

Parkside Residential Homes Ltd

Hambleton Court Care Home

Inspection report

19-21 Station Road
Hambleton
Selby
North Yorkshire
YO8 9HS

Tel: 01757228117

Date of inspection visit:
23 August 2021
01 September 2021

Date of publication:
20 October 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Hambleton Court Care Home is a residential care home providing personal care to people aged 65 and over, some of whom are living with dementia. At the time of the inspection there were 17 people in residence; the service can support up to 18 people.

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

The quality assurance and audit systems in the service were not used effectively. Shortfalls in quality and practice were not identified and people's health and safety were put at risk.

People received person-centred care and support, but care plans and risk assessments were not always in place or reviewed when people's needs changed.

Staff did not receive the support they needed to ensure they fulfilled their roles effectively. We have made a recommendation around staff supervision and appraisal.

People received their medicines as prescribed, but staff did not follow the medicine policy and procedure around record keeping and working practice. We have made a recommendation in the report.

People lived in a clean, comfortable and homely environment, but it was not designed to be dementia friendly. Work is ongoing to improve this aspect of the service.

Staff were not following Infection, Prevention and Control (IPC) practices effectively. However, shortly after the inspection the registered manager worked with the specialist IPC team and made the necessary changes to comply with the government guidance.

Staffing levels were consistent, and staff were confident they could meet people's needs. We observed staff being patient, kind and respectful towards people.

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 and update

The last rating for this service was requires improvement (published 18 October 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made and the provider was still in breach of regulations.

The last rating for this service was requires improvement (published 18 October 2019). The service remains rated requires improvement. This service has been rated requires improvement for two consecutive inspections.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 21 August 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements.

We reviewed the information we held about the service. No areas of concern were identified in the key question of Caring. We therefore did not inspect Caring. Ratings from previous comprehensive inspections for this key question was used in calculating the overall rating at this inspection.

The overall rating for the service has remained requires improvement. This is based on the findings 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 COVID-19 and other infection outbreaks effectively.

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

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hambleton Court Care Home on our website at www.cqc.org.uk.

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 monitor the service.

We have identified breaches in relation to risk management and quality assurance at this inspection.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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.

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 responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Hambleton Court Care 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.

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

Two inspectors carried out the inspection.

Service and service type

Hambleton Court Care Home 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 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 inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. 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 this information to plan our inspection.

During the inspection

During the inspection we spoke with two people and received written feedback from two relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. 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 reviewed a range of records. This included four people's care records and 15 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 registered manager to validate evidence taken away from the service and sent to us.



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 remained the same. 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

At our last inspection, the provider had failed to appropriately assess, monitor and mitigate risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 12.

- People's risk assessments were not reviewed on a regular basis or in line with the provider's falls policy. For example one person's risk assessments had not been reviewed since their admission even though they were assessed as at risk of choking and had fallen since admission. There were no care plans in place for this individual to direct staff in meeting their needs safely.
- Although work had been carried out to improve the recording of maintenance work there remained some areas of concern about the safety of the environment.
- Staff told us they had raised health and safety concerns over a slippery bathroom floor, but nothing had been done about this. The registered manager confirmed this had been raised with them and said it was passed onto the provider. There was no evidence that action had been taken to address the problem.

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 continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Maintenance contracts were in place for equipment and gas, water, electric and fire systems.
- The registered manager monitored and analysed accidents and incidents to reduce the risk of them happening again.
- Following the first day of inspection, the provider and registered manager took action on the points raised through our feedback to them.

Staffing and recruitment

At our last inspection we recommended the provider reviewed their staffing using a recognised staffing tool to determine staffing levels.

At this inspection we found that the provider had made improvements.

- There was a staffing tool in place and the registered manager carried out regular assessments of staffing levels.
- There were enough staff on duty to meet people's needs. We observed the service was calm, quiet and well organised. People were clean, their requests for attention were dealt with quickly and staff were working in an efficient way.
- Staff were recruited safely, and appropriate checks were carried out to protect people from the employment of unsuitable staff.

Using medicines safely

At our last inspection we made a recommendation that the provider reviewed best practice guidance on medicines handling to ensure people received their medicines safely.

At this inspection we found the provider had taken action to improve the management of medicines, but further work was required.

- The homes medicines policy was in date and clearly explained the expectations for safe medicines management.
- People received their medicines safely. Some minor shortfalls in relation to the provision of photographs and recording allergies were addressed during the inspection.
- Hand written entries on the MARs required more detailed information to match the prescription.
- The clinic room was clean and tidy, room and fridge temperatures were monitored and recorded. However, the controlled drugs showed discrepancies in the records of stock held. No controlled drugs were missing, but the stock count had errors which had not been picked up by the medicine audits or staff checks. The senior staff took immediate action to amend the records.
- People were not always given a choice of time for night-time medicines. Discussion with the registered manager indicated that staff would usually give the night time medicines before they left at 8pm.

We recommend that the provider considers guidance on medicine management and reviews staff working practices; to ensure they are following best practice and the provider's policy and procedure.

Preventing and controlling infection

- People could not be confident that staff were following infection, prevention and control (IPC) guidance effectively. Staff were not wearing masks when we first arrived in the service. Inspectors were not asked for proof of Lateral Flow Tests (LFT) until we entered the registered manager's office. The provider did not do an LFT on arrival at the service.
- Individual COVID-19 risk assessments were not in place for staff.
- There was no robust COVID-19 management plan/Winter pressures plan.
- There was no cleaning policy in place, no audits or spot checks completed. Cleaning schedules were in place but these were very basic and not descriptive of what had been cleaned, where or with what cleaning product. There were no deep cleaning records or 'high touch point' records.

The lack of robust IPC practices meant there was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection the registered manager had a meeting with the specialist IPC team. An action

plan from the meeting has been followed and a copy sent to CQC. The only outstanding action is for the provider to produce a 'Winter pressure plan'.

Systems and processes to safeguard people from the risk of abuse

- People could not be confident that staff fully understood and followed the provider's safeguarding procedures in practice. We identified two events that had been referred to the local authority but had not been followed up with notifications to CQC. We subsequently received retrospective notifications and the registered manager assured us they now understood their responsibilities around when and how to notify CQC.
- Staff had received training for safeguarding of adults, dementia care and management of related behaviours. Staff we spoke with were confident about how to approach and interact with individuals receiving care and support.
- Families told us they were confident their relative's received safe care and treatment and staff were good at letting them know if there were any concerns about their health and wellbeing.

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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At the last inspection we made a recommendation that the provider reviewed and implemented best practice guidance on dementia friendly environments.

At this inspection we saw improvements had been made but further work was required.

- Carpets and décor did not reflect dementia friendly environment best practice. However, there was some improvement with signage around the service to help orientate people.
- People had access to outdoor spaces and further improvements to the garden areas were ongoing and planned.
- A relative commented, "I believe the garden development is an example of going well beyond the staff duties; they are doing all they can to improve the home for the residents."
- People gave us positive feedback about their bedrooms. One person said, "My room is light, airy and on the ground floor."

Staff support: induction, training, skills and experience

- A staff induction and training programme was in place.
- A limited number of staff supervisions had taken place, but the registered manager had plans in place to catch up. Appraisals had not been completed.
- Agency staff had profiles in place and completed an induction process.

We recommend that the provider reviews best practice guidance on supervisions and appraisals to ensure their supervision/appraisal process gives staff the opportunity to reflect on their practice, discuss progress and identify additional training needs.

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

- The assessment process for new admissions was not robust. People's needs were assessed, but care plans were not always in place to support and guide staff to deliver effective care.
- The provider had an assessment policy and procedure for people during the Coronavirus pandemic. People and relatives were satisfied they had input to this process. One relative said, "I can tell you that the staff have worked miracles and have kept my father interested in life even when his family have been unable to see him."

- The management team completed Covid-19 risk assessments for people in line with current government guidance.

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

- People had access to a varied and balanced diet. People had drinks available in their bedrooms and in the communal areas.
- The food served at the lunch time meal was homemade, looked appealing and smelt appetising. One person said, "We get a variety of meals and have a good choice. We have the chance to say what we would like."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff weighed people weekly or monthly as needed. However, the recording of weights in the care files was poor. The registered manager told us there was no formal audit completed, but they did check and take any action as needed.
- People's healthcare needs were met in a timely way. Staff worked closely with health care professionals.
- Information was recorded and ready to be shared with other agencies if people needed to access other services such as hospitals.

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.

- People (and relatives with power of attorney) were routinely involved in decisions about their care; staff sought people's consent and supported them to have choice and control over all aspects of their support.
- People's rights were protected; staff assessed people's mental capacity and made best interest decisions when needed.
- Staff recognised restrictions on people's liberty and appropriate action was taken.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

- People received person-centred care; care workers had a good understanding of their needs and what was important to them. However, care plans were not always in place to guide staff on how best to support each person.
- People and their representatives were involved in reviews of their care. For example, the development of life stories in the care plans was through their input.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had limited understanding of the requirements of the AIS; information was not always presented in a format people could understand.
- The registered manager said they would develop communication care plans for each person.

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

- People lacked social stimulation. They told us, "There is no entertainment anymore and the staff are busy standing in for each other so there is nothing to do" and "I understand the pressures of COVID-19, but I would like more activities. Staff don't have the extra time on top of being busy keeping us well and safe."
- A relative said, "Mum would like to play dominoes and have more activities, but she has daily visitors and likes being in her own room watching game shows on the television."
- The activity person had plans in place to rejuvenate the activity programme and said, "This will be reviewed with people on an ongoing basis."

Improving care quality in response to complaints or concerns

- The provider managed complaints well. Information on how to raise a complaint was included in the service user guide given to people when they first started using the service.
- People and their relatives knew how to contact the provider should they have any concerns or complaints. One person told us, "I have no complaints whatsoever. I do know how to complain and who to."

End of life care and support

- No one using the service was receiving end of life care. However, as part of the assessment and care

planning process, information on people's wishes in this area was gathered to assist in the provision of responsive, sensitive end of life care, should this ever be required.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 the provider had failed to develop quality assurance systems to identify and address shortfalls in the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act (regulated Activities) Regulations 2014.

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

- The provider and registered manager had made some improvements to the service and record keeping, but this was not extensive enough to address the breaches and recommendations from our last inspection.
- Quality assurance and auditing systems were in place, but these were not carried out effectively. The systems and audits failed to pick up on shortfalls in the service.
- Staff failed to follow the provider's policy and procedures. For example, around falls and medicines management. This had not been recognised or addressed by the management team.
- Quality assurance systems were not effectively used to safeguard people and promote their welfare.

The provider's quality assurance systems were ineffective and failed to ensure people were kept safe. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act (regulated Activities) Regulations 2014.

- People and relatives gave us good feedback about the service, staff and management team. One relative said, "I found it hard when mum went into the service as I could not go and visit due to COVID-19. But I must say, after speaking to the manager and staff they were very informative and helpful and after meeting them eventually, I find them approachable and very friendly."

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 registered manager understood their responsibility to be open, honest and apologise if things went wrong.

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

- Although COVID-19 restrictions affected the way the service would usually have liaised and interacted with staff, residents, relatives and outside agencies, the service strived to keep everyone informed and up to date. One relative commented, "We have seen in these months changes to rules, regulations and guidelines all of which have been adapted and followed. The management and staff at Hambleton Care Home have worked tirelessly to keep everyone informed of any changes that were enforced on them. Relatives have been informed with changes on a one to one basis."
- During the coronavirus pandemic the service have used phone calls, emails and IT (virtual meetings) to ensure people and relatives remained in contact with each other. When restrictions to visiting lifted the service was proactive at ensuring relatives were welcomed back into the service, following government guidance.
- The registered manager worked in partnership with key organisations to support care provision; for example, using the local authority and specialist IPC team for advice.

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>The provider failed to assess the risks to the health and safety of people receiving care or treatment and do everything reasonably practicable to mitigate those risks.</p> <p>Regulation 12 (1)(2)(a)(b)(d)(h)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to operate effective systems and processes to ensure they assessed and monitored their service against Regulations 4 to 20A of Part 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of people who use the service and staff.</p> <p>Regulation 17(1)(2) (a)(b)</p>