

Rotherwood Healthcare (Hampton Grange)  
Limited

# Hampton Grange Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Hampton Grange Nursing Home is a residential care home providing personal and nursing care for up to 42 people within one large adapted building. It specialises in the care of people living with dementia and older people requiring general nursing care. At the time of our inspection, there were 29 people living at the home.

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

The provider's quality assurance systems and processes were still not as effective as they needed to be. We found unexplained gaps in recording on people's topical medicines application records, and incident records had not always been signed off by the registered manager to confirm all necessary actions had been taken. Most of the care staff we spoke with experienced a lack of clear leadership and direction on shift. People's relatives continued to express mixed views about the management of the service.

Staff understood how to recognise and report potential abuse involving the people who lived at the home. The risks associated with people's individual care needs were assessed and plans were in place to manage these. The provider carried out a range of checks to ensure the safety of the premises and the equipment within it. The provider checked the suitability of prospective staff before they were allowed to work with people at the home. They took steps to minimise the impact of agency staffing upon people's care. Systems and procedures were in place designed to ensure people received their medicines safely and as prescribed. The provider had procedures in place enabling staff to record and report any accidents or incidents involving people who lived at the home. Domestic staff helped care staff maintain the hygiene and cleanliness of the home, and staff were provided with personal protective equipment to reduce the risk of cross-infection.

The registered manager sought to engage effectively with people's relatives and staff through, for example, organising regular meetings with them. The majority of staff spoke positively about the support they received from the registered manager. The registered manager took steps to keep themselves up to date with legislative changes and current best practice guidelines. Staff and management worked with a wide range of community professionals to meet people's individual care needs.

### Rating at last inspection

The last rating for this service was Requires improvement (report published 17 April 2019) and there were breaches of regulation. An additional condition has been imposed on the service's registration requiring the provider to supply us with a monthly report on how they were meeting Regulation 17 (Good governance). At this inspection enough improvement had not been made and the provider was still in breach of Regulation 17.

### Why we inspected

We received concerns in relation to moving and handling practices, staffing, risk management and medicines. As a result, we undertook a focused inspection to review the Key Questions of Safe and Well-led

only.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same.

We have found evidence that the provider needs to make improvement. Please see the Well-led section of this full report.

#### Enforcement

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 well-led?**

The service was not always Well-led.

Details are in our Well-led findings below.

**Requires Improvement** ●

# Hampton Grange Nursing Home

## **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 Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Hampton Grange Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This was an unannounced inspection.

#### What we did before the inspection

Before the inspection visit, we reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. We sought feedback on the service from the local authority and local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

#### During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We also spoke with the registered manager, operations manager, a nurse, a nursing assistant, five care staff and two domestic staff.

We reviewed a range of records. This included seven people's care records, medicines records, staff training records, and three staff recruitment records. We also reviewed incident and accident records, and records relating to the safety of the premises and management of the service.

#### After the inspection

We spoke with four relatives and two community health and social care professionals about their experiences of people's care. We also reviewed additional information provided to us by the registered manager and operations manager.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People told us they felt safe living at the home. One person said, "I feel safe. There are people around you all the time."
- Prior to our inspection, concerns were raised with us regarding the alleged use of unsafe moving and handling techniques, namely 'drag lifts', by staff. During our inspection visit, two staff members told us they had witnessed the use of 'drag lifts' by other staff. A relative also reported having seen staff use inappropriate moving and handling techniques. We did not directly observe any staff attempt to move people unsafely.
- We discussed the concerns raised regarding staff moving and handling practices with the management team. They assured us all staff, including agency staff, had completed moving and handling training. They had not witnessed any unsafe moving and handling practices, and had conducted an internal investigation into recent allegations regarding the use of drag lifts, which had not identified any concerns of this nature.
- Following our inspection visit, the provider informed us they had engaged the services of an external moving and handling expert trainer to review practices at the home. They indicated to us this trainer had not observed any inappropriate moving and practices, and any advice provided on improving current practices had been implemented.
- The risks to people's health, safety and welfare were assessed, recorded and kept under review. This included consideration of people's nutrition and hydration, pressure care needs and mobility needs.
- The provider had systems and procedures in place designed to ensure the safety of the premises and the equipment within it. This included regular checks on the home's fire safety system.

### Staffing and recruitment

- On the day of our inspection, five of the six care staff on duty were agency staff. Staff informed us this was the normal ratio of permanent to agency staff on this shift pattern.
- The provider explained all agency staff underwent an initial induction to the home, as part of which they were shown how use the electronic care planning system and access people's care plans. They also described how they minimised the impact of current levels of agency staffing and promoted continuity of care, by using regular agency staff whenever possible, and balancing the experience and skills mix of staff of any given shift.
- The registered manager and provider monitored and adjusted staffing levels in line with people's current care needs.
- The provider carried out pre-employment checks on all prospective staff to ensure they were suitable to work with people living at the home.

### Preventing and controlling infection

- The provider employed domestic staff who supported care staff in maintaining standards of hygiene and cleanliness, following established cleaning schedules. We found the home to be clean and hygienic throughout.
- Staff were provided with personal protective equipment (e.g. disposable gloves and aprons) to protect people from infections. We saw staff making appropriate use of this equipment.

### Using medicines safely

- The provider had systems and procedures in place designed to ensure people had the support needed to take their medicines safely.
- People received their medicines from trained nurses, aside from topical medicines which were applied by trained staff. We found the nurses maintain accurate records of the medicines they administered. However, people's topical medication application records contained unexplained gaps in recording.
- Written guidelines had been produced for staff on the expected use of people's 'when required' (PRN) medicines.

### Systems and processes to safeguard people from the risk of abuse; learning lessons when things go wrong

- Staff understood how to recognise and report potential abuse involving the people who lived at the home. They told us they would immediately report any concerns of this nature to the nurse on duty or registered manager.
- The provider had procedures in place designed to ensure the relevant external agencies were notified of any abuse concerns in order that these could be thoroughly investigated.
- Staff reported and recorded any accidents or incidents involving people who lived at the home, in order that these could be reviewed by the registered manager and learned from.
- We reviewed the incident report of a potential safeguarding incident in July 2019 involving one person who lived at the home. This report contained no details of the registered manager's review, or their rationale for not reporting this incident to the local safeguarding team and CQC.
- Our records showed the provider had previously notified us and other relevant external agencies of safeguarding incidents involving people who lived at the home. Following our inspection visit, the registered manager contacted the local safeguarding team in connection with this incident. They also provided us with additional information to explain their original interpretation of the incident in question.

# 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 the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained the same. This meant the provider's quality assurance was not as effective as it needed to be. People's relatives did not always have confidence in management and staff did not always benefit from clear leadership and direction on shift.

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

At our last inspection we found the provider's quality assurance systems were not as effective as they needed to be. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider carried out regular audits and checks, designed to enable them to monitor and improve the quality and safety of the service. However, the provider's quality assurance had not ensured records relating to the application of people's topical medicines or the review of incident reports were accurate and complete.

The provider's quality assurance systems and processes were still not as effective as they needed to be. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's relatives continued to express mixed views about the management of the service and the overall quality of the care provided. Some relatives expressed confidence in the management team and were very satisfied with their loved ones' overall care. One relative told us, "I'm quite happy [with loved one's care]. They [staff and management] do a fantastic job." Other relatives had confidence in the management team's ability to address issues or sustain positive changes, and referred to inconsistencies in their loved ones' care. One relative said, "Where is it service going wrong? ... It just needs generally pulling up in so many ways." A community professional also spoke to us about their lack of trust and confidence in the management of the service.

- The registered manager organised regular relatives' meetings and staff meetings to engage others in the service. The provider also distributed annual feedback surveys to people, their relatives and staff in invite their views on the service.

- Most staff found the registered manager approachable, supportive and willing to listen. One staff member told us, "I personally feel really supported. [Registered manager] has lifted my spirits when I've been struggling." Another staff member said, "[Registered manager] is like one of us. We get to see her all the time. She keeps staff in check and she's really approachable."
- Staff and management recognised the need to promote equality and diversity through their work, and to take into account people's protected characteristics.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Four of the staff we spoke with raised concerns about a lack of clear leadership and direction on shift, whilst the nurse and nursing assistant were busy completing their duties. One staff member told us, "It's a bit chaotic at the moment . . . It was better with a team leader on shift." Two of the relatives we spoke to felt staff needed to be better organised, and our observations of people's lunchtime meal supported this view. At this mealtime, we saw some people had to wait significantly longer than others for their meals. There was also some confusion amongst staff as to which person had already been served their meal. The management team were in the process of recruiting team leaders, following the recent departure of those previously employed at the service.
- The registered manager kept themselves up to date with legislative changes and current best practice guidelines through, for example, attending further training and events organisation by the local authority and local clinical commissioning group (CCG).

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

- The management team understood their responsibility to be open and honest with people, and relevant others, if things went wrong with the care provided.

Working in partnership with others

- Staff and management worked with a wide range of community professionals to ensure people's needs were monitored and met.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider's quality assurance systems and processes were not as effective as they needed to be.
Treatment of disease, disorder or injury	