

HC-One Limited

Hodge Hill Grange

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Hodge Hill Grange is a care home that provides nursing and personal care for up to 52 people within one large adapted building, which is divided into three units. It specialises in the care of people living with dementia and older people requiring general nursing care. At the time of our inspection, 43 people were living at the home.

People's experience of using this service:

- The administration of people's topical medicines was not managed as effectively.
- People's relatives and staff continued to express mixed views on staffing levels at the service.
- Staff training needs had not been consistently monitored and addressed.
- The formal mental capacity assessments we reviewed were not decision-specific, and contradictory information had been recorded about people's mental capacity.
- The provider followed safe recruitment practices to ensure prospective staff were suitable to work with people.
- The provider had systems and procedures in place to manage the risks associated with the premises, care equipment in use and people's individual needs.
- Staff understood the need to report any abuse concerns without delay.
- The provider took steps to protect people, staff and visitors from the risk of infections.
- New permanent and agency staff received an induction to help them understand the service and their roles.
- People's needs and wishes were assessed before they moved into the home, to form the basis of initial care planning and risk assessment.
- People were encouraged and supported to make choices about what they ate and drank. Any complex needs or risk associated with their eating and drinking were assessed and managed.
- The provider had taken some measures to create a dementia-friendly environment, and had plans in place to further adapt the home to people's needs.
- Staff and management worked with a range of healthcare professionals to ensure people's health needs were monitored and met.
- Staff adopted a kind and compassionate approach to their work, and had taken the time to get to know people well.
- Staff recognised the need to promote people's equality and value their diversity.
- People's care plans were individualised and promoted a person-centred approach.
- People had the opportunity to participate in social and recreational activities, and the registered manager had plans to develop this aspect of the service.
- The people and relatives we spoke with were clear how to raise concerns and complaints about the service.
- People's needs and choices regarding their end of life care were assessed and addressed.

- The provider had quality assurance systems and processes in place to monitor the quality and safety of people's care. However, these had not enabled them to address the shortfalls in quality we identified during our inspection.
- People's relatives and staff spoke positively about their relationship with the registered manager, who they found approachable and willing to listen.

We found the service met the requirements for 'Good' in two areas, and 'Requires improvement' in three other areas. For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection: At the last comprehensive inspection, the service was rated as 'Requires improvement' (inspection report published on 5 June 2017). At this inspection, the overall rating of the service remained the same.

Why we inspected: This was a planned inspection based on the service's previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any information of concern is received, 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.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive 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 ●

Hodge Hill 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 as part of our regulatory functions. This inspection checked 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.

Inspection team: Two inspectors carried out the inspection.

Service and service type: Hodge Hill Grange is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is required to have a manager registered with the Care Quality Commission, and there was a registered manager in place at the time of our inspection. The registered manager 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 inspection was unannounced.

What we did when preparing for and carrying out this 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, the local clinical commissioning group and local Healthwatch.

During the inspection, we spent time with people in the communal areas of the home and we saw how staff supported the people they 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 with four people, three people's friends, nine people's relatives, five health and social care professionals, the registered manager, area director and area quality manager. We also spoke with the administrator, two registered nurses, the activities coordinator, the cook, a kitchen assistant, the

maintenance worker, a domestic staff member, and five care staff.

We reviewed a range of records. These included six people's care files, accident and incident records, complaints records, medicines records and three staff recruitment records. We also looked at staff induction and training records, records associated with the safety of the premises and quality assurance records.

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 on 22 March 2017, we rated this key question as 'Requires improvement'. The provider had not always managed the risks to individuals' effectively and we received mixed feedback on the sufficiency of staffing levels at the service. At this inspection, we found that, whilst the provider had made some improvements, further improvements in the service were needed.

Requires improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- The provider's systems and procedures for ensuring people received their medicines safely and as intended were not always sufficiently robust or effective.
- The administration of people's topical medicines was not always recorded by staff. This prevented the management team from effectively monitoring these medicines were being applied consistently, and placed people at increased risk of skin damage.
- Where topical medicine administration records were in place, the directions on these were not always clear (e.g. 'use as directed' or 'apply when required'). Our conversations with staff confirmed the need for greater clarity regarding the expected use of people's topical medicines. The registered manager assured us they would address these concerns as a matter of priority to ensure people's topical medicines were being consistently applied.
- People's medicines were stored securely at all times in medicine trolleys and wall-mounted medicine cabinets.
- People received their medicines from nurses and staff who underwent medicines training and periodic competency checks.
- Staff had been provided with guidance on the expected use of people's 'as required' (PRN) oral medicines.

Staffing and recruitment

- People's relatives and staff continued to express mixed views on the sufficiency of staffing levels at the home, although they felt, overall, that people were safe. Two people's relatives raised specific concerns regarding the need for more consistent monitoring of the communal lounges.
- The registered manager explained staffing levels were monitored and adjusted in line with the service's occupancy levels and the provider's weekly dependency tool, which they completed. They were confident the communal lounges were appropriately monitored by staff, explaining they checked this as part of their daily 'walkaround' checks.
- Agency staffing was used to maintain agreed staffing levels whilst recruitment activities were ongoing. The management team requested consistent agency staff, whenever possible, to promote continuity of care.
- We found the provider followed safe recruitment practices when employing new staff.

Systems and processes to safeguard people from the risk of abuse

- Not all staff had completed the required safeguarding training or refresher training. One staff member expressed to us their desire to know more about the types and indicators of abuse. Staff were, however, aware of the need to immediately report any abuse concerns to the management team or senior in charge.
- Contact details for the local Adult Safeguarding Team were displayed in the home's entrance area.
- The provider had systems and procedures in place to ensure the relevant external agencies were notified of any witnessed or suspected abuse at the service, in order that this could be thoroughly investigated.

Assessing risk, safety monitoring and management

- The risks associated with people's individual care and support needs had been assessed, recorded and reviewed. This included any risks associated with people's health, mobility or nutrition. Plans had been put in place to minimise risks to people, such as the use of pressure-relieving equipment and support with repositioning where people were at high risk of pressure sores.
- Staff showed good insight into the risks to individuals. They were kept up-to-date with any changes in the risks to people or themselves through, amongst other things, daily handovers and 'flash meetings'.
- The provider had systems and procedures in place to maintain the condition and safety of the premises and the specialist care equipment used by staff.

Learning lessons when things go wrong

- The provider had systems and procedures in place for recording and reporting any accidents, incidents or unexplained injuries involving the people who lived at the home. Staff followed these procedures.
- The management team and provider monitored these reports, on an ongoing basis, to identify causes and trends and act to prevent things from happening again. For example, following an incident in which a person had exited the home unnoticed by staff, additional measures had been put in place to improve the security of the relevant unit and the home's front door.

Preventing and controlling infection

- The provider had effective procedures in place to protect people, staff and visitors from the risk of infections, and people commented positively on the overall cleanliness of the home.
- Staff had been provided with, and made use of, appropriate personal protective equipment (e.g. disposable gloves and aprons) to reduce the risk of cross-infection.
- The provider employed domestic staff who assisted care staff in maintaining appropriate standards of hygiene and cleanliness, following cleaning schedules.

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 on 22 March 2017, we rated this key question as 'Requires improvement'. We found not all staff had received the necessary training to meet people's needs. In addition, staff had not received regular supervision or appraisals to support their development. At this inspection, we found that, whilst some improvements had been made, further improvements in the service were needed.

Requires improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- We were still not assured staff learning and development needs had been consistently monitored and addressed.
- The provider had developed a clear training programme for staff, designed to give them the knowledge and skills needed to work safely and effectively. However, the training reports provided to us, during and following our inspection, indicated that a significant number of staff were not fully up-to-date with their training or refresher training. For example, the provider's summary training report dated 4 March 2019 categorised 17.7% of staff as having 'late or expired' safeguarding training. The percentage of staff whose health and safety and food safety training was 'late or expired' was 17.7% and 21% respectively.
- We discussed the concerns identified in relation to staff training with the registered manager. They informed us staff training needs had not been appropriately monitored prior to them coming into post eight months ago. They were working with the provider's learning and development facilitator to bring staff training fully up to date.
- New staff completed the provider's 12-week induction training programme to help them understand and settle into their roles. The registered manager confirmed this induction programme incorporated the requirements of the Care Certificate. The Care Certificate is a set of minimum standards that should be covered in the induction of all new care staff.
- Agency staff received a condensed induction to help orientate them to the service. We discussed the need to maintain appropriate agency staff induction records on site with the registered manager, who assured us they would address this.
- Staff participated in one-to-one meetings ('supervisions') with the deputy manager or registered manager to support their continued development, and to provide them with constructive feedback on their work performance.

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 Act requires 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.

- Not all staff had completed the provider's training or refresher training in relation to people's rights under the MCA.
- Staff understood the need to respect and encourage people's decision-making, and we saw they consulted with people before carrying out their care.
- The formal mental capacity assessments we looked at were not decision-specific. In addition, people's care files sometimes contained contradictory information about their mental capacity. The registered manager acknowledged these issues. They told us these records were being fully reviewed, with a view to introducing more user-friendly documentation for completion by staff. Staff were also due to attend face-to-face training on the MCA and DoLS in March 2019 to develop their understanding of people's associated rights and what these meant for their work.
- Where DoLS authorisations had been granted for individuals, the provider reviewed and complied with associated conditions.

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

- People's needs and wishes were assessed by the registered manager or deputy manager before they moved into the home, to inform initial care planning and risk assessment.
- Management and staff kept people's needs under regular review. They liaised with a range of community health and social care professionals to ensure the care provided was effective and achieve positive outcomes for people.

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

- People and their relatives spoke positively about the quantity and quality of the food and drink provided at the service. One person told us, "We have plenty to drink. You only have to ask and they [staff] get it for you." A relative said, "The food is excellent. They [loved one] are eating very well."
- People were supported by staff to choose what they wanted to eat and drink on a day-to-day basis. If people disliked the mealtime options available, they could request alternatives.
- People's individual dietary requirements had been assessed, recorded and plans put in place to address these. This included the provision of thickened fluids and texture-modified or specialised diets.
- Where appropriate, specialist nutrition advice was sought to manage any risks or complex needs associated with individual's nutrition and hydration.
- Staff promoted a positive, unrushed and social mealtime experience.

Staff working with other agencies to provide consistent, effective, timely care

- In people's care files, we saw examples of a range of appropriate referrals to, and communications with, community health and social care professionals in response to people's changing needs.
- The community professionals we spoke with confirmed staff and management sought to maintain positive working relationships with them.

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

- The design of the home ensured people had appropriate space to meet with visitors, eat in comfort, participate in social and recreational activities or spend time alone.
- Some measures had been taken to create a dementia-friendly environment. These included the use of door colours to help people identify key rooms, and the availability of dementia-friendly resources, such as 'rummage boxes'. The registered manager had sought professional advice on further adapting the environment to the needs of people with dementia, and was implementing plans based on this.

Supporting people to live healthier lives, access healthcare services and support

- People's medical histories were recorded in their care files to provide staff with insight into these. Care plans had been developed to manage people's current health needs, including any long-term health conditions, such as diabetes and epilepsy.
- The management team and provider monitored key clinical risk indicators, on an ongoing basis, to help people stay well and ensure prompt professional medical advice and treatment were sought where needed.
- GP visits took place on a twice-weekly basis to review people's current health needs and respond to any acute health issues.

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 on 22 March 2017, we rated this key question as 'Requires improvement', as the provider's systems and processes did not ensure people were treated in a consistent caring manner. At this inspection we found the provider had made improvements in the service.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives spoke positively about the caring approach staff adopted to their work. One person told us, "It's a nice place to live; the staff are lovely." A relative said, "The staff are very attentive and kind. We, as a family, feel confident and have peace of mind about the care they [loved one] receive." Another relative commented, "All the staff are very friendly. They can't seem to do enough for you."
- We saw staff supported people in a patient, kind and compassionate manner, as, for example, they supported them to eat and drink safely and comfortably. The registered manager took time, at various points in the day, to check whether people were happy and well, and if they needed anything further.
- People were relaxed in the presence of staff and management, and freely engaged them in conversation.
- Staff knew the people they supported well, and spoke about them with affection and respect.
- Staff understood their role in promoting people's equality and diversity, and spoke positively about the provider's approach towards these issues. One staff member told us, "I think the home is very progressive. It really doesn't matter who you are, we will support you to live the life you want - be it religiously, culturally or sexually."

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

- People's communication needs had been assessed and guidance produced for staff on how to promote effective communication with each individual.
- Staff encouraged and supported people to make decisions about their day-to-day care, such as what they wanted to wear, which of the meal options they preferred, and how they wished to spend their time.
- Regular meetings were organised with people and their relatives, to invite their feedback on the service.
- The management team understood where to direct people for independent support and advice on their care, and helped people to contact these service as needed.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff understood and promoted people's rights to privacy and dignity. One person said, "All the staff knock on your door. They are very respectful, even when showering me. I'm never made to feel uncomfortable." A relative commented, "Staff are very respectful and considerate to everyone ... My relative has bad days, but they (staff) are very patient and tolerant with them."
- Staff addressed people in a respectful manner, and understood their role in promoting people's independence. One staff member told us, "I do get people to do as much as they can for themselves, like

walking [independently] and brushing their hair, so that they can be more independent."

- People's intimate care needs were met discreetly to protect their dignity.
- The provider had systems and procedures in place to protect people's personal information and staff followed these.

Is the service responsive?

Our findings

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

At our last inspection on 22 March 2017, we rated this key question as 'Requires improvement'. Most people and relatives we spoke with reported staff were not always responsive to people's needs. Specific concerns were identified in relation to people's support with toileting, the care of people who chose to stay in their rooms and a lack of social activities. At this inspection, we found the provider had made improvements in the service. However, feedback from some people and relatives indicated people's support with social and recreational activities and access to the local community could be further developed.

Good: People's needs were met through good organisation and delivery

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were individualised and included information about what mattered most to them, to promote a person-centred approach. Care plans were reviewed on a regular basis to ensure the information and guidance they contained remained accurate and up to date.
- Staff told us people's care plans were accessible to them, and they understood the need to follow these.
- People had the opportunity to participate in social and recreational activities. The activities coordinator took the lead in organising this aspect of the service provided. One person explained, "I used to be a singer when I was in the services, so they [staff] take me to the day room where I sing to the other residents. I enjoy colouring and spend a lot of time doing that."

Some people's relative felt their loved ones' support with social and recreational activities still needed to improve. The registered manager assured us they would continue to develop this aspect of the service. This included plan for increased trips out in the local community, once the activities coordinator could drive the company vehicle.

- The management team were aware of the requirements of the Accessible Information Standard, and their associated responsibilities. The Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand. The provider had the facility to produce information for people and their relatives in alternative, accessible formats, as needed.

Improving care quality in response to complaints or concerns

- The people and relatives we spoke with were clear how to raise concerns and complaints with the provider. One person told us, "If I had any complaints, I wouldn't hesitate to tell them [staff] and they would sort it."
- The provider had a complaints procedure in place, a copy of which was displayed in the service's entrance area, to ensure all complaints were handled fairly and consistently.

End of life care and support

- The provider had procedures in place to establish and record people's needs and choices regarding their end of life care, through discussion with them or their relatives. Staff and management liaised with

community healthcare professionals to ensure people's needs and symptoms were managed effectively as they approached the end of their lives.

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, we rated this key question as 'Requires improvement'. At that time, there was no registered manager in post, and a high volume of safeguarding incidents at the service had been reported to us. At this inspection, we found that whilst the provider had made improvements in the service, further improvements were needed and the provider was in breach of Regulation 17 (Good governance).

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care

- This was the service's second overall rating of Requires Improvement, due to the ratings given in the key questions 'Safe' and 'Effective'.
- The provider had quality assurance systems and processes in place to enable them to monitor the quality and safety of people's care. This included a programme of audits targeted upon key aspects of the service, such as health and safety arrangements, infection control practices, people's dining experience, and the standard of care planning. However, these quality assurance activities had not enabled them to address the shortfalls we identified in relation to the management of people's topical medicines, staff training and compliance with the MCA.

The above was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider's governance and quality assurance systems and processes were not sufficiently robust or effective.

- People's relatives spoke positively about, and had confidence in, the registered manager, whom they found approachable and ready to listen. One relative told us, "The registered manager is very approachable; her door is always open. I would be confident raising any concerns or complaints with them." Another relative said, "I have peace of mind here. I walk away knowing [loved one] is well looked after ... The registered manager is very helpful and approachable."
- We saw people and their relatives were relaxed in the presence of the registered manager who maintained a visible presence around the home.
- Staff felt well-supported and valued by the management team. One staff member told us, "It's a good company [provider]. I feel valued and the registered manager is very much part of the team. She treats us as equals." Another staff member said, "I do feel respected and valued by current management, who understand and support staff."

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

regulatory requirements

- □ We saw staff worked well together as a team, and they described a sense of shared purpose with the management team. One staff member told us, "We have a wonderful team and support each other."
- □ The registered manager understood their regulatory responsibilities under their registration with CQC. This included the need to submit 'statutory notifications' to inform us of certain events involving the people who lived at the home.
- □ The registered manager told us they had the support and resources they needed from the provider to manage the service effectively and drive improvements in people's care.
- □ The registered manager produced a monthly 'key performance indicator (KPI) report and shared with the senior management team. This ensured there was shared oversight of current quality performance at the service and any associated risks to people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- □ Regular relatives' meetings and staff meetings were organised, enabling those in attendance to share their views and put forward suggestions as to how the service could be improved.
- □ The provider distributed feedback surveys to people and their relatives, as a further means of engaging and involving them in the service. Feedback received was collated and analysed by the provider to learn from this.
- □ Community professionals described effective working relationships with staff and management. One community professional told us, "I get on very well with [registered manager]; they are very accommodating ... I am confident [registered manager] will deal with any issues raised with them."

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
Treatment of disease, disorder or injury	The provider's governance and quality assurance systems and processes were not sufficiently robust or effective.