection we saw some aspects of people's care where improvements were still needed to improve people's experience of care.

The registered manager was in the process of updating systems and processes at the home to review people's care. She had identified a number a number of areas and had started the process. The previous registered manager had been absent from the service for a period of time before the new registered manager had formally taken over the service. The registered manager explained that this together with changes in staffing had meant that the registered manager had to establish new systems. The registered manager had identified a number of areas of practice within the home that had required improvement. People told us their access to activities and continuity of staff for people had improved. However, a number of new staff within the home had commenced employment and we couldn't be assured that knowledge of people's care needs was being effectively communicated or that the registered manager had checked staff knowledge effectively. For example, although we saw there was a system for assessing and applying for people to be deprived of their liberty where relevant; staff did not have consistent knowledge of who was affected by a DoL. There was therefore a risk that people were being supported in ways that did not promote people's right to liberty.

Whilst people were encouraged to be as active as possible and move freely within the home, there had been occasions when people felt their space had been encroached by other people living at the home. They told us about occasions when other people living at the home entered their room without their permission. Whilst people told us they felt safe, and no harm had been caused, people had expressed a sense of irritation. The registered manager was aware of the issue but had not sought the correct advice to ensure people

We saw people had included this in their feedback on the home through questionnaires and through their contact with the registered manage and the previous registered manager. The registered manager had tried to reassure people affected but additional help for the people living with Dementia had not been sought. When we explored the issue with the registered manager and clinical lead, we found whilst the management team had recognised some people lived with dementia, some of the behaviours people displayed were not always explored to understand how best to support them. A culture had developed within the home which is not considered best practice, and which instead had accepted some of their behaviours. When we raised this issue with the registered manager and clinical lead they immediately recognised what needed to be

done. We have also received feedback since the inspection that steps have been taken to improve people's care which had been positively received by relatives.

People told us they liked and respected the registered manager because they felt the registered manager took action whenever they identified changes to people's care. One person told us, "I can speak to the manager and she gets things done." One relative told us they had felt reassured when they had asked for changes to their family member's care, these had been implemented. People told us the change in management had been positive for the home and there was more engagement from management team. Relatives we spoke with told us they had regular opportunities to attend meetings to discuss the home or could pop into the registered manager's office. The registered manager told us they had moved their office within the building to make it more accessible for relatives.

One staff member told us they felt the registered manager was part of the team and was willing help out whenever needed. One staff member told us of the registered manager, "She has an open door for us." Staff described feeling a sense being part of a team and understanding their role within the team. The registered manager had started the process of familiarising herself with people and their needs and was working through all the care plans to ensure they reflected people's needs. We reviewed the registered manager's system to reviewing care and saw there was a close working relationship between the registered manager and clinical lead. The management team of the clinical lead and registered manager were working together to review everyone's care to ensure people received the care they needed.

The registered manager was supported by manager's from the registered provider's other homes, who all attended regular training sessions and update meetings. The registered manager was requested to submit weekly updates so the performance of the home could be tracked by the registered provider so that people's experience of care could be evaluated and their experience understood.