Heltcorp Limited

Goole Hall

Inspection report

Swinefleet Road
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Goole
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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 well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
Goole Hall is a residential care home providing personal care to 23 people aged 65 and over at the time of the inspection. The service can support up to 28 people. The building has three floors and a lift which operated between all levels.

People's experience of using this service and what we found
People were not receiving a service that provided them with safe, effective, high-quality care.

Care and support were not tailored to meet people's specific needs. Care plans and risk assessments were not personalised. Information generated from an electronic system did not contain personal information about people. Medicines practices were not safe or robust.

The provider had failed to ensure government guidelines for working safely in care homes during the COVID-19 pandemic were implemented and adhered to.

Staff morale was low; staff felt unsupported and frustrated with the running of the service. Staff did not always complete their training in line with policy and relatives told us they didn't feel staff had the understanding to support the needs of people. Supervisions and inductions were inconsistently completed.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The service was not well led. Ineffective quality assurance systems failed to identify the improvements required within the service.

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

Rating at last inspection.
The last rating for this service was good (published 14 September 2018).

Why we inspected
We received concerns in relation to the management of medicines, staffing levels and people's care needs. As a result, we undertook a focused inspection to review the key questions of safe, effective 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.

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 overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well- led sections of this full report.

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

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care, decisions on behalf of people, staff training, record keeping and oversight at this inspection.

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

Follow up
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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Inadequate

The service was not well-led.

Details are in our well-led findings below.

Goole 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 Care Act 2014.

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
One inspector visited the service on 25 February 2021 and an inspector and inspection manager visited on 01 March 2021. Further inspection activity was completed via telephone and by email, which included speaking with staff who worked at the service, relatives of people and reviewing additional evidence and information sent to us by the provider. Inspection activity started on 25 February 2021 and ended on 05 March 2021.

Service and service type
Goole Hall 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.

The service did not have a manager registered with the Care Quality Commission. During the inspection the manager applied to CQC to become registered. 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 inspection was unannounced on the first day and announced on the second day.

What we did before 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with four people who used the service about their experience of the care provided. We spoke with six members of staff including the provider, operations manager, quality manager, manager and senior care workers. We reviewed a range of records. This included four people's care records and multiple medication records and a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We spoke with two relatives about their experience of the care provided. We spoke with five care workers and reviewed two staff files in relation to recruitment and staff supervision. We reviewed additional evidence, which included, quality assurance records requested from the provider and continued to seek clarification to validate evidence found.

Requires Improvement

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were at risk of harm due to poor information recorded in care plans. Care plans and risk assessments were not always in place or did not always contain basic explanations of the control measures for staff to follow to keep people safe.
- People's health related risks were not safely managed. Risk assessments and care plans did not contain sufficient information for staff to mitigate risks associated with specific health conditions.
- Risks in relation to window safety were required to be addressed. The provider had a risk assessment in place and actions to complete to reduce these risks.
- A number of fire doors were not closing properly. This exposed people to risk in the event of a fire. The provider assured us they completed weekly fire door checks and that they took action to address this.

- Systems for monitoring accidents and incidents were inconsistent and not always followed. Opportunities to learn lessons from these were missed.

Whilst we found no evidence people had been harmed, people had been placed at risk of harm as a result of the issues we found. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Prior to the inspection the senior management team had identified the need to review and update all care plans and risk assessments. The manager had started to complete this.
- People felt safe at the service. Comments included, "I feel safe here, the staff are nice" and, "I am happy here, the staff are good, and I feel safe with them."

Using medicines safely

- Medicines were not managed safely. Staff who were responsible for the administration of medicines, lacked knowledge and understanding of best practice in medicines procedures. We observed staff were not competent at administering medicines safely.
- People did not always receive their medication as prescribed. One person had been prescribed medicine to be taken with food and another medicine to be taken 60 minutes before food. Records showed this person had received their medication at the same time. Following the inspection, the provider told us they had taken action to address this concern.
- Protocols for as and when required medicines were not always in place. Where they were in place, they lacked information on how and when these medicines were to be given.

● Documentation used to support the administration of topical medicines was not in place. This included medicine administration records, protocols to guide staff when 'as and when required' medicines should be given and body maps to show where creams should be applied.

Whilst we found no evidence people had been harmed, people had been placed at risk of harm as a result of the issues we found. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection
● Whilst the service had no outbreaks of COVID-19, we were not assured that the provider was doing all they could do to prevent people, staff or visitors from catching and spreading infections.
● The risks associated with people attending community settings with no support from care staff, were not assessed and adequate measures were not in place to reduce and control potential risks.
● People did not receive COVID-19 tests in line with Government guidance in February 2021. This was due to a lack of managerial oversight of the date for retesting. Insufficient numbers of staff were trained to administer the tests which led to a further delay once the error had been identified.
● Staff did not follow the correct procedures in the use of personal protective equipment.

Whilst we found no evidence people had been harmed, people had been placed at risk of harm as a result of the issues we found. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● Following the inspection, the provider told us more staff had been trained to administer the tests and test dates were now recorded in the appointment's diary.

Systems and processes to safeguard people from the risk of abuse
● Systems in place to protect people from the risk of abuse were not always followed.
● We could not be sure the provider followed internal and external processes to keep people safe, due to the lack of recorded information.
● We were provided with inconsistent information about how often staff were required to complete safeguarding training. For example, during the inspection we were informed safeguarding training was annual and not all staff had up to date training. However, following the inspection we were informed that safeguarding training was to be completed every three years.

Staffing and recruitment
● A dependency tool was used to calculate the number of staff required to support people. However, staff told us there was not enough staff. Comments included, "We struggle to get incontinence aid checks done because of lack of staff. Last week downstairs morning checks didn't get checked as people upstairs needed us more" and "We are run off our feet."
● Staff recruitment processes were in place. However, we identified gaps in employment history were not explored.

Requires Improvement

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service had not always followed the principles of the MCA.
- Some applications to deprive people of their liberty had been made. However, some people who were considered by the service as needing an application, did not have an application in place.
- A number of people's DoLS applications had expired before the manager started at the service and submitted the applications.
- It was not always clear whether restrictions in place had been authorised in line with the requirements of the MCA.

Failure to ensure consent to care in line with the law was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff were not suitably trained or supported in their role.
- Significant gaps in staff training were identified. Gaps in fire training meant on some night's shifts, staff were not trained in what to do in the event of a fire emergency situation.
- We raised these concerns with the provider who told us they would take action to address this immediately.

● Staff were not always trained in all areas relevant to the needs of the people they supported such as, pressure area care and diabetes management.
● Comments from staff included, "I haven't had a supervision with anyone in a while. If I've got anything to say I will say it", "Sometimes you are listened to, and sometimes you are not" and "There is very little support from the senior management team"

Failure to have suitably qualified, supported and competent staff was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff competency checks were in place.
● Following the inspection, the provider told us that senior management are supportive and visit the home on a regular basis. The provider also sent us copies of supervisions completed for three members of staff.

Supporting people to eat and drink enough to maintain a balanced diet
● Records were unclear about people's fluid intake. We could not be sure people received adequate fluids as this was not recorded correctly.
● Monitoring charts for fluid intake were not completed correctly or consistently.
● Care plans for people with dietary requirements were not always in place and staff were unaware of people's needs with individual dietary requirements.

Failing to have effective records to monitor people's dietary concerns and act on these was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Following the inspection, the provider told us additional training had been implemented to ensure staff record fluid intake correctly.
● People enjoyed the food at the service. Comments included, "The food is good" and "We always get good food."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Care plans failed to provide clear guidance for staff to follow on how to deliver effective care to meet people's diverse needs.
● Risk assessments in place did not reflect people's current healthcare needs.
● Daily records and monitoring charts in place were inconsistently completed by staff.

Failing to assess, monitor and mitigate the risks relating to the health, safety and welfare of people was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Prior to the inspection, the manager had started to update some care plans and risk assessments.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Guidance and support from healthcare professionals was not always considered, sought or recorded.
● We could not be sure professional advice was sought in a timely manner due to the lack of information recorded within records.

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

● Staff were not always available to support people to move freely around the service.
● People spent most of their time on the floor where their bedroom was. The manager told us this was to protect people during the COVID-19 pandemic. However, staff were not always present on those floors to enable them to monitor people and interact with them.
● No activities were provided to engage people and we observed people wandering in corridors and becoming distressed.

Inadequate

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 now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- Systems and processes were not operated effectively to ensure the service was assessed or monitored for quality and safety in line with requirements. This led to breaches of regulation in relation to safe care and treatment, staffing, MCA and good governance.
- The provider had failed to ensure they had taken all action necessary to protect people from the risk of transmission of COVID-19.
- Records failed to identify the care people required or received; Care plans and monitoring charts were not consistently completed or updated. For example, there were gaps in recording for people's fluid chart intake, daily records were brief and repetitive and care plans lacked accurate information for people.
- Systems in place for identifying and capturing risks and issues were ineffective. Legal obligations such as working in line with the MCA were not being met or understood.
- Staff were not always supported to complete training to carry out their role. Gaps in the training matrix identified the need for staff to update and complete training for fire safety, medication and pressure area care.
- The principles of good quality assurance were not understood; audits were not actually auditing, and action plans were not followed up or structured to allow effective monitoring.
- There was a lack of systems in place to ensure continuous learning and improve the care people received.

The provider failed to ensure systems were effective, in place and robust enough to demonstrate the service was effectively managed. This was continued breach of the 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The culture of the service did not recognise or understand the importance of equality, diversity and human rights.
- Care delivered was not person centred. Records did not contain personalised information about people's needs, risks they were exposed to or their preferences about how they wished to receive their care.
- Staff told us they were reluctant to share their experiences with us in fear of retribution.
- Staff did not feel listened to, valued or supported. Some staff expressed they did not always feel their safety was considered. Staff comments included, "They [management team] don't listen to our concerns, its

profits over care", "If we raise concerns, we are brushed off" and "Nothing that you say is listened to."
● Due to COVID-19 restrictions relatives had not been able to visit so we phoned and asked about the communication they received from the home. One relative told us, "We are able to have a window visit. The staff keep us informed how they are."
● The provider told us video and telephone calls with relatives are supported by staff, as well as window visits.

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 visions and values of the service were not promoted, and the management team had failed to provide an open and transparent service for people.
● Due to the lack of information recorded we could not be certain the provider was acting on the duty of candour to keep people safe.

Working in partnership with others
● The service worked with key organisations such as the local district nurses.
● Further development of working in partnership with key organisations including safeguarding teams and social services was required to ensure good outcomes for people.

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 11 HSCA RA Regulations 2014 Need for consent The provider did not follow the principles of the MCA. People's consent to care was not sought in line with the Mental Capacity Act.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure staff were appropriately trained or supported within their role.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems were not in place to ensure quality and oversight of the service provided. Records were not well maintained.

The enforcement action we took:

S29 Warning notice to provider