

Parkside Residential Homes Ltd

Hawthorn House

Inspection report

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Hedon
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Tel: 01482898425

Date of inspection visit:
06 October 2020

Date of publication:
09 November 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Hawthorn House is a residential care home providing personal and nursing care to people aged 65 and over. At the time of the inspection there were 19 people living in the service. The service can support up to 22 people.

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

We found ongoing shortfalls in the management of the safety and quality of the service. Checks in place were not effective which had led to new and continued breaches of regulations.

The provider's approach to assessing and managing environmental and equipment-related risks was inconsistent and identified risks were not always addressed. Action had not been taken to address longstanding risk associated with Legionella's.

Staff were not up to date in safety-related training including medicines and there were no systems in place to assess their competency in this area.

The registered manager did not adopt a systematic approach to determining staffing levels based on people's changing needs.

We have made a recommendation about safe staffing levels.

People's consent had not always been appropriately sought and staff were unclear about the levels of restrictions in place for some people. 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.

Despite our concerns, the culture in the service was warm and welcoming. We received positive feedback from people and their relatives about the care they received.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 04 July 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made in some areas and not enough in others and the provider was still in breach of some regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 30 May and 03 June 2019.

Breaches of legal requirements were found. 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 and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hawthorn House 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 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 managing risks and the safe management of medicines, consent and the running of the service 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 well-led?

The service was not well-led.

Details are in our well-Led findings below.

Inadequate ●

Hawthorn House

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

The inspection was carried out by two inspectors and one Expert by Experience who spoke with relatives and people using the service by telephone.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Hawthorn house 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 announced one hour before the inspection to ensure safe entry to the home.

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. This information helps support our inspections. 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.

During the inspection

We spoke with eight people who use the service and one relative about their experience of the care provided. We spoke with five staff members including the registered manager, senior carer, domestic staff and activities staff.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed policies, procedures and quality assurance records remotely.

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

- The provider's approach to assessing and managing environmental and equipment-related risks was inconsistent and identified risks were not always addressed.
- The provider had failed to act to address risk factors following a legionella's risk assessment.
- The provider had failed to follow up on a recommendation from a recent fire inspection, to carry out fire drills to ensure staff were able to respond safely in the event of a fire.
- The registered manager did not routinely review accidents or incidents to prevent reoccurrence and care plans were not updated to include the most recent information about how to safely support people.
- The registered manager did not analyse safety-related data to identify themes and trends.

We found no evidence people had been harmed however, systems were not in place to robustly assess 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.

Following the inspection, the provider confirmed a date by which action would be taken to address the Legionella's risk assessment and for when staff would have undertaken a fire drill.

- Despite the shortfalls in record keeping, people and their relatives told us people were safe. One person told us, "For me [Hawthorn House] is ten times safer than home because I am safe from being lonely and if I need something I can ring, and somebody will be there."

Using medicines safely

- Staff had not received training in the safe management of medicines and there was no system in place to assess staff competency in this area.
- There was no guidance for staff about how to administer 'as needed' medication, such as pain relief.

We found no evidence people had been harmed however, systems were not robust enough to ensure staff responsible for the management and administration of medication were suitably trained and competent. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the shortfalls in training and competency, medicines were stored, administered and recorded appropriately.

Staffing and recruitment

At the last inspection the provider had failed to ensure staff employed at the service were of a suitable character. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The provider operated robust recruitment procedures, including undertaking appropriate recruitment checks before staff started working at the service.
- Whilst staff did not appear rushed, the registered manager did not review staffing levels in line with people's changing needs.
- Not all staff were up to date in safety-related training including in the areas of safeguarding and medicines.

We recommend the provider review their systems and processes in line with current legislation and guidance for determining safe staffing levels and training.

Systems and processes to safeguard people from the risk of abuse

- Staff kept people safe from neglect, abuse and discrimination.
- Staff knew how to raise concerns about people's safety.
- A relative told us, "[Name] is safe in Hawthorn House because the staff are caring and patient and they know [Name] they manage all their needs beautifully. [Name] feels very safe there now."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We have also signposted the provider to resources to develop their approach.

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

At our last inspection the provider had failed to suitably assess, monitor and improve the safety and quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made and the provider was still in breach of regulation 17.

- Audits in place did not pick up on issues regarding consent, training, medicines and environmental-risks. Where issues were identified, action was not taken to improve the quality and safety of the service.
- Policies and procedures were in place however; the registered manager was not familiar with these and had not fully implemented these in the running of the service.
- The provider had failed to ensure the registered manager had received an appropriate induction and/or support to enable them to fulfil their role. For example, the registered manager was unaware of the need to notify CQC when a person was deprived of their liberty.
- There continued to be minimal opportunities for people, relatives and staff to feedback and engage in the running of the service. The last residents meeting had taken place in January 2020.
- The registered manager did not routinely investigate when things went wrong and so we could not be assured of the systems in place regarding duty of candour.

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

- Despite the lack of formal engagement with people, we received positive feedback from people about the leadership of the service. One person told us, "The manager is a lovely chap, very approachable and he listens to what we say, he has a very good listening skills."
- Staff working closely with the local GP and other health professionals to meet the needs of the people in

the service.

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

At our last inspection the provider had failed to follow the principles of the Mental Capacity Act 2005. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Not enough improvement had been made and the provider was still in breach of regulation 11.

- Systems were not in place to ensure any restrictions to people's freedom were applied in line with the principles of the Mental Capacity Act 2005.
- Consent was not always appropriately sought and staff were not clear about the levels of restrictions in place for some people.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate consent was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 11 (need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite our concerns, we found the culture of the service to be warm and welcoming.
- People appeared comfortable and we observed staff to be friendly and had a good rapport with people.
- We received positive feedback from people and relatives about their experience of the care provided. One person told us, "I would have no problems recommending this place, because I feel fine here, I am quite content."

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had failed to follow the principles of the Mental Capacity Act 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure 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.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to suitably assess, monitor and improve the safety and quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>