

# Four Seasons 2000 Limited

# Hopes Green

## Inspection report

16 Brook Road  
South Benfleet  
Essex  
SS7 5JA

Tel: 01268752327  
Website: [www.fshc.co.uk](http://www.fshc.co.uk)

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Hopes Green is a residential care home that was providing personal care and accommodation for up to 50 older people, some of whom had physical frailty or were living with dementia. On the day of the inspection, there were 47 people living at the service.

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

People were not always protected from the risk of infection. Government guidelines were not always followed to minimise the risk of infection from COVID-19. Staff did not always wear appropriate personal protective equipment (PPE).

Systems were not always effective in identifying and addressing areas for improvement to ensure a high-quality service.

People were supported by a consistent staff team who were safely recruited and there were enough staff to meet people's needs.

The service had received positive compliments from relatives. Staff told us they felt supported by the registered manager and were able to raise concerns.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

The last rating for this service was requires improvement (published 18 April 2019)

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hopes Green on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We received concerns in relation to infection control and care practice. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has remained at requires improvement.

This is based on the findings at this inspection.

#### 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 preventing and controlling infection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.  
Details are in our safe 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** ●

# Hopes Green

## 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.

#### Service and service type

Hopes Green 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with six staff and the registered manager. We reviewed a range of records including care plans, risk

assessments, daily notes, safeguarding investigations and rotas. We also reviewed records relating to the management of the service and minutes of meetings held.

After the inspection

We continued to seek clarification from the provider to validate evidence found.



# 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.

### Preventing and controlling infection

- Infection control procedures and the provider's policy were not always being applied in line with best practice and government guidance.
- We were not assured that the provider was using PPE (Personal Protective Equipment) effectively and safely or ensuring that infection outbreaks could be effectively prevented. Aprons were not stored in their original packaging and were hung from the backs of fabric chairs which could spread infection. Although staff members had received training in putting on and taking off PPE, one staff member entered the bedroom of a person who was COVID-19 positive without wearing the appropriate PPE and one staff member was not always wearing their mask correctly. Not all staff had received training in COVID-19.
- We were not assured the provider was always meeting shielding and social distancing rules. Some people who were COVID-19 positive sat next to their bedroom doors which were open and one person who was COVID-19 negative was walking past these bedrooms placing them at increased risk. Staff were unable to safely remove their PPE as the bin to dispose of this was next to where COVID-19 positive people were sitting.
- We were not assured the provider was always promoting safety through the layout and hygiene practices of the premises. Although we were told that cleaning had increased, the cleaning of touch points such as door handles and switches was not documented. Where people were COVID-19 positive, their laundry was not being washed in line with guidance. We received a concern that clinical waste bags were being stored in people's bedrooms resulting in strong odours. This was not in line with current guidance.
- The service had two rabbits which were kept in the hallway and there were five baby rabbits being kept in a bedroom. Despite staff cleaning, the floor in the hallway was stained from the rabbits' urine and there was an odour. In the bedroom where the baby rabbits were kept, there was a build-up of droppings.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate infection prevention was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately during and after the inspection, however these concerns had not been identified and actioned prior to our visit.

- We were assured the provider was preventing visitors from catching and spreading infections and was safely admitting people to the service.
- We were assured the provider was accessing regular testing for people using the service and staff and

following guidance should staff receive a positive result.

#### Assessing risk; safety monitoring and management

At our last inspection, the service was unclean and poorly maintained. This was a breach of Regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvement had been made at this inspection and the provider was no longer in breach of Regulation 15.

- The service was mostly clean and fresh and regular cleaning was taking place on the day of inspection.
- Checks were now completed on the environment and health and safety audits were in place. However, these checks had not picked up worn rubber ferrules on people's walking frames which could place them at increased risk of falls. Radiator covers were now in place and the service was warm.
- Risk assessments were in place to provide guidance to staff on keeping people safe. However, where people were at risk of dehydration, there were gaps in records, or they were not completed correctly so intake could not be accurately monitored. This placed people at risk of not receiving adequate fluid. During feedback, the registered manager agreed this was a concern and had put a process in place to ensure recording improved and fluid intake was monitored.

#### Using medicines safely; Learning lessons when things go wrong

At our last inspection, we made a recommendation the service implemented best practice guidance on the management of prescribed creams and topical medicines in a care home setting. At this inspection, further action was needed to ensure improvements were made.

- Records were mostly in place confirming administration of medicines. However, one person required a cream to be applied. There was no body map in place to provide guidance to staff on where to apply the cream and no signatures to confirm it had been administered. This had been raised as a concern at the previous inspection. The senior informed us this would be addressed immediately, however this demonstrated a lack of lessons learned.
- Medicines were stored securely and administered at the right time. However, we checked the stock of some medicines and found the balance of one to be incorrect. The senior did not know the reason for this. The stock was usually counted every night; however, this had not happened, and the discrepancy had not been identified.

#### Staffing and recruitment

At our last inspection, staffing levels were not appropriate for people's assessed needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- Staff had time to spend chatting to people and the environment was calm and relaxed although there were three occasions when calls bells were ringing for prolonged periods of time. Most people were being cared for in their rooms due to a COVID-19 outbreak.
- Staff we spoke with confirmed there were enough staff to support people safely. One staff member said, "Yes there is enough staffing here to give people the right care."
- Checks were in place for the safe recruitment of staff to ensure their suitability to work with vulnerable people.

#### Systems and processes to safeguard people from the risk of abuse

- Staff received training in safeguarding processes and knew how to raise concerns. One staff member said, "We do cover safeguarding and reporting everything in our mandatory training. I would go straight to the manager and report it." Another staff member said, "There are signs everywhere in the service with contact



details for who you can report to."

- Where safeguarding concerns had been raised, the registered manager had investigated the concerns or liaised with the local authority safeguarding team.

# 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; Continuous learning and improving care

At our last inspection, the managerial oversight in place did not always assess, monitor and improve the quality of care for people using the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, there continued to be a breach of Regulation 17.

- Audits were carried out at the service by the registered manager and senior management team. Aspects of care checked included medicines, care plans, risk assessments, health and safety and cleanliness. Despite these checks being in place, they had not always identified or addressed the concerns found at our inspection as identified in this report. Some issues identified at our previous inspection such as gaps in records and the management of creams were still a concern.
- Although minutes were taken of meetings held with staff and relatives, where concerns were raised, for example the cleanliness of the service, there was no action plan to ensure improvement resulting in the same issues being raised at following meetings and a lack of prompt improvement.

Systems were not effective in always identifying and addressing areas for improvement. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately during and after the inspection and confirmed that they were addressing the areas identified for improvement.

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

- Records documented the care that people received day to day, however these focused on the physical tasks that people had been supported with. There was no information about engagement from staff or regarding the person's wellbeing. The registered manager agreed this was an area for development.
- The registered manager had received compliments from people's relatives about the care people received. Comments included, "Thank you for the facetimes when it's been busy and for getting [person] those chocolates that they like," and, "We are so grateful for your dedication and kindness."

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; Working in partnership with others; 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

- Staff told us the registered manager was approachable and supportive. Supervisions were held and daily team meetings took place to keep staff up to date with people's care needs. One staff member said, "The registered manager is very caring, and I find them very approachable. They are a good listener and I would never hesitate to go in and have a chat with them."

- Prior to the COVID-19 pandemic, face to face meetings were being held with relatives and residents to enable them to express their views on the service received. The registered manager had been open with relatives following the last inspection about areas that required improvement and a meeting had been held to discuss this.

- Staff and the registered manager worked with a variety of health and social care professionals including district nurses to ensure people received prompt access to health services as needed.

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  People were not protected from the risk of harm due to poor infection prevention and control processes.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems were not effective in monitoring and improving the safety and quality of the service.