

Shaftesbury Care GRP Limited

Henwick Grange

Inspection report

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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 well-led?	Good ●

Summary of findings

Overall summary

About the service

Henwick Grange is a residential care home providing personal and nursing care to up to 56 people. The service provides support to younger and older people with a range of needs, including people with physical disabilities and people living with dementia. At the time of our inspection there were 34 people using the service.

People's experience of using this service and what we found

Since our last inspection improvements had been made to ensure risks to people's safety were effectively managed. Daily checks and audits were in place to ensure people received their medicines as prescribed. This included daily checks to confirm people's pain medication patches remained in place and the administration site was being rotated. People's risks had been identified and there was clear guidance in place for staff to follow to reduce the risks. This included in relation to people's skin needs.

Improvements of the governance systems ensured better oversight of performance and quality. A range of audits were used to effectively monitor the service. Areas for improvement were identified and responded to so the service was continuously learning and developing.

Systems and processes were in place to safeguard people and protect them from the risk of harm or abuse. People were supported by staff who had been trained and recruited safely. Accidents and incidents were reviewed to identify themes and the actions needed to prevent them from happening again. Any learning from incidents were shared with the staff team.

People's needs were assessed before moving into the home so their care could be planned to meet their individual needs. People's dietary and nutritional needs were met in accordance with their needs and preferences. Staff recognised changes in people's health and sought professional advice appropriately.

Staff knew people well and treated them with respect. People and those important to them were involved in planning their care.

People and their relatives were encouraged to provide feedback in the form of meetings and surveys. Information was used to drive through improvements.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 16 April 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about personal care, manual handling and the management of the service. We also wanted assurances the provider had followed their action plan and to confirm they now met legal requirements. As a result, we undertook a focused inspection to review the key questions safe, effective, caring and well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective, caring and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Henwick Grange on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Henwick Grange

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors and a specialist advisor in nursing.

Service and service type

Henwick Grange is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Henwick Grange is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also requested feedback from Healthwatch to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people who lived at the home about their experience of the care provided. We spent time seeing how people were cared for. 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 to three relatives about their experience of the care provided.

We spoke with seven staff which included the registered manager, regional manager, deputy manager, nurse, care staff and the chef. We also spoke with a visiting healthcare professional. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment. In addition, we looked at a variety of records relating to the management of the service. We reviewed additional information, policies and procedures, staff allocation, audits, staff, residents' and manager's meetings, surveys, safety certificates and training data the registered manager sent to us.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely; Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure systems were robust enough to demonstrate risks were effectively managed which placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed safely and recorded accurately.
- Where people received their medication via a trans-dermal patch there were charts to record the site of application and confirm removal of the previous patch. The actual number of sites to be used for full safe rotation was also stated. The site was checked daily to ensure that the patch remained in place between applications. We saw the daily check that the clinical lead undertakes to ensure trans-dermal patches are being administered as prescribed, that the administration site is being rotated and the daily checks by the nurses are taking place.
- Where people had been prescribed 'as and when' (PRN) medication protocols were in place for administration. When PRN medication had been administered, the reason and effectiveness was recorded on the back of the Medication Administration Record (MAR) sheet.
- Records showed all staff involved in administering medication had their competency assessed within the last twelve months. This also included clinical competency assessments for catheterisation, wound management, diabetes management and percutaneous endoscopic gastrostomy (PEG) management, a procedure which allows nutrition, fluids and/or medications to be put directly into the stomach.
- Staff followed the tissue viability nurse instructions where people were at risk of pressure damage and re-positioning is required. For example, where it had been recommended a person be repositioned every two hours records showed re-positioning was completed at the prescribed frequency.
- An audit of the re-positioning was carried out twice during a 24-hour period. These were reviewed by the clinical lead and any gaps in the charts investigated.
- People's care plans contained sufficient details and provided guidance for staff on what action should be taken. For example, meeting people's skin care needs.
- The clinical lead had a wound tracker in place which identifies the person, type of wound, which includes rashes, bruising, skin tears, blisters and pressure damage. The clinical lead reviewed the wounds physically and as part of the review checks that wound assessments are carried out at the frequency stated in the care plan and the plan and risk assessment had been updated.
- Risks within the environment were identified and action taken to monitor these. For example, regular

servicing and checks of utilities and safety equipment were carried out. People had a personal emergency evacuation plan (PEEP) in place which detailed what support was required.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. Staff demonstrated a good understanding in identifying, reporting and recording safeguarding concerns. They had all completed safeguarding training.
- Where safeguarding concerns had been raised, the registered manager took appropriate action in line with guidance.
- The provider had a safeguarding and whistleblowing policy in place which gave staff clear guidance to follow in the event they needed to refer any concerns.

Staffing and recruitment

- Staffing arrangements met people's needs. We did not observe people having to wait for staff or hear calls bells ringing for long periods of time. A nurse told us there are sufficient staff for the care needs of the current people and said, "The registered manager is very good at arranging additional staff where residents need escorting to appointments and both the registered manager and deputy will help on the floor when we have busy spells."
- A dependency tool was in place to plan staffing levels. When agency staff were used the registered manager used consistent agency staff as much as possible. This meant people were supported by a consistent staff team who knew them well. The provider had been provided with full information from the agency to ensure agency staff had the right skills and appropriate checks in place to ensure they were safe to provide care.
- The provider followed safe recruitment processes. Staff had the necessary safety checks in place before starting work. This included references and a Disclosure and Barring Service (DBS) check to confirm they were suitable to work with people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- The provider had put systems in place however there was one occasion where a sling had been shared between two people. It is good infection control practice to ensure slings are not shared between people, to reduce the likelihood of the spread of infection. We discussed this with the registered manager who put measures in place during the inspection to prevent reoccurrence.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- The provider was taking appropriate measures to reduce the likelihood of the spread of infections through the layout and hygiene practices of the premises. The home environment presented as clean. However, there were some areas which required attention such as walls that needed decorating. These had already been identified and were being progressed by the provider. Following our inspection, we were provided with dates for works to be completed.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

Visitors were welcome at the home and we observed people receiving visits from loved ones. One relative

told us, "We can visit whenever we want." During times of a COVID-19 outbreak the provider implemented safe visiting processes in the home in line with government guidelines.

Learning lessons when things go wrong

- Accidents and incidents were investigated, and appropriate action was taken to reduce the risk of reoccurrence. Any lessons learned following any investigations was shared with staff to help improve the quality and safety of the support provided.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- At our last comprehensive inspection in October 2019 we found staff did not always put their knowledge from training into practice. At this inspection we found improvements had been made and staff were now putting their knowledge into practice.
- Staff spoke positively about the training they received, and training opportunities offered to them to enable them to progress. For example, nurse associate training.
- Staff told us they felt supported in their roles and received regular supervision.

Adapting service, design, decoration to meet people's needs

- Since our last inspection the provider has made improvements to the decoration of the home environment and they continued to make improvements to the building. For example, building works had been undertaken and continue to be progressed to meet people's needs.
- People's rooms were personalised and decorated to their tastes. A relative told us, "There is a nice homely and cosy feel to the home."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to moving to the service. Assessments were clear and detailed all necessary information about the person. This included health and support needs, wishes and preferences.
- People and relatives were involved in the planning of care. One relative described how they were part of the initial assessment where information was gathered and what could be provided was discussed. They said, "We [family] can talk to any member of staff, they are well informed and know what's going on with [person's name]. Any changes or concerns in [person's name] care we are contacted and kept up to date."
- People's assessments considered support they may want to meet their protected characteristics under the Equality Act. For example, people were asked about any religious or cultural needs as part of their assessments. Staff were trained and understood how to support people's equality and diversity needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People were provided with meals prepared in a way that was appropriate for them. For example, cut into bite sized pieces or pureed. Catering staff understood modified diets and knew people's individual needs.
- People were given choices of what they wanted to eat and were provided with snacks and drinks throughout the day.
- Where people required support with eating and drinking, this was provided. People were able to enjoy mealtimes at their own pace and extra food was available if wanted.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to health and social care professionals such as GP, diabetic nurse, dentists, chiropodist, opticians and care home teams.
- People's health needs were discussed with the GP weekly and again during a monthly visit to ensure they received the support they needed.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's mental capacity had been assessed and where appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Staff had received training in the MCA and had a good understanding of the principles of the Act.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff were observed and heard to be kind, respectful and patient when interacting with people.
- People were supported to maintain relationships with those close to them. Family members were kept updated and informed. For example, with any concerns or changes in needs. One relative said, "They [staff] are really good they will ring and inform us if [person's name] has had a stumble or is unwell or if the GP has visited them."

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives were positive about staff and described them as, "Caring," "Helpful," "Approachable," and "Fantastic." One relative told us they, "We [family] chose Henwick Grange for their family member because of the friendliness of staff," and went on to tell us how staff treated their family member like 'A human being' and how they accommodate and listen to what they [person] wants.
- People had positive, friendly and caring interactions with staff. We saw staff were committed to ensuring people had the maximum opportunity to enjoy life and relationships with those who were important to them. For example, staff's approach encouraged people to interact at mealtimes, to make these and enjoyable experience. This included group conversations and individual support.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to be involved in making decisions. We observed this during the inspection, people chose how they wished to spend their time. For example, time in their bedrooms or time in communal areas and, where they wanted to eat their meals.
- People and where appropriate, their relatives, were consulted and involved in decisions about their care and support and kept updated if there were any changes.
- Relatives told us staff involved them and they felt valued and listened to. When needed people had advocates to support them.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to operate effective systems and processes to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager had developed their quality assurance systems since the last inspection. This was to ensure governance and clinical oversight was effectively managed. For example, audits and checks were in place and carried out to support people in receiving safe care.
- Nurses undertake a daily observation to identify and report on areas including people's medication, dressings and infection prevention and control.
- Since our last inspection, a new manager was employed and registered with the Care Quality Commission (CQC) in June 2021.
- The registered manager was experienced and knowledgeable about systems and processes and knew people well.
- Staff were clear about their roles and what was expected of them. Staff communicated well with each other to ensure they had the information they needed to provide good care. One staff member told us, "Staff are very good at asking them [nurses] where any concerns were identified."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had worked hard to create an open culture where people, relatives and staff could approach them with concerns, ideas and suggestions. One staff member said, "[Registered manager's name] is brilliant, really good manager, always busy, but always has time to talk to you and listens to what we [staff] have to say." Another staff member said, "[Registered manager and deputy manager] are fantastic, they check in everyday to let us know what is going on, if any changes or for us to share any concerns."
- Staff told us the registered manager was approachable and supportive and spoke positively about working at Henwick Grange. One staff member told us, "[Registered manager's name] is lovely. I love working here." Another staff member said, "It's [Henwick Grange] a nice place to work, the registered

manager is always around."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The provider and registered manager understood their responsibilities under the duty of candour. They knew to be open and transparent when things went wrong with care and treatment. For example, informing relatives or providing updates following any accidents and incidents or feedback received.
- The registered manager was aware of their regulatory requirements and knew their responsibility to notify agencies when incidents occurred. For example, where required, the registered manager had completed statutory notifications to the CQC and provided additional information if requested.
- The registered manager told us they had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing. A visiting health care professional told us they had seen improvements and how staff were proactive if people became unwell.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relative's feedback were sought through regular conversations, residents' meetings and feedback surveys to drive through improvements. For example, minutes from residents' meetings which took place in September 2022 showed people had been consulted about activities, planned events, community participation, menus and decorations within the home.
- Staff told us communication in the home had improved. For example, they received surveys which they could complete anonymously. Feedback was listened to and actions taken in the form of 'What you said, and we did action' were shared.