

Four Seasons 2000 Limited

Hemsworth Park

Inspection report

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Date of inspection visit:
03 October 2019
10 October 2019

Date of publication:
21 February 2020

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Hemsworth Park is a residential care home providing personal care to 60 people at the time of the inspection. The service is registered to provide personal and nursing care for a maximum of 93 people. It is split into four separate units within one building. One unit was not being used at the time of our inspection.

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

People told us they felt safe at the home, however we found there was an inconsistent approach to the management of risk. Some incidents between people were not well managed and the quality of risk assessments associated with people's care was variable. There were systems in place to help learn from incidents which had occurred in the home. Medicines were well managed, staff were recruited safely and the building was clean.

There was an inconsistent approach to the support provided when people lacked capacity to make their own decisions, and some aspects of monitoring of DoLS needed improvement. People had choice at mealtimes, and most people said they enjoyed the food. Staff had the training and support they needed to provide effective care.

People were not always fully involved in writing and reviewing their care plans. We have made a recommendation about improving this. There were some improvements needed to supporting people to maintain or improve their independence, particularly on the unit for younger people. People and staff mostly got on well, and there was evidence of appropriate adaptation to some areas of the building.

Some care plans lacked information needed to provide responsive support. We have made a recommendation about reviewing care plans to improve this. There were systems in place to make sure complaints were responded to, and information could be adapted to make it more accessible if needed.

Although there were systems in place to monitor quality in the service, these had not always identified issues we found at our inspection. A new manager started at the home during our inspection, and they planned to register with us. People and staff were involved in the running of the home in appropriate ways, and there was some good feedback about leadership.

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 this service was requires improvement (published 10 October 2018). We did not identify any breaches of regulation.

Why we inspected

This was a planned inspection based on the previous rating.

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.

Enforcement

We have identified breaches in relation to the safety of care and treatment of people using the service and the approach to monitoring quality and consistency in the service.

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

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 not always caring.

Details are in our caring 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 ●

Hemsworth Park

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.

The service should have a registered manager, who, along with the provider is legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection the service did not have a registered manager. Recruitment was taking place and the new manager started during our inspection. They were planning to register with us.

Inspection team

On the first day of the inspection the team consisted of four inspectors, a specialist advisor for medicines, and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. An inspection manager also attended the inspection to make observations. Four inspectors returned to complete the inspection on the second day.

Service and service type

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

Notice of inspection

This inspection was unannounced on both days.

What we did before the inspection

We reviewed all the information we held about the service including past inspection reports and information in notifications the provider is required to send us. We asked for feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our

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.

During the inspection

We reviewed care records relating to 13 people, including risk assessments, care plans and medicines records. We spoke with the acting manager, the new manager, area manager, unit managers and ten other staff. During the inspection we spoke with 22 people and six visiting relatives. We looked at records relating to the running of the home and spent time in communal areas observing staff practice and people's activities.

After the inspection –

We requested some additional information to support our judgements and received this in a timely manner.

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. There were inconsistencies in the way risks were managed.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- Staff we spoke with said they had received training in safeguarding people and told us they knew how to recognise and report concerns. However, the response to some incidents between people who used the service had lacked rigour.
- Although staff mostly followed safe practices, we observed some occasions when this was not the case. We raise concerns with the manager and area manager during our inspection and action was taken as needed.
- The quality of management of risks associated with people's care and support was variable. Risk assessments did not always contain up to date or complete information to show how any risks could be minimised safely.

There was an inconsistent approach in ensuring the safe care and treatment of people who used the service, which is a breach of Regulation 12 Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Information about accidents and incidents was reviewed in the home and at a regional level.
- Where safeguarding incidents had been identified these were recorded in people's care records and reported to the management team. Alerts were raised with the local authority, and CQC received notification of this.
- People and their relatives said they thought Hemsworth Park was safe.

Staffing and recruitment

- Staff recruitment continued to be safe.
- Staffing levels were determined by a dependency tool that assessed each person's needs against a number of factors. The home was staffed accordingly.
- Staff were not always available when people needed support. There were occasions when all available staff were needed to support people in their rooms, meaning people in communal areas were unable attract their attention easily.

Using medicines safely

- There was good practice in the management and administration of people's medicines.
- People who were able to manage their own medicines were able to do so if they wished.

Preventing and controlling infection

- Overall infection control practices in the home were safe. Staff used personal protective equipment (PPE) such as disposable gloves and aprons when needed.

Learning lessons when things go wrong

- The home manager used a 'lessons learnt' approach to help keep the service safe. There were examples to show how this approach had resulted in positive changes.
- The area manager shared lessons learnt from other services to enable the home manager to take action to protect people at Hemsworth Park.

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. Improvement was still needed to ensure the consistent management of issues relating to decision making and consent.

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.

- Processes to assess people's ability to make specific decisions and provide appropriate support were inconsistent. There was not always documentation in place to show how consent for some aspects of people's care had been obtained, and best interests decisions did not always demonstrate anyone other than staff had been consulted.
- Applications for DoLS and requests for renewal of any authorisations were made appropriately, however the provider could not show evidence of how they were meeting the conditions on one person's DoLS. We discussed this with the management team during the inspection and they made changes which we reviewed on our second day of inspection.
- Staff gave people explanations and waited for consent before providing support.

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

- People's needs were assessed prior to moving into the home. This included identifying any protected characteristics as defined in the Equality Act 2010. These include age, disability, gender, sexuality and religion. Understanding people's diverse needs is one way in which the service can help people avoid feelings of discrimination.
- A standard care planning format was used.

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

- We received some mixed feedback about the meals served at the home. Many people said they enjoyed the food and said choices were always offered. Some people told us they felt there was a lack of choice and food was sometimes not to their taste.
- People were offered a selection of alternatives for breakfast, and staff checked with people whether they had enough to eat and drink. People who needed assistance to eat their meals were given support.
- On one unit we saw people were not offered drinks between breakfast and lunch. A relative told us this was often the case. We discussed this with the deputy manager during the inspection. They said they would issue a reminder about ensuring drinks were offered between meals. On another unit we saw people were offered drinks and snacks throughout the day.

Staff support: induction, training, skills and experience

- Staff told us they had regular meetings with their line manager at which they could discuss their effectiveness in their roles, including requesting any additional training they may need. In addition there was a regular, up to date programme of refresher training in place.
- There was an induction programme to ensure new staff received training and support when they began working in the home. One recently recruited member of staff told us their induction had been thorough and had prepared them well for their role.

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

- People told us how they were helped to maintain good health. One person said, "If I am not well I tell the carers. I have had a recent eye test." Another person told us about a time when they had felt unwell. They said, "It was bothering me. I told [member of staff] I wasn't well and they got it sorted."
- People's care records showed other health and social care professionals were involved in people's care. For example, GP, district nurses, opticians and the mental health team.

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

- People had been able to personalise their rooms if they wished. One person told us, "I am looking forward to my bedroom being decorated. I have chosen my paint and blinds."
- There was evidence of appropriate adaptation in the home. For example, pictorial signage was used to help people locate communal areas such as lounges and bathrooms. Bedroom doors were painted different colours and people could choose to have their name or photograph on their door to help them locate their room independently.
- Information relating to the date, weather and planned activities was made available in adapted formats.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People were offered choices, for example relating to how and where they spent their time, what they wished to eat and what they wanted to wear.
- There was inconsistent evidence to show how people and their relatives were involved in planning and reviewing their care.

We recommended the provider carry out a review of care plans with people to ensure people were sufficiently involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Some improvements were needed to ensure people got the support they needed to maintain or improve their independence. The approach to this on the Bailey unit in particular needed review.
- People's privacy was usually respected.
- Where people were living with dementia some adaptations had been made to help promote independence.
- Staff were discreet and respectful when speaking with people.

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

- Most people and their relatives spoke positively about staff. Some people gave us examples where they felt some staff were not always caring which we discussed with the management team during the inspection.
- We saw people received patient and dedicated assistance when they needed assistance to eat their meals, and staff were observed to be caring in their interactions with people. A relative told us, "Staff are so cheerful, they always speak when we come in."
- Staff chatted with people, gave reassurance when people became upset and checked whether people were comfortable.
- Arrangements were in place to support one person whose first language was not English. Some staff in the home could speak the same language as the person. Staff we spoke with could tell us ways in which they were able to communicate with the person.

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. Improvement was needed to the personalisation of people's care plans.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care plans varied in the quality of personalisation. There was an inconsistent approach to ensuring people's up to date needs were reflected in their care plans.
- Staff did not always have access to guidance to help understand people's preferences or needs.
- Some people experienced behaviours that may challenge them or others, however we found plans in place to help minimise the impact of this were not always sufficiently robust.
- One person had been receiving end of life care for a significant period before an appropriate care plan was put in place, although they had been discharged from hospital to the home needing end of life care.
- Staff described how they made the person comfortable. This included ensuring the person could listen to their favourite music and look at photographs of their family. The person's care plan had details around how staff should deliver care but lacked some person-centred detail about their wishes. Care records showed other professionals were consulted and family members were contacted when the person's health deteriorated.

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

- Although people's care plans contained information about their hobbies and interests, there was a lack of evidence to show how this information was used to plan meaningful activities for people. For example, one person had an interest in a specific charity. Although they had enjoyed a visit from invited guests from this charity, staff had only arranged this once. When we asked why there were no other records relating to this interest the unit manager told us it was because the person had become, "fixated" on the activity.
- There was a planned programme of activities in place. We saw some people engage in activities during our inspection, including four people who went out for lunch with staff support. However there were also people who sat for long periods with little stimulation. When we spoke with people and their relatives about the activities in the home we received mixed feedback. Some people said there was a lack of variety.

We recommended the provider review care plans to ensure they were always responsive to people's needs.

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.

- The acting manager understood their responsibility to make information accessible. The provider was

able to adapt the formatting of care plans where this would assist people, for example in larger print or simplified format. There was no one using the service who had an adapted format care plan at the time of our inspection.

Improving care quality in response to complaints or concerns

- People we spoke with said they knew how to raise complaints or concerns. One person told us, "I know who the manager is and I would tell them if I was unhappy."
- There was a complaints process in place which ensured any concerns were investigated. This included contacting people with a formal response to the issues they had raised.
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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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the consistent delivery of high-quality, person-centred care.

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

- There was a system of quality auditing carried out by both the acting manager and the area manager. However, the impact of this system was not always robust. For example, audits had failed to identify or properly act on issues in relation to management of DoLS, the accuracy of some care plan information and the impact of some incidents in the home.

This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives could attend meetings to discuss their experiences of life in the home. The acting manager had displayed 'you said, we did' notices to keep people informed about action taken as a result of their feedback.
- Staff gave positive feedback about the performance of the acting manager and acting deputy, describing them as a visible presence in all areas of the home, and interested in the well-being of people and staff.
- Staff attended daily handovers; these ensured staff had relevant information about people's health and wellbeing. The senior staff on duty said they attended daily '10 at 10' meetings which were usually held in the manager's office. They said information about the running of the home such as planned admissions and staffing issues were discussed at this meeting.
- The acting manager held regular meetings with senior staff, care staff to share information such as key lessons learnt from any incidents in the home. Staff discussions were held to help embed learning, for example when a series of medication errors had occurred.
- People and their relatives were also able to give online feedback about the home, with reports going to the home and area managers when information was submitted in this way.

Continuous learning and improving care

- The acting manager had contacted CQC to alert us they had identified an increase in the number of errors connected with medicines administration and record keeping. They told us about the actions they planned to take. We checked during the inspection and these actions had been effective.

- Between days one and two of our inspection the provider had taken action to address some areas where we had told them improvement was needed. For example, systems were put in place to improve the monitoring of stocks of people's cigarettes following feedback shared during the inspection.

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 provider used an electronic system to log and analyse incidents in the home. This included checks on whether the duty of candour had been followed.

Working in partnership with others

- We spoke with one visiting health professional who told us the team at Hemsworth Park understood and communicated people's needs well, and always followed advice when it was given. They said they had seen an improvement in some areas of care, for example the management of pressure areas, in the time they had been visiting the service.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Some aspects of risk documentation and management needed to improve. The quality of risk assessments was variable and some incidents between people were not fully managed.

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 quality management systems in place had not always been sufficiently robust.