

# Springcare (Macclesfield) Ltd

## Henning Hall

### 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 responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Henning Hall is a residential care home providing nursing and personal care to up to 60 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 52 people using the service living in an adapted building.

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

People were safeguarded by practices and procedures within the service and as a result felt safe. Appropriately recruited staff were available to meet the needs of people. Measures were in place to control the spread of infection, to provide a clean and hygienic environment and to ensure medication management safely promoted people's health.

Relevant information was gained by the service prior to people coming to live there and this was translated into care plans which took health and social needs into account, as well as people's individual preferences. Staff were trained, received supervision and new staff were appropriately inducted into their new roles. People's health was maintained through regular contact and access to medical agencies. The environment was well maintained and included appropriate equipment and signage.

People were supported in a caring and dignified manner. Care plans were person-centred, reflecting the needs of people. Information was available in appropriate formats in line with people's communication needs.

The manager maintained a presence within the service and was aware of people's needs. People, families and staff were asked about their experiences and results were made available. The service worked in partnership with other services and always informed us of key events.

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](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 3 October 2019 and this is the first inspection.

The last rating for the service under the previous provider was Requires Improvement, published on 26 June 2019.

### Why we inspected

This was a planned inspection to give the service its first rating.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Henning Hall on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

# Henning Hall

## 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 was carried out by one inspector.

#### Service and service type

Henning Hall 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. Henning Hall 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 on both days of the inspection,

### 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 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 5 people who used the service about their experience of the care provided as well as 5 relatives. We spoke with 9 members of staff including the area manager, manager, care workers and ancillary staff. We reviewed a range of records. This included 5 people's care records, risk assessments and medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

### After the inspection

We looked at various documents and continued to seek clarification from the provider to validate evidence.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Medicines were safely managed. People told us that, "I have tablets and I always get them on time", and "They [staff] never miss my medication".
- Individual person-centred preferences for people receiving medicines were in place.
- Medicines were appropriately stored and audited regularly. Medication records were signed appropriately.
- Protocols for medicines when needed (such as for pain- relief, for example) were in place to ensure that such medicines were consistently offered.
- Where people lacked capacity to understand the importance of taking medication; these were administered covertly, and best interest decisions carried out to reflect this.
- Registered Nurses administered and managed medication and had their competency to do this checked regularly.

### Staffing and recruitment

- Staffing levels met people's needs and recruitment processes were robust. People told us that, "There are always staff around to help" and that "They [staff] are very kind". This was echoed by relatives.
- Staff were readily available during our visit to support people when required. Those people who required one to one support received this in line with their assessed needs.
- Rotas indicated that staff were deployed at all times in line with their skills and qualifications.
- Recruitment processes for new staff were robust.

### Systems and processes to safeguard people from the risk of abuse

- Processes were in place to ensure people were protected.
- People told us that they felt safe living at Henning Hall. Relatives told us, "[Name] is in a safe, comfortable place".
- Staff had received appropriate training on how to identify and report on potential signs of abuse.

### Assessing risk, safety monitoring and management

- People were protected by assessments designed to minimise risks to their health.
- These included risks faced by people through health conditions such as malnutrition, development of pressure sores and risks of falling.
- These were updated regularly so appropriate action could be taken to protect people from harm.
- Up to date risk assessments were in place to enable staff to evacuate people from the building in the event of fire or other emergency.
- Checks on the safety of equipment, hoists, water temperature, electrical and fire detection systems were

regularly done and were up to date.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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.
- We were assured that the provider was responding effectively to risks and signs of infection
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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

People living at Henning Hall were able to receive visitors.

#### Learning lessons when things go wrong

- Systems were in place for the reporting of accidents and other key events.
- The service provided evidence that all incidents were appropriately recorded and analysed to prevent future re-occurrence.
- Appropriate action was taken to review care plans risk assessments and to make safeguarding referrals as appropriate.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were supported with training to carry out their respective roles.
- Training included those mandatory health and safety subjects as well as training in topics linked to people's specific needs.
- A process for the induction of new staff was in place.

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

- Assessments of people's needs were always obtained by the home prior to admission.
- These contained relevant information about the main medical and social needs of people and provided a basis for the development of person-centred care plans.
- People's individual preferences in all aspects of their daily lives were outlined and respected.

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

- people's nutrition was promoted by the service. People were happy with the food provided. They told us, "The food is very good" and "It is good, plain food which I enjoy".
- A menu was in place indicating a wide variety of meals on offer with alternatives if required. Food was prepared in a well-equipped and well-organised kitchen.
- Kitchen staff were fully aware of the nutritional needs of people and any individual preferences.
- Where people were at risk malnutrition or possible de-hydration; close observation of people's weight and fluid intake was undertaken with appropriate referral to dietitians if needed.

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 services when required.
- A local surgery provided weekly visits to people within Henning Hall enabling any health concerns staff had to be referred and discussed in a timely manner.
- Records provided a commentary on when people had had access to a number of health services and the outcome of each appointment.
- Relatives were happy with the actions taken by staff to ensure that their relation's health was promoted. One told us, "The staff work as a team with us and the regular GP to manage {Names} symptoms and keep her happy and comfortable" and "They [staff] are quick to inform us of any changes to [name's] behaviour or health".

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

- The building was well decorated. Maintenance staff stated that some parts of the building needed ongoing maintenance but this was managed.
- People told us, "Our experience is that the home is beautiful, clean and in a lovely setting".
- Those who required assistance with mobility had access to a variety of hoists and other adaptations to assist them.
- Signage was available in all areas of the building to assist people with their orientation around the building.

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.

- The capacity of individuals to make decisions had been assessed.
- For those who required deprivation of liberty orders to be applied to their daily lives, these were current and involved the least possible restrictions to them.
- Best interest meetings had taken place to discuss areas such as the need for covert medication, for example.
- Staff had received training in mental capacity and were aware of the principles involved with this.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well treated and respected.
- Any cultural or religious needs were recorded in care plans. This extended to any dietary preferences people had in line with their values.
- People told us, "Staff are very kind", "They [staff] are very good to me" and "They deal with [name] with kindness and understanding always polite and quick to explain things to [name]."
- Staff spent time with individuals and interacted with them in a gentle and patient manner.

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

- The communication needs of each person had been assessed.
- Where people were able to express their views; they were listened to.
- Some people could not necessarily give an account of how they were to the staff team. In those instances, communication plans were included within care plans to ensure that people could effectively communicate and have their views known.

Respecting and promoting people's privacy, dignity and independence

- People were supported in a dignified manner.
- Staff respected people's rooms as their individual and private spaces and always knocked on doors, awaited a response and then entered with people's consent.
- People were encouraged to be as independent as possible. Those with limited mobility and relying on aids to move around, for example, were encouraged to do so with staff supervision with risks of falls taken into account.
- People's personal and sensitive information was kept confidential at all times.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- Care plans were personalised and included both the main health and social needs of people. Care plans were up to date and reviewed regularly.
- Summaries of people's history had been collected and included within care plans. This included people who were important to them, key events, their past professions and other relevant experiences that they had had.
- Daily records were in place to outline the progress of people on a day-to-day basis. These reinforced care plans and evidenced appropriate interventions by staff if people became unwell, for example.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service met the Accessible Information Standard.
- Steps were taken in the case of people with sensory loss to ensure that items such as hearing aids or glasses were available to them at all times to ensure they could be fully aware of the environment around them.
- Information was presented in written format although alternative pictorial information was available if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- An activities co-ordinator was employed by the service.
- The co-ordinator supported people in one lounge area with individual activities and then would concentrate on providing activities in the other lounge in the afternoon.
- Activities available were advertised and evidence of the marking annual events were available in the form of a collection of photographs.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and this was available in pictorial format if required.
- A complaints log was available indicating the nature of the complaint and how it had been addressed by the registered manager.

#### End of life care and support

- No-one was receiving end of life care during our visit.
- The future wishes of people were recorded in the event of them reaching this stage.,
- Do not resuscitate wishes were in place for some people and were easily accessible for staff to refer to if needed.
- Staff had received training into a programme called six steps to end of life care. This is designed to enhance practice when people reach the end of their lives and to facilitate change.

# 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. This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People received person-centred support. This was reflected in documents and what people told us about staff awareness of their preferences.
- Care plans reflected the individual needs of people. These included their personal preferences and key needs.
- People told us that staff knew their individual preferences and needs.

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

- The registered manager was clear about their role.
- A number of audits were used to measure the quality of care provided at Henning Hall.
- These included performance audits conducted by the registered manager and those carried out by the nominated individual and other senior managers.
- Where actions were needed; these were addressed through audits to ensure a good quality of care was maintained.
- The registered manager maintained a presence within the service and understood the needs of people individually.
- The service always notified CQC of any key events that adversely affected individuals.

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

- People and others were involved in people's support.
- Where people had capacity; their consent and views of the service they received were asked for. Where people lacked capacity to give immediate views; staff used communication assessments and their knowledge about people to gain their views.
- People, families and staff were asked to complete surveys. The results of these were made available to people and others.
- The registered manager and provider were clear about their duty to be open and transparent about the running and management of the service.
- The registered manager and staff co-operated fully with the inspection team.

#### Working in partnership with others

- The service worked with local authorities and social workers to assess and maintain people's accommodation and health need. Health professionals visited the service weekly to maintain people's wellbeing.