

The Hanley Care Group Limited

Hill Grove

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service

Hill Grove is a residential care home providing personal and nursing care to 20 older people at the time of the inspection, some of whom live with dementia. Hill Grove is a listed former farmhouse located in the village of Cringleford near Norwich. At the time of our inspection there were 15 people living in the home.

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

Medicines were not always stored and administered as safely as possible. There were ongoing risks to people's health which were not always fully planned for and recorded accurately.

There were some environmental risks to people, such as unsecured products and irregular fire safety checks.

There was not always sufficient oversight of the quality of the service and related records, to ensure that concerns were identified in a timely manner and acted upon. There were not always regular checks taking place of infection control procedures, care planning records and the safety of the environment.

The home was visibly clean and staff had access to Personal Protective Equipment (PPE), however some improvement was required around cleaning schedules and guidance on PPE for visitors.

People and relatives felt that the home was safe. There were enough competent staff to keep people safe and they were recruited safely.

People in the home, relatives and staff were highly complementary about the management in place. The staff team worked well together and there was always someone to go to with any concerns if people had any. Staff felt very well supported by the organisation during the recent pandemic.

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

Rating at last inspection

The last rating for the service under the provider's previous registration was Good (published on 14 December 2017). This is the first inspection under the current registration. As this is a first inspection and we did not inspect all the key questions, we are not providing an overall rating.

Why we inspected

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 coronavirus and other infection outbreaks effectively.

The inspection was prompted in part due to concerns received about the management of the home,

including with regards to medicines and people's care. A decision was made for us to inspect and examine those risks. 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.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections in this report.

You can see what action we have asked the provider to take at the end of this report.

Action was taken immediately after the inspection to mitigate risk and make improvements.

We have identified two breaches of regulation in relation to safety and governance at this inspection.

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.

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Inspected but not rated

Is the service well-led?

The service was not always well-led.

Inspected but not rated

Hill Grove

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 key questions of Safe and Well-led only.

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 site visit was carried out by two inspectors, and a third inspector carried out telephone calls and remote reviewing and analysis of records.

Service and service type

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

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 2008 and associated Regulations about how the service is run.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

We reviewed information we had received about the service. We sought feedback from the local authority. We reviewed information sent to us by members of the public. We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service about their experience of the care they received. We spoke with two members of staff; the nominated individual and the registered manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included updated care records and quality assurance records. We spoke with a further person who lived in the service and two relatives. We spoke on the telephone with four more staff members, including two senior care workers and two care workers.

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 for this newly registered service. Therefore, the service has not been rated. We found that some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- There were unsecured cleaning products in several areas throughout the home which could be accessed by people living with dementia and may lack mental capacity, and therefore pose a risk of ingestion or inappropriate usage. We also observed an unattended cleaning trolley in a communal area of the home for 25 minutes.
- There were environmental risks to some people; for example, we saw records relating to one person, who was living with Alzheimer's, recently tried to leave the building. There was no restrictor in place for one window which lead to a drop of several feet. This was addressed later during the day of our visit.
- Fire safety was not always kept up to date to show how risks to people living and working in the service were reduced. There were no available records of checks on emergency lighting or fire extinguishers, and there were gaps in the records relating to weekly fire checks. Fire drills had not been carried out regularly, the last one being in August 2020.
- People's records did not demonstrate that staff took appropriate action when there were concerns about their health, for example, with regards to diabetes, eating and drinking. One person's records showed a low blood sugar, and no further records showed that it had been retested in a timely manner.

Using medicines safely

- Medicines were not always being stored at a safe temperature, which meant there was a risk to their effectiveness and longevity.
- Not all liquid medicines were dated on opening, which was risk of medicines being administered which were not effective or safe for use.
- It was not clear whether people always received their medicines as prescribed. We checked the stock of two medicines, and the stock recorded on the MAR (Medicines Administration Record) was not consistent with what we counted. For one person, the medicines had not been counted when they arrived in the home, making it difficult to check if they had received them as prescribed. There were three gaps in the person's MARs, which identified three occasions when it may not have been given by staff.
- Records relating to medicines which carry a higher risk were not always consistent with regulation; for example, one returned medicine had not been signed by two members of staff.
- Staff had not always detailed exact dosage given when dosage was variable.

The above findings constitute a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Shortly after our inspection visit, the provider took action to improve the storage, administration,

supervision and recording around medicines. The provider also confirmed further actions were taken to ensure care plans fully covered risk to people, and to maintain the environment in terms of fire and window safety.

Systems and processes to safeguard people from the risk of abuse

- The relatives and staff we spoke with felt that people were safe living in the home.
- Staff knew how to report any safeguarding concerns and had received training in safeguarding adults from abuse.

Staffing and recruitment

- We received some mixed feedback about staffing levels. One person said at times there were not staff visibly around, and this made them feel insecure. However, another person we spoke with said staff were always available when they needed support.
- Staff told us there were consistently enough staff. Staff received training relevant to their roles and were recruited safely.

Preventing and controlling infection

- We were somewhat assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- We were somewhat 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.

We have also signposted the provider to resources to develop their approach.

Learning lessons when things go wrong

- The management team promptly addressed concerns brought to their attention during our inspection visit to reduce risks to people and staff in the service.

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. Therefore, the service has not been rated. We found that the service management and leadership not always consistent. Whilst the leaders and the culture they created supported the delivery of person-centred care, they did not always have a good oversight of the service.

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

- There were gaps in auditing and checking the quality and safety of the service. We found concerns that had not been identified by the provider. For example, regarding medicines, care plans and fire safety. The last full infection control audit had been carried out in October 2020, so this was not being kept up to date.
- There was no cleaning schedule and checking system for high touch points in the home. Not all the bedrooms were cleaned daily, and this had not been identified. There were no records of descaling and we saw some limescale in bathrooms.
- There was no signage about expectations for visitors to wear PPE, and not always consistent guidance about what PPE visitors were expected to wear.
- Accurate and contemporaneous records were not always kept of people's care. Not all new and relevant information was added to care plans, which posed a risk of it being missed by staff. Action taken following a change in someone's care needs was not always updated and recorded in a timely way to ensure risks of unsafe care were mitigated.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- One person told us, "Staff are very good, very responsive if you ask them something." A relative found their regular communication with the providers very reassuring, "From day one [nominated individual] put our minds at ease." They added, "[Family member] was unsettled for the first 10 days, but then we went to visit on Tuesday not knowing what to expect; what a change. [Family member] looked very well looked after, had brushed hair and clean clothes, we came away thinking we would be happy for [family member] to stay in the home."
- Staff were consistently positive about working in the home and worked well as a team. They felt the organisation had been as supportive as possible during the COVID-19 pandemic. One said, "[Management] have been such a support to me and my family."
- Staff we spoke with gave examples of supporting people to keep in touch with their loved ones during the

recent global pandemic and lockdowns.

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

- All the people, relatives and staff we spoke with were positive about the openness and honesty of the management team and felt they would inform them of any problems.

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

- Relatives told us the management was always available to discuss and address any concerns they had, or update them on their family member's progress and care.
- One relative gave an example of how staff supported their family member to communicate as they were hard of hearing, and they were looking into obtaining further equipment to support the person with their communication needs.

Continuous learning and improving care

- Both of the relatives we spoke with gave us examples of how the home had improved the health and wellbeing of their family members, for example by supporting better mobility and putting on weight.
- The relatives told us the staff were compassionate and continuously gained feedback from families through discussing people's care needs and addressing these.
- Staff felt the providers were passionate about providing good care.

Working in partnership with others

- The management team assured us they kept regular contact with external agencies such as the local authority, in order to keep up to date with current infection control guidelines and news.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>There was not always safe administration of medicines and recording of people's healthcare needs. There were some environmental risks to people.</p> <p>12 (1) (2) (a) (b) (2) (g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to consistently oversee the service to ensure concerns were identified and acted upon.</p> <p>17 (1) (2) (a) (b) (c)</p>