

HC-One Limited

Snapethorpe Hall

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Snapethorpe Hall provides residential and nursing care for up to 62 older people, some of whom are living with dementia. Accommodation is provided on two floors. The home was split into three units, with the ground floor having a residential unit and a separate dementia unit. The first floor had a mix of residential and nursing care beds. Six beds were used for short-stays. On the first day of our inspection there were 45 people living in the home. On the second day this number was 46.

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

Medicines were not safely managed at this inspection. We identified three people whose pain relief was not available on the first day of our inspection. We observed people not being offered medicines which were prescribed 'as required'.

There were insufficient numbers of suitably deployed staff. Staff described covering areas of the home they were not allocated to in order to meet people's care needs. This meant the area they were supposed to work in was at times not staffed.

Governance checks were taking place, although these were not robust as the above issues were not identified. Management spot checks were taking place on all shifts to assess quality oversight through both day and night. Meetings for people, their relatives as well as staff were taking place.

Feedback was actively encouraged through several systems. The most recent satisfaction survey for people and relatives showed mostly positive feedback was received. An action plan had been created and put on display. Relatives knew how to complain if they were dissatisfied and when this happened, this was managed appropriately.

Feedback we received showed staff were kind and caring. We observed positive interactions between staff and people. Staff were familiar with people's preferred routines and their care needs. Privacy and dignity was maintained and people's equality, diversity and human rights were met.

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.

Risks to people were assessed and action was taken to reduce levels of risk. Care plans were person-centred and contained sufficient detail for staff to follow. Activities were taking place both inside and outside of the home.

Staff received a programme of induction, training, supervision and appraisal. Staff spoke positively about a recent change in the registered manager.

We have made a recommendation about the recording in food and fluid charts.

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 Good (published 28 July 2017). There was also an inspection report published on 12 April 2019. This was withdrawn as there was an issue with some of the information that we gathered.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the safe management of medicines, governance and staffing . You can see what action we have asked the provider to take at the end of this full report.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Snapethorpe Hall

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

The first day of this inspection was carried out by two inspectors, and an assistant inspector. The second day of inspection was carried out by two inspectors.

Service and service type

Snapethorpe Hall 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.

The service had a manager registered with the Care Quality Commission. This means that they and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Both days of this inspection were unannounced.

What we did before the inspection

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

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the inspection on 5 June 2017 this key question was rated as good. At this inspection this key question is rated as requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Using medicines safely

- Medicines were not safely managed.
- We were told paracetamol for three people had run out prior to our inspection. One person's medication administration record (MAR) showed they were prescribed two paracetamol tablets to be taken four times a day. The last time they received this medicine was four days before the first day of inspection. The area quality director told us these medicines were in the home during this period. However, we noted several staff recorded these medicines were unavailable at this time.
- We witnessed the lunchtime medicines being given to some people. However, the MARs we looked at later showed there were gaps in administration.
- People who were prescribed 'as required' medicines were not always offered them by an agency nurse. For example, four people's MARs showed these medicines had been refused or declined yet the agency nurse confirmed to us they had not been offered. One of these people had an 'abbey pain scale' (assessment tool to score pain) which had not been completed for two days.
- One person's thickener could not be found. The agency nurse used another person's thickener and told us they were doing this in the person's best interest. We shared our findings with the area quality director and registered manager.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment) as systems were not effective in ensuring people received their medicines.

- Each person had a medication front sheet with relevant details. Controlled drugs were appropriately managed. Protocols for the use of 'as required' medicines were available and body maps were used to indicate where creams were to be applied. Staff were trained and all but one had an up-to-date competency assessment.

Staffing and recruitment

- There were insufficient numbers of suitably deployed staff.
- Care workers said they did not feel staffing levels were safe as they were required to provide support to other units, meaning on occasions, there were no staff on the unit they had come from. One staff member said, "We have to go to the other unit countless times. No one is then on [unit name]. We don't feel it's safe." The area quality director said, "They [staff] shouldn't be doing this. We would never condone this."
- We observed occasions when both care workers on the dementia unit were seeing to the needs of people in their bedrooms. This meant the communal areas were unsupervised. On the second day of inspection, two care staff were both supporting a person in their bedroom on the dementia unit. A person was seen

banging on the entrance door to the unit and voicing their anxiety. Separately, a person fell in the corridor. There were no care staff present in communal areas prior to this person falling.

- The December 2019 relatives meeting recorded concerns about staffing levels. The minutes stated 'I have only had one drink from 8:30am which (staff member) made until lunchtime. It's not the first time this has happened. Everyone seems so busy'.
- People and some relatives we spoke with felt there were not enough staff.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Staffing) as there were insufficient numbers of suitably deployed staff to meet people's needs.

- Safe recruitment practices were followed to help ensure only suitable staff were employed.

Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored and reviewed which reduced the risk of harm.
- Staff followed guidance to reduce potential risks to people. For example, where risks had been identified to people's mobility, nutrition and health, staff took appropriate action to reduce the risk.
- People had up-to-date personal emergency evacuation plans and staff were aware of what to do in the event of a fire as this had been practiced.
- Key building safety certificates were up to date.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their safeguarding responsibilities.
- One relative told us, "[Name] feels very safe. I can finally sleep at night."
- Staff received safeguarding training and knew how to recognise and report abuse. They felt suitable action would be taken by their management team in response to any such concerns.
- Safeguarding incidents were recorded and reported to the relevant authorities and appropriate action was taken.

Preventing and controlling infection

- Infection control was well managed.
- The premises were clean and without odour. Relatives told us the home was clean.
- There was an adequate supply of personal protective equipment for staff to use.

Learning lessons when things go wrong

- The registered manager told us lessons were learned from unwanted events.
- The complaints log showed when things went wrong, practice was updated and this was shared with the staff team to reduce the risk of the same thing happening again.

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 inspection on 5 June 2017 this key question was rated as requires improvement. At this inspection this key question has been rated as 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

- Staff supported people to ensure they received sufficient amounts to eat and drink.
- People told us they had a pleasant mealtime experience and commented positively about the quality of food provided. One person told us, "There is always drinks and snacks on offer."
- 'Show plates' were used to help people living with dementia choose what they wanted to eat. People were offered sufficient amounts of food.
- People's needs had been individually assessed in relation to their nutrition and hydration. One person had lost a significant amount of weight before moving to Snapethorpe Hall, but had since regained some of their weight.
- Relatives told us people had enough to eat and drink. We observed people had access to fluids in their rooms.

We recommend the provider reviews the recording of fluid intake as there were gaps in people's charts and targets and totals were not recorded.

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

- Snapethorpe Hall is purpose built with light open spaces. Items for reminiscence were seen such as an old washboard and ironing board. Pictures of famous television and film personalities from yesteryear were on display. Individual memory boxes were outside each person's room.
- Dementia friendly signage was seen in parts of the home.

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

- People's needs were assessed before they moved into the home.
- Evidence of pre-admissions assessments was seen which helped ensure the registered provider was able to meet people's needs.
- People's care and support needs were assessed to enable up-to-date care plans to be written to show how those needs would be met.

Staff support: induction, training, skills and experience

- Staff received training and ongoing support to be able to provide effective care.
- Staff received an induction before they commenced in post. On the second day of inspection, we saw an agency worker was given an induction as this was the first time they had worked in the home.
- Staff told us they had received recent supervisions and commented positively about their effectiveness.

Supervision records we looked at were sufficiently detailed. The registered manager told us the registered provider held bi-monthly staff wellbeing meetings.

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

- Staff were responsive to people's healthcare needs and worked with a range of healthcare professionals. One relative told us they were grateful to a staff member who had quickly identified a deterioration in a person's health. They were able to receive hospital treatment.
- Care plans covered individual healthcare needs, including oral care which was reviewed every month. One person had an action plan from this which showed they had been prescribed an oral spray.
- Snapethorpe Hall used 'Telemedicine' which provides a video link to GP support from within the care home, meaning people do not have to attend a surgery.
- 'Flash' meetings were held part way through the day and were used to discuss key issues with staff which included people's healthcare needs.

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.

- Care plans showed people's ability to make decisions had been assessed using decision specific MCAs. DoLS we looked at were up to date. Staff were able to demonstrate how the MCA applied to their work.
- People were able to make choices about their care as staff did not presume their wishes and preferences. Staff asked for consent before providing care.

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 inspection on 5 June 2017 this key question was rated as good. At this inspection this key question has been rated as good. 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 were supported and cared for by a staff team who acted with kindness and involved them in their care.
- Warm interactions were observed between people and staff. People's comments included, "All the staff are nice. It's my home" and "The staff here are great. They are very obliging." A visiting health professional told us, "The staff genuinely care for the residents."
- At lunchtime, staff recognised one person was upset, gave them a tissue and provided emotional support.
- One person entered the registered manager's office several times during the inspection. Both they and the area quality director were always welcoming to the person and took time to listen to them.
- When we asked staff about people's care needs, their answers reflected information recorded in care plans.
- People's religious needs were being met. A priest visited Snapethorpe Hall once a week to support people who held religious beliefs.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and their independence was promoted by staff who cared for them.
- We observed staff knocking on people's doors before entering their room. A relative confirmed this was usual practice.
- A staff member administering eyedrops to one person encouraged them to have this medicine administered in their bedroom. This respected the person's privacy and dignity.
- One care plan described how a person was reliant on staff for most aspects of their daily living, including personal care, but stated they still wanted to be involved and given choices where possible.

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

- People and relatives were invited to express their views and be involved in decisions about their care.
- Feedback about the service was given in different ways. For example, using touch screen technology specifically designed for this purpose and a post box outside the registered manager's office.
- Regular resident and relative meetings were taking place. These were not always well attended. The activities coordinator said the registered manager planned to hold some of these in the evening to see if this enabled more relatives to attend.

Is the service responsive?

Our findings

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

At the inspection on 5 June 2017 this key question was rated as good. At this inspection this key question has been rated as good. 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; End of life care and support

- People received person-centred care based on needs recorded in their care plans.
- Care plans were personalised and contained sufficient guidance for staff to follow.
- The activities coordinator told us people and relatives were invited to complete a life history book.

Evidence of people's involvement in their care planning was seen.

- Care plans covered, for example, people's mobility needs, eating and drinking, skin integrity and personal care. These were regularly reviewed to ensure this information was up-to-date.
- End of life care needs and preferences were seen in care plans.

Supporting people to develop and maintain relationships to avoid social isolation

- A programme of activities was provided to help prevent people becoming socially isolated.
 - Monthly and weekly activities planners were used, although the activities coordinator recognised the importance of doing what people wanted to do on any given day. They told us this included dedicated one-to-one time spent with people in their bedrooms.
 - The activities coordinator told us they were working with the registered manager to develop the activities provided. This included adapting one of the lounges and dedicating it to activities.
 - One person who returned from a day trip to have fish and chips in a restaurant told us, "I've enjoyed it."
- Weekly trips took place with people going to specific venues, or simply for a ride out when the weather was bad. Entertainers visited the home two to three times a month. At the time of our inspection, the first 'club night' was being held with dominoes, beers, bar skittles and music.

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.

- We observed a staff member assisting a person with sensory needs. They took time to explain their meal was in front of them and where each item was placed.
- Care plans included information on how staff were to meet people's communication needs. For example, staff were expected to observe the persons facial expressions and to observe body language.

Improving care quality in response to complaints or concerns

- People were able to feedback in a range of ways including the complaints process.
- We looked at the complaints log and saw each complaint was responded to by the registered provider.

This included confirmation of what the complaint was about, how each part had been investigated and an outcome.

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 inspection on 5 June 2017 this key question was rated as good. At this inspection this key question has been rated as requires improvement. This meant aspects of quality assurance and governance were not robust.

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

- There were systems in place to monitor quality in the service although some were not robust.
- Following our inspection, we asked for a copy of the medication audit for January 2020. Whilst this found some issues, the concerns we had about medicines not being available during January 2020 had not been identified.
- Following the inspection, we contacted the registered manager to request the dependency tool dated 1 February 2020. This showed no changes to the number of residents since 1 January 2020. However, the home's occupancy had increased in that time. Therefore, staffing levels were based on an inaccurate number of residents. The registered manager updated the dependency tool to reflect the correct number of people living in the home.
- Following the inspection, the registered provider advised us the number of residents quoted as living in the home at the time of our inspection was different to what we were told by the registered manager. However, personal emergency evacuation plans dated 28 January 2020 showed 51 people living in the home which meant this figure was inaccurate.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance) as governance systems concerning staffing and medication were not sufficiently robust.

- Daily 'flash' meetings were taking place in the home and provided opportunities for key information outside shift handovers to be shared. Day time, night time and weekend 'walkarounds' were completed which showed quality oversight across all shifts.
- At the same time as our inspection, the registered provider's own quality checks were taking place using the Care Quality Commission's 'Effective' key question. The area quality director completed a bi-monthly report.

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

- There had been a change of registered manager since our last inspection. Staff spoke positively about the management team. Their comments included, "I think we have a good manager in now. [Area quality director] is brilliant" and "She's [registered manager] been a breath of fresh air. She's very supportive with an open door policy."

- Relatives were familiar with the registered manager and said they were approachable.
- A visiting health professional told us, "Things are slowly getting better." Another professional said, "The management is good. I have a good rapport with them. I know I can go and speak to [registered manager]."

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

- Feedback was encouraged through a number of different methods. This was listened to and concerns were responded to.
- Staff, resident and relatives meetings were regularly taking place. Staff meeting minutes showed two way discussions across a range of topics. One staff member said, "I find them helpful and I can voice my opinion."
- Satisfaction surveys for residents and relatives were completed in May 2019. The results of these were on display in the home and showed action taken in response to the feedback received. Most of the feedback we saw about the service provided was positive.

Continuous learning and improving care

- The registered manager said they had learned from issues with insulin not always being in stock. They had worked with the pharmacy to understand their systems and amended the internal process for requesting this item.
- Staff meetings demonstrated effective communication and included elements of lessons learned.

Working in partnership with others

- The registered manager said during their induction they worked for two weeks at an outstanding home run by the registered provider. The registered manager wanted to work more closely with 'sister homes' in the area.
- Staff had contacted the care home liaison team to ask for advice about meeting the care needs of one person.

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 provider is required to inform the Care Quality Commission when specific events have occurred. We found this requirement was being met.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems in place were not effective in ensuring people received their medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems concerning staffing and medication were not sufficiently robust.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing There were insufficient numbers of suitably deployed staff to meet people's needs.