

Four Seasons 2000 Limited

Hesslewood House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Hesslewood House is a residential care home providing personal and nursing care to 53 people at the time of the inspection. The home accommodates people across three units: Oak unit for nursing care, Beech unit for older people, some of whom may have a physical or learning disability, and Cherry unit which provides support to people living with dementia. The service can support up to 66 people.

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

Since our last visit there had been improvements to the frequency of supervision and appraisal for staff. Positive changes had been made to the food provision, areas of the home had been redecorated, and the quality assurance systems in place helped to assess, monitor and improve the quality and safety of the service provided.

People said they felt safe. Staff were aware of their responsibilities to safeguard people and the provider had procedures in place. Risks to people's health, safety and well-being were assessed and care plans were in place to ensure risks were mitigated as much as possible. Medicine management practices were safe.

Recruitment practices were safe, and staff received the training they required for their role. There were adequate numbers of staff employed to ensure people's needs were met at the time of the inspection.

Systems were in place to make sure the building was safe, maintained, and kept clean.

Staff were attentive to people's needs. They knew people well and treated them with dignity and respect. Care plans contained personalised information about how people wanted their care to be given.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Consideration was given to providing leisure and social activities for people to enjoy if they chose to. This included the introduction of regular days out.

A suitable process was in place to respond to any concerns or complaints.

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 requires improvement (published 19 February 2019).

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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Hesslewood 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.

Inspection team

Two inspectors, an inspection manager, an Expert by Experience and a nurse specialist advisor carried out this inspection on day one. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector completed day two.

Service and service type

Hesslewood House is a 'care home'. People in care homes receive accommodation and 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.

The service had a manager who had submitted their application to register with CQC. 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 day one; we told the manager we would be visiting on the second day.

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 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 15 members of care, nursing, and ancillary staff including the manager, area manager and regional manager. We spoke with five relatives, seven people who use the service and three health and social care professionals. We reviewed a range of records including four people's care records, medicine administration records and seven staff recruitment files. We also looked at a variety of other records relating to the management of the service.

After the inspection

We continued to seek clarification from the manager to validate evidence found. We looked at training records and surveys.

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 remained the same. This meant people were safe and protected from avoidable harm.

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

- People were protected from avoidable harm.
- People's care records contained assessments to identify risks to people's health and safety and staff told us of actions they took to reduce risks to people, such as the use of sensor mats for people at risk of falls.
- The manager reviewed all incidents regularly and identified themes and learning that were communicated to staff. For example, learning from investigations of a number of falls resulted in discussions in daily meetings with staff, and the introduction of falls packs.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from risk of neglect, abuse and ill-treatment. People told us they felt safe at the service and relatives said they were confident that their family member was safe. Comments included, "Yes. I do [feel safe]. I have only to press my button and someone comes to see me."
- There were effective safeguarding systems in place to address any concerns. The manager had good links with the local authority and understood their responsibilities to report concerns.
- Staff knew when and how report concerns and they were confident the manager would address any issues.

Staffing and recruitment

- There were enough, appropriately skilled and competent staff to keep people safe. One person told us, "I haven't any concerns with staffing, and that is an honest answer." A relative said, "I come all times of the day and there is always someone about. You could always do with more, but I wouldn't say they are understaffed." Staff felt supported and were overall satisfied with the staffing levels.
- Recruitment practices were safe. New staff had been employed and this had reduced the need for agency staff.
- The manager regularly reviewed staffing levels to ensure they met people's changing needs.

Using medicines safely

- Medicines were safely managed, and people received their medicines as prescribed.
- Staff had received training and checks were completed to ensure they followed best practice.
- Staff kept accurate medicine records.

Preventing and controlling infection

- There were systems in place to minimise the risk of infection. There were cleaning schedules in place and regular checks completed to ensure the systems were effective.

- Staff had access to and used personal protective equipment to limit the spread of infection. A relative told us, "They are always cleaning up. [Name's] room is spotless."

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 now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had enough to eat and drink throughout the day.
- Since the last inspection improvements had been made to the food and mealtime experience. The provider worked closely with the external catering company to ensure this continued. A new cook had been employed and some external suppliers had been changed. Baked goods were now offered during the day and new menu boards were displayed in each unit. Dining audits were completed each month to gain people's views of the food on offer and used to help the provider make further improvements.
- People's views were mixed of the food provided. Comments included, "I think they are unbelievable [good], and they are hot" and "I haven't liked what I have had before but would say it is improving." Relatives told us, "The only area I would like to see improve is the quality and heat of meals" and "I eat them [meals] they are lovely."

Staff support: induction, training, skills and experience

- Staff were trained and well-supported. People and relatives told us staff were competent in their roles. One relative said, "I think each individual [staff] has their own strengths and I feel the manager encourages that."
- New staff completed an induction before the started working at the home. They continued to undertake additional training to meet people's needs.
- Staff received supervision to discuss their training and development needs as well as reflect on their practice. They felt supported to do their jobs.

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

- Care and support was planned and delivered following a thorough assessments of people's needs and preferences.
- Staff knew people well and the care plans contained information about people's needs. Plans were regularly reviewed and updated to ensure people continued to receive the right care and support

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

- Staff supported people to maintain good health and wellbeing.
- People had access to healthcare services. Staff supported people to access services such as GPs, occupational therapy and physiotherapy.
- Care and nursing staff made appropriate referrals and worked alongside healthcare professionals to meet

people's needs and respond to any changes in their health. One healthcare professional told us, "The home have rolled with suggestions made for [Name]. They have made provision for equipment required as their condition has changed."

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

- The decoration and design of the home met the needs of people living there. The atmosphere was homely, with shared dining and living areas with comfortable furnishings.
- Some people had been involved in selecting the theme for redecoration of a lounge area in one unit. People had personal items and photographs in their bedrooms.

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 were supported in line with the principles of the MCA.
- Care records contained details of people's capacity and if they were subject to a DoLS authorisation.

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 good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives spoke positively about how kind and caring staff were. Comments included, "Yes they definitely care" and "100% they care. I think the staff go above and beyond."
- Staff showed care for people and made sure people had everything they needed. A person said, "They are very good. Whenever I think of something within minutes, they get it for me."
- Staff knew people well and spoke to them respectfully using their preferred name. People confirmed that staff knew them well and they were comfortable with them.

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

- People were involved in making decisions about their care where possible.
- Staff encouraged people to take part in choices about their care while supporting them with their day to day lives. People's communication needs were recorded in care plans including appropriate methods to use to help people understand and express their views.
- The manager was clearly visible at the home to people, their families and visitors on a daily basis. A healthcare professional said, "[Manager] and staff are very open to advice when supporting people."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. They knocked on people's doors before entering their rooms and supported people discreetly when offering personal care.
- People's independence was promoted. Care plans showed where people could manage themselves and where they might need help.
- Staff respected people's right to privacy and confidentiality. Care records were stored securely.

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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received person-centred care. Care plans were personalised and set out how people wanted staff to support them.
- Care plans were reviewed and updated when people's needs changed.
- Staff supported people to maintain relationships that mattered to them and protected people from social isolation; friends and relatives were free to visit people at any time.

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's social needs were met. Some people enjoyed and took part in activities in the home and trips out in the local community. Comments included, "[Activities] are very good. I take part. A relative told us, "[Name] takes part now after the right amount of encouragement was given."
- The provider employed an activities co-ordinator who organised a range of activities in the home, such as, quizzes, games and cultural celebrations.

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.

- People were given information in a way they could understand. Care plans detailed methods of communication staff should use with individual people, such as, hand gestures and facial expressions.

Improving care quality in response to complaints or concerns

- People's complaints were responded to in accordance with the providers policies.
- The provider welcomed feedback received by the home. They utilised technology to gather views from people, relatives, staff and visiting professionals.
- People and their relatives felt able to raise their concerns to the manager and provider and were confident they would be addressed. Comments included, "I would complain to the unit manager first. I have done about minor things, which have been resolved."

End of life care and support

- People were supported by trained staff and other healthcare professionals where required, to have a pain free, dignified death.

- People's records contained a Recommended summary plan for Emergency Care and Treatment (RESPECT) form. These forms included people's wishes regarding their care and treatment, such as if they wished to attend hospital for treatment.

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 improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had effective governance systems in place. The manager reported on a number of areas which were analysed by the provider, which included: falls, weight loss, infections, wounds and safeguarding incidents. There was a system of internal checks including daily meetings and observational checks in which staff were fully involved.
- The manager was well informed about regulatory requirements. The ratings from the previous inspection had been displayed in line with regulations. They notified CQC of certain events occurring in the service which providers have to tell us about.

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

- The home had a positive culture which promoted good care.
- The manager could describe people's current needs, and action being taken to support them.
- The manager felt supported in their role. A regional manager along with other registered managers within the organisation were available to support them at any time. Regular management meetings within the provider group supported them to keep up to date with best practice and company procedures.

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

- The manager promoted positive values through engaging directly with people, their families, and staff. One said, "I have high hopes for the new manager. They have reassured us they are not going anywhere, and we now have a leader, not a boss - this is good."
- The home worked well with partner agencies such as the local authority, frailty team and NHS to coordinate the support people needed.

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; Continuous learning and improving care

- The manager was aware of their responsibilities under the duty of candour. They demonstrated a transparent approach to communication with people and their families when things went wrong and made improvements where they were able.
- Learning was shared with staff to ensure improvements were embedded.
- The provider had an action plan to take forward improvements to the home based on feedback they

gained from a variety of sources and the findings from governance checks.