

# Shaftesbury Care GRP Limited







## Henwick Grange

### Inspection report

68 Hallows Rd  
Worcester, Worcestershire  
WR2 6BY  
Tel: 01905 424705

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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	

#### Overall summary

The inspection took place on 25 January 2016 and was unannounced.

The home provides accommodation for a maximum of 56 people requiring personal care and nursing care. There were 31 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 had confidence in the staff that supported them and felt staff received the appropriate training to care for them. Staff told us they were able to access regular supervision which provided them with feedback on their performance. People received their medicines on time and as prescribed.

Staff understood what it meant to obtain a person's consent and the registered manager had acted in accordance with the law. People were offered choices in the food they ate and were offered support with their meals and drinks if needed.

# Summary of findings

People liked the care staff supporting them and felt relaxed around them. Care staff understood how to care for people by spending time with them and getting to know their needs.

People told us care staff treated them with dignity and helped to promote their independence. Friends and relatives visited whenever they needed to. People spent time with their relatives and were given space and privacy.

Although not everyone knew the registered manager, people felt assured that someone from the management team would be available to speak to them and discuss any concerns they may have.

Care staff enjoyed working at the home and felt able to discuss any issues they had with the registered manager. Care staff were able to attend staff meetings and raise issues that affected them.

The registered manager used feedback to help influence services at the home. A number of means of communication were used to help advise people about how services had changed based on feedback they received.

The registered manager made regular checks of the service to ensure people received the care they needed. The registered manager updated the registered provider frequently about the home. This ensured the registered provider understood and had an oversight of the quality of care being delivered at the home.

# 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?

The service was safe.

People felt safe and were supported by a sufficient number of staff who understood their health needs. People received their medicines as prescribed.

Good



### Is the service effective?

The service was effective

Staff received training and supervision and knew how to obtain people's consent. People were offered choices to support a healthy diet and people were able to access help and advice from other healthcare professionals.

Good



### Is the service caring?

The service was caring.

People received care from staff they liked and who understood how people preferred to be cared for. People were treated with dignity and respect.

Good



### Is the service responsive?

The service was responsive.

People were supported to make choices about their care and interests. People understood how to complain if they needed and systems were in place for responding to people's concerns.

Good



### Is the service well-led?

The service was well led.

People and their families felt able to approach the management team and speak about their care. The registered manager had systems for monitoring the quality of care people received. People and staff were positive about the service and had their views listened to and acted upon by the registered manager and registered provider.

Good



# 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 25 January 2016 and was unannounced. There was one inspector, one expert by experience and one specialist advisor with a nursing background. 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 the information we held about the home 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 eight people living at the service. We also spoke with four relatives, two care staff, one nurse, the administrator and the registered manager.

We reviewed two care records, two staff files, the complaints folder, recruitments processes as well as monthly checks the manager completed.

# Is the service safe?

## Our findings

People told us they felt safe living at the home and they did not have anything to be concerned about. One person told us, “Of course I feel safe.” A relative also told us “I am witness to very good care and am confident my (family member) is safe.” Another relative told us their family member “was in safe hands.”

Staff we spoke with could explain to us what keeping people safe meant. Staff understood what safeguarding people meant, and demonstrated knowledge of what they should do. One staff member told us they would discuss any concerns with their line manager or with the registered manager. The registered manager confirmed that safeguarding training was regularly updated and reviewed. Safeguarding concerns were discussed with the local authority and formally registered if required.

People told us they were able to access help whenever they needed it. One person told us, “When you press the bell, they respond promptly.” Another person told, “You only have to ring the bell and they are there.” We saw that people had access to staff and that people were routinely checked on by staff. Where people requested help we saw that they were helped as soon as it was practical. If there was likely to be any delay, this was explained to people and a timescale given. For example, we saw that one person had asked for help, but two staff were already helping to move a person. We saw staff explain that they would help the person as soon as they had finished. Relatives we spoke with also told us they had not encountered any difficulty accessing staff whenever the need had arisen.

We spoke with the registered manager to understand how staffing was organised. Staffing was based on both occupancy levels together with people’s individual needs. The registered manager told us that this was reviewed regularly and adjusted accordingly. If occupancy levels increased, staff numbers would be increased to meet people’s needs.

Staff we spoke with understood people’s health conditions and knew what they should be aware of. We saw staff use specialist moving equipment to safely transfer people from their seats to wheelchairs. Staff kept people informed about what happening and reassured them if they showed signs of concerns. We heard one staff member tell a person, “Almost done” to reassure the person.

We reviewed how staff were recruited to ensure it was safe for them to work at the home. We spoke to two staff that confirmed they completed Disclosure and Barring Service (DBS) checks before commencing work. The registered manager did this to ensure all the relevant checks were completed. Two staff files we reviewed contained confirmation of the necessary pre-employment checks.

People told us they were happy with the support they received when taking their medicines. One person told us, “When I am in pain, they give me pain killers.” Another person told us, “They put them (tablets) in my hand for me to take.” We saw how people received their medicines and saw that nursing staff understood each person’s preference for taking their medicine. Staff administering people’s medicines demonstrated their knowledge of people’s individual needs.

# Is the service effective?

## Our findings

People we spoke with told us they thought staff understood how to care and support them. People thought staff had the correct training. One person told us, “Personally, I think the staff have the appropriate skills.” Another person told us, “I spoke to a carer on Saturday and she said she was doing her NVQ” in care.

We spoke to staff about how their knowledge was kept up to date and whether they were able to access training. Staff we spoke with told us they attended regular training and if there was something they identified and asked for, their request would be met. We saw that the registered manager reviewed and updated staff training needs and had a system for ensuring staff training was arranged in a timely manner.

Staff we spoke with told us they attended regular supervision meetings as well as wider staff meetings. Staff told us supervision meeting were held regularly and that feedback on staff performance was given. We saw the minutes of staff meetings and saw that staff were able to discuss issues of concern with them as well as listen to what the registered manager needed staff to be aware of.

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 reviewed how the registered manager had ensured people’s freedom was not restricted. We saw that the registered manager had assessments of people where appropriate and had submitted a number of applications and was awaiting their approval. Staff we spoke with understood who had a Deprivation of Liberty in place and what this meant for the person. We also explored what staff understood by consent and what this meant for people. Staff were able to explain to us what it meant for a person to consent to care. We saw also when care staff supported people they explained what they were doing. For example, we saw one person being transferred using specialist moving equipment and staff explained what they were about to do before beginning the process of moving the person.

People were offered choices in terms of food and drink. One person told us, “I do eat well. The food’s lovely.” At lunchtime we saw that people were offered plates of food to select from. One person was offered an alternative due to a food allergy. Staff understood the allergy and knew that the person should avoid contact with the food. We also saw that care staff understood which people required support and offered this. For example, one person required staff to support them with their meal and we saw a staff member sit patiently with the person and support them with their meal. Relatives we spoke with also told us their family member was offered a choice and that they enjoyed the meals at the home.

People accessed a number of healthcare professionals. During the inspection, we saw that a person had been discharged from hospital and had been supported to attend with staff from the home. People we spoke with told us they were supported to attend hospital appointments. Relatives we spoke with told us their family member was seen by a nurse and that that a doctor was then called if needed. People also told us they could speak to the nurse and discuss any issues they had with her. A nurse from the GP surgery also visited weekly to see people at the home. We also saw where appropriate, staff receive specialist support from district nurses. People also saw opticians and had their hearing aid checked.

# Is the service caring?

## Our findings

People we spoke with were all positive when talking about the home. One person told us, “The staff here are all very good.” Another person told us, “I think they’re very kind. Nothing is too much trouble.” People told us that they liked the staff and felt comfortable around them. One person told us, “They (staff) usually ask me – are you alright?”

We saw people chat and acknowledge staff whenever they saw them. People smiled warmly and discussed things that were important to them. We saw one staff member chat to a person about a recent visit they had made to a place of worship. People chatted with staff over lunch about a television programme they had watched. People spoke positively about staff supporting them and felt reassured by their help. One person told us, “Their patience is amazing.”

One staff member described their team as “Close and caring.” One relative told us about the staff, “They are amazing the work they do with my (family member).” Relatives told us that they treasured the efforts made by staff to include and value their family members. One relative described a birthday party staff arranged for their family member for a significant milestone and told us staff had “Gone the extra mile.” Another relative described efforts made by staff to involve the relative with a Christmas celebrations so that they could be with their family member at the home.

People told us they were involved in making choices about their care and could speak to staff about their preferences. One person told us, “I always tell them what I want”. One relative told us their family member had chosen their bedroom. Other people had brought their own furniture with them to layout their bedroom as they would like. People told us about day to day preferences they had. One person told us they liked to have a shower and that staff supported them. Relatives told us they were involved in helping to formulate care plans for people so that staff understood how to care for them. One relative told us, “They involve family.”

People told us they felt respected and that staff understood their needs. People told us that staff helped them remain independent in as much as possible for them. One person told us, “I do some things by myself.” Care staff we spoke to understood what caring for a person with dignity meant. Care staff we saw supporting people responded to people and their individual needs. For example, we saw one person walking across the lounge. Although, the person was experiencing difficulty walking, staff understood the person wanted to walk independently and walked behind without rushing the person.

People told us their relatives visited them whenever they chose to. We saw friends and relatives come in and visit people at the home at varying times throughout the day. Relatives told us they sat and chatted with relatives wherever they chose to. Some relatives told us they preferred the privacy of the bedrooms whilst others chose to sit in the lounge or go out instead.

# Is the service responsive?

## Our findings

People's care was regularly reviewed so that people's care could be updated to meet their needs. For example, we saw that people's level of care changed depending on how they were feeling. During the inspection, one person had been discharged from hospital and staff were made aware of this so that they could offer more support. We also saw that where people had required special equipment this was arranged. For example, specialist mattresses were ordered where people needed these.

Information was shared with senior staff on a daily basis so that staff had access to the most up to date information they needed to support people. We saw the registered manager lead a "Flash meeting" where all the heads of a particular part of the service attended to understand what information was new about people's care. This allowed the team notice to make arrangements in response to anything that had arisen. For example, the registered manager discussed a new admission to the home so that the person's bedroom could be prepared and care staff teams could make their teams aware and familiarise themselves with the person's needs.

We reviewed two care plans and saw that changes in people's care needs was recorded. We also saw that care records demonstrated people's care needs were regularly assessed and updated. Staff told us that nursing staff took the lead on updating care plans so that clinical and care supports needs would be up to date.

We saw that people had asked for more activities through questionnaires and meetings held with the registered manager. People's individual interests were in the process of being recorded. The registered manager told us that a priority for them was to improve people's access to activities. They were already in the process of recruiting an activities co-ordinator as they had recognised people wanted more choice.

People told us about interests they had and how they were supported. One person told us about their religious beliefs and how they both visited their place of worship as well as have visitors visit them. Another person we saw was sat sorting craft materials and appeared to enjoy doing this. People told us about other interests they had such as reading, listening to music as well as taking part in Bingo.

People we spoke with understood they could complain and knew how to do so. People and relatives we spoke to felt able to speak to staff or to speak to one of the management team if there was something that they wanted to alter. One relative told us there had been an issue but they had, "Spoken to someone in the office" and it had been resolved. Another relative told us, "I have not made any complaints. Maybe that means it's well run." A further relative told us, "My sister mentioned something minor but it was resolved immediately." We reviewed how complaints were recorded and responded to. We saw that the registered manager had a system for recording complaints and what action had been taken to resolve the person's complaint. Complaints we reviewed were responded to in accordance with the registered provider's complaints process.



# Is the service well-led?

## Our findings

Although people did not always know the registered manager, people we spoke with knew that they could speak to someone at the office and that the registered manager was available if they needed them. People and relatives told us that if they had had reason to contact or speak with the registered manager, this had been positive. The registered manager had a good understanding of people living at the home and understood their up to date care needs.

Staff we spoke with spoke positively about the registered manager and the environment they worked within. One staff member told us about their experience of working at the home and said they, “Really enjoy it”. Staff described being able to suggest ideas and improvements. One staff member told us the registered manager, “Never said no. He’ll always give it a go.”

The registered manager demonstrated how they reviewed the quality of care at the home so the provider’s care standards could be maintained. We saw how the systems the registered manager used, enabled them to identify areas of concerns that needed to be addressed. We saw that staff training, care plans, medications audits were all monitored regularly. Accidents and incidents were also monitored so that if patterns emerged, the provider’s falls team would review the incident to establish whether any additional input was needed. During the inspection, an issue arose regarding how drugs were stored. We discussed this with the registered manager and saw they took clinical advice from the nurses when needed and reviewed working practices if these were required.

The registered manager had developed a number of ways in which to gain people’s thoughts about the service and understand what people may want improved. A newsletter was in the process of being developed and staff were being asked for their suggestions. Questionnaires were also used

to seek people’s views on the service. We saw that feedback from ideas that people had raised had been shared through a number of ways. A display could be seen in the main hall that was called “You say. We did.” People had asked for a bathroom on the ground floor but because of the layout of the building it was not possible and so a wet room had been installed instead.

The registered provider had also started a period of refurbishment based directly on other feedback they received. People living at the service were asked about changes they wanted and where possible, these were being initiated. Regular residents meetings, newsletters and the notice board enabled people to keep informed of the developments. We also saw dates of meetings advertised so that people could raise issues of interest. The results of survey results were also displayed for people to access. Some of the questions people were asked were, whether they felt safe and whether people had suitable activities provided.

Results from monthly checks were submitted to the registered provider’s management team to review. The registered manager was required to submit regular returns which detailed how the service had performed that week. The registered manager also attended a weekly conference call with managers from the registered provider’s other locations, so that learning could be shared amongst the managers. The registered manager also attended both internally organised training events as well as external events to ensure their knowledge was up to date. Although the registered manager was not from a clinical background, working closely with the clinical lead had enabled them to understand what action needed to be taken for people living at the service. For example, clinical staff had led on care plan reviews and this information was then fed back to the registered manager. People that required a change in support needs were then able to receive this support through the combined input of both the registered manager and the support staff.