

Hurstway Limited

Hurstway Care Home

Inspection report

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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

Hurstway Care Home is a care home providing personal and nursing care for up to 42 people, some living with dementia, in one adapted building. The service accommodates people across two floors. At the time of the inspection 27 people were living there.

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

At the last inspection we had identified multiple breaches in regulations 12 safe care and treatment, 13 safeguarding service users from abuse and improper treatment, 16 receiving and acting on complaints, 17 good governance, 18 staffing and regulation 18 registration regulations 2009 notifications of other incidents.

We found at this inspection sufficient improvements had been made to meet the breaches under regulations 12, 13, 16, 18 and registration regulation 18. However, there were some further improvements required. This meant the service remained in breach of regulation 17 good governance.

Care plans and risk assessments had been, or were in the process of being, reviewed. There was some further improvement to be made to ensure people's assessed needs and identified risks were consistently and accurately recorded. Relatives felt their family members were safe. Risks associated with COVID-19 were assessed and mitigated. Medicines were managed safely. Staff understood safeguarding and safeguarding concerns were referred to the local authority. Incidents and accidents were monitored for future learning. There were enough staff on duty to meet people's needs and recruitment processes were in place to safely recruit staff.

Staff felt supported by the new manager and told us the running of the home had improved since its last inspection. Staff had started to receive supervision to help them in their roles and training had been completed or in the process of being arranged for them. We found there was good communication with healthcare agencies. We saw kind interactions with people.

Everyone spoken with said the new manager had improved the service's communication. The manager understood their regulatory responsibilities. There was ongoing improvement required to the service's quality assurance processes to ensure the service was monitored effectively.

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 inadequate published 15 September 2020 (update published 13 January 2021) and there were breaches of regulations. The enforcement action taken included imposing conditions on the provider's registration to promptly address the issues identified. At this inspection we found some improvements had been made.

This service has been in Special Measures since 15 September 2020. During this inspection the provider demonstrated that some improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now meet legal requirements.

This report only covers our findings in relation to the Key Questions safe and well-led which contain those requirements. 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. 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 changed from inadequate to 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 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 a continued breach in relation to regulation 17 good governance at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

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 COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hurstway Care Home on our website at www.cqc.org.uk.

Since the last inspection we recognised that the provider had failed to have a registered manager in place and had failed to notify us of serious incidents. This was a breach of regulation and we issued two fixed penalty notices. The provider accepted the fixed penalties and paid them in full.

Follow up

We will request an action plan for 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 ●

Hurstway Care Home

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 team comprised of two inspectors, an assistant inspector and a specialist nursing advisor.

Service and service type

Hurstway 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 did not have a manager registered with the Care Quality Commission. A registered manager 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

The 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. The provider was 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.

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.

During the inspection

We spoke with two people who used the service and telephoned four relatives about their experience of the care provided. We spoke with eight members of staff including the home manager, senior care staff, care and catering staff.

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

After the inspection

Telephone calls were made to speak with relatives and staff. We also 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 Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant some aspects of the service were not always safe and there was a risk that people could be put at risk of avoidable harm.

At our last inspection, we identified widespread and significant shortfalls in the safety of the service that placed people at risk of harm. For example, poor risk assessments and planning safe care. Safeguarding incidents had not been reviewed to mitigate future risk of harm. Staff deployment was not effective. There was a lack of oversight of safeguarding incidents which meant incidents had not been monitored for trends and mitigate future risk. There were breaches of regulations 12 safe care and treatment, 13 safeguarding adults and 18 staffing.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulations 12, 13 and 18.

Assessing risk, safety, monitoring and management

- At this inspection, reviews of people's care needs had been completed or were in the process of being reviewed. Risk assessments were in place. Staff training for epilepsy had been introduced. We saw appropriate referrals had been made for people at risk of choking. However, there was some room for improvement to ensure consistency across people's records. For example, we found three different food consistencies were recorded for one person's nutritional requirements. This was immediately addressed by the manager.
- People at high risk of falls had been monitored and appropriately referred to agencies for example, the GP for medication review or the falls clinic. The manager had introduced processes to review falls every month. Assessments were completed by the manager to identify trends and how to mitigate against future re-occurrences.
- The manager was in the process of arranging fire safety and fire warden training for staff. One staff member said, "We do have fire tests every week where all the doors are checked they have closed. The maintenance does all the checks." All people's emergency evacuation plans (PEEPs) had been reviewed.
- The home had undergone a recent fire check and no concerns had been identified.
- People who wished to smoke were supported to do this safely. The home had improved their assessments to identify potential risk and had put the appropriate processes in place.

Systems and processes to safeguard people from the risk of abuse

- Processes had been improved to monitor incidents. The home manager had oversight of safeguarding concerns to make sure people were kept safe. The manager explained how any learning from incidents would be shared with staff during team meetings, handovers and supervisions. Conversations with staff corroborated this.
- Where a safeguarding incident had been identified, the relevant agencies had been notified and

appropriate action had been taken by the service.

- Although training records showed a majority of staff were yet to complete their safeguarding training; the staff we spoke with were aware of their legal duty to keep people safe from risk of abuse. They knew how and who to report concerns to.

Staffing and recruitment

- Staff we spoke with told us with the arrival of the new manager, supervisions had started to take place and they felt supported.
- There were no issues identified with the service's recruitment processes.
- Nursing staff had their registration numbers checked to ensure they were legally registered to work as a nurse.
- Our observations during the day, indicated there was enough staff on duty to meet people's identified needs and they had been effectively deployed across the home.
- We saw some training had been completed however there were still some gaps. We raised this with the manager at the time and have been given assurances this is in the process of being addressed.

Preventing and controlling infection

- The home was clean, airy and no unpleasant odours.
- 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 somewhat assured that the provider was using PPE effectively and safely. We found two non-care staff did not consistently wear their face mask in line with government guidance.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The first floor required some repairs and decoration to be made to ensure it can be cleaned effectively.
- We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed. We found two staff members were not working at the home exclusively. The manager was signposted to the guidance and gave assurances measures would be put in place immediately to mitigate potential risk of cross infection.
- We were somewhat assured that the provider's infection prevention and control policy was up to date. Policies had not been updated to reflect the recent change in guidance regarding the use of eye protection when providing personal care. The management team were signposted to the latest government guidance.

Learning lessons when things go wrong

- The new manager had introduced action plans following reviews of incidents and accidents to identify trends and implement changes to mitigate future risks.

Using medicines safely

- Medicines were managed safely. Records indicated people had received their medicine as required.
- When people required medicines to be administered on an 'as and when required' basis there was guidance in place for staff to follow so they would know when to give the medicine. The medicine records we checked showed this guidance was being followed.

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 Inadequate. At this inspection this key question has now improved to Requires Improvement. 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.

At our last inspection, we identified significant shortfalls in the quality assurance processes monitoring the service. We found we had not been informed of specific incidents. This meant the service was in breach of regulations 16 complaints, 17 good governance and registration regulation 18 notification of incidents.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulations 16 and registration regulation 18. However, there was further improvements to be made. This means there is a continued breach of regulation 17 good governance.

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

- The new manager had been in post for nine weeks at the time of this inspection. There had been some improvement made to the systems and processes to assess, monitor and improve the quality and safety of the services provided. For example, improving the recording of complaints, monitoring people's risks and overall monitoring the effectiveness of the service. However, we found there were some additional improvements to be made.
- We found two electrical cupboards were left unlocked, with the potential for someone to switch off the electricity supply to the home. This was addressed immediately and the cupboards secured.
- We found one unlocked storage room had people's personal information easily accessible and not safely secured in a locked filing cabinet. This was addressed immediately by the service.
- We found there were some discrepancies in care records. For example, behavioural charts required more information to help staff to support people consistently when they were anxious or upset. Food passports were not consistently dated to make sure they accurately reflected people's up to date nutritional needs. Dependency assessments for one person had not been signed. The discrepancies were discussed with the manager at the time.
- We found temperatures in the medication rooms were not consistently recorded. The manager took immediate action to rectify this.
- We found people were receiving their medication. However, for medicines required to be given at a specific time, staff were not routinely recording the time the medicine should be given. This is important because the medicine should be given at the same time to make sure it remains effective.
- The provider's systems to monitor and improve the quality of the services had not identified the provision of stimulation and engagement for people was equitable across the home. For example, on the ground floor we saw good interactions through communal activities. However, this was not the case on the first floor, there was little in the way of stimulation for people.

Although the service had made some improvements to their systems, their quality and monitoring processes had not identified the issues we found. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection visit, the service submitted their Provider Information Return (PIR) and it accurately reflected where the improvements had been made and the plans to continue with those improvements.
- Throughout the inspection we found the management team honest, open and transparent about any issues we brought to their attention.
- Everyone we spoke with told us the service provided good care and support to people. One relative told us, "(Person) has been in (a number of) homes and this one (Hurstway) is by far the best. (Person) has settled, which I never thought they would. The staff are very kind to (person) and (person) is very happy here and that is important to me."
- Relatives and staff spoke positively about the management of the home. One staff member said, "I am impressed by how much the new manager has done in such a short time. We're not perfect, we're still improving and there is a long way to go but we are definitely on the right track."

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

- At the last inspection it was identified the provider had failed to have a registered manager in place and had failed to notify us of serious incidents. This was a breach of regulation and we issued two fixed penalty notices. The provider accepted the fixed penalties and paid them in full.
- There was a home manager in place at the service. At the time of writing this report, no application has been received from them to become the registered manager. It is a legal requirement to have a registered manager and as there was no registered manager in post at the time of this inspection.
- The manager understood the requirements of the duty of candour and other legal responsibilities. It is their legal duty to be open and honest about any accident or incident that caused or placed a person at risk of harm. On reviewing incident records, we found one incident CQC had not been notified of. We saw prompt action had been taken, appropriate agencies notified and measures implemented to mitigate future risk. As the incident had recently occurred, we requested the notification be submitted to CQC promptly.
- The provider had displayed their previous inspection rating as they are required to by law.

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

- Engagement with people living at the home and their relatives had improved since the last inspection. One relative told us, "I have spoken with the new manager and she seems very nice. Quick to update me when (person) became ill and had to go into hospital."
- Staff we spoke with told us they had started to receive supervision and had their competencies assessed. Feedback was provided through team meetings and daily handovers. One staff member told us, "It's (Hurstway) a lot different to what it was last year, (manager) has been really good at keeping staff informed."
- The manager had started to introduce processes to capture feedback from people and relatives. This meant the manager was able to review feedback and monitor progress.

Working in partnership with others

- The service liaised with organisations within the local community. For example, the Local Authority and the Clinical Commission Group to share information and learning around local issues and best practice in care delivery.
- Staff we spoke with told us they all worked together as a team. One member of staff told us, "Everyone

(staff) have been great, we all help each other and you can go to the manager with anything at anytime, she always has her door open."