

Four Seasons 2000 Limited

Hopes Green

Inspection report

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Date of inspection visit:
15 June 2023

Date of publication:
26 July 2023

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 providing accommodation and personal care to up to 50 people. The service provides support to older people, some of whom had physical frailty and some who were living with dementia. At the time of our inspection there were 45 people using the service.

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

Medicines were not always managed in a safe way. The providers governance arrangements did not provide assurance the service was well led. We were not assured the systems, processes, and leadership currently in place to oversee the quality assurance of the service were robust and effective and regulatory requirements were not always being met.

People living at the service were happy with the support they received. People felt safe and told us staff were kind and caring and were confident any concerns they may have would be listened to and action taken. Staff understood how to raise concerns and knew what to do to safeguard people.

Risks to people had been assessed, reviewed, and updated in people's care plans when their needs changed. Staff had access to personal protective equipment (PPE) and there were effective infection prevention control measures in place.

Effective arrangements were in place to ensure recruitment checks on staff were safe. Staff had received an induction and training to enable them to meet people's needs. Supervisions, appraisals, and competency assessments for staff were carried out and staff told us they felt supported by the senior team.

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.

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 27 October 2022). The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

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

At this inspection we found improvements had been made in relation to infection control however we found the provider remained in breach of regulations.

Why we inspected

We carried out an unannounced focused inspection of this service on 26 September 2022. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve in relation to safe care and treatment.

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. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains requires improvement. This is based on the findings at this inspection.

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 Hopes Green on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to medicines management, good governance, and the notification of incidents.

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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 Health and Social Care Act 2008.

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

This inspection was carried out by 2 inspectors and an Expert by Experience. 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

Hopes Green is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hopes Green is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for 4 days and was in the process of submitting an application to register.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 15 June 2023 and ended on 21 June 2023. We visited the location's service on 15 June 2023.

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 7 relatives about their experience of the care provided. We spoke with the manager, regional support manager, quality assurance manager, regional manager, 2 kitchen staff, and 3 care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 3 people's care records, 8 people's medication records. We looked at 3 staff files in relation to recruitment and staff supervision. We reviewed records relating to the management of the service including quality assurance monitoring and the services policies and procedures.



Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. 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.

At our last inspection the provider failed to ensure appropriate infection prevention control measures were in place. This was a breach of Regulation 12 (Safe Care and Treatment) 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 12 in relation to preventing and controlling infection. However, we identified concerns in relation to the safe management of medicines as detailed in the using medicines safely section of our report.

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 supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

Using medicines safely

- Systems and processes in place for the safe management of medicines were found to be ineffective. We found areas of concern which were not compliant with the provider's own policies and procedures.
- People's controlled medicines required weekly checks, according to the providers own policies and procedures due to the type of medicines prescribed. We found these checks had only been carried out monthly. This had been addressed in a staff daily flash meeting on the 31 May 2023, however weekly checks had not been undertaken at the time of our inspection.
- We found for 1 persons controlled 'as required' (PRN) liquid medicine, the prescriber's labelled directive was for 1.25mls up to 6 times a day. We found 2.5mls had been signed out which may have placed the person at risk of being overdosed. A provider's representative advised the dosage instructions had been given by a visiting health professional. However, there was no documentation to support this. The person

had refused this medicine; however, this had not been recorded on the back of the medicine administration chart (MAR), nor had the MAR chart been signed with the appropriate code or the liquid medicine logged as refused and placed into a suitable bottle for return to the pharmacy for disposal.

- Where people were prescribed 'as required' PRN medicines, we found a person had received their PRN medicine to help aid sleep for 3 consecutive nights. There was no explanation as to why this had been administered as set out in the providers medication policy. There was no record to suggest they were unsettled, tired or struggling to sleep.
- Where people were prescribed creams to be applied daily to protect their skin integrity and prevent pressure sores developing, we found gaps on people's topical cream charts.
- For example, a person's cream chart commenced on the 20 May, the application for the cream was once daily, it had been signed for on the 20 and 21 May, 3 June, 5 June, 7 June 9 June and 13 June 2023. Although we found no evidence the person's skin integrity had deteriorated, staff had not followed the prescribers directive placing the person at risk.

Although we found no evidence that people had been harmed, the safe management of medicines was not always effective. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's medication profiles did not include how people preferred to take their medicines to promote their independence. For example, in their hand, in a medicine pot, with a glass of juice or water. The quality assurance manager showed us a new profile page which included people's preference which they intend to use moving forward.
- People told us they received their medicines when they needed them. One person said, "I take medication at breakfast, lunch, tea, in the evening and night. It comes on time every day."
- Staff had received training in safe medicine management and were assessed as competent before administering medicines.
- After the inspection the regional support manager had implemented weekly controlled drug checks of medicines.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "If I felt unsafe, I would talk to a worker I knew well and escalate the matter further if required." Another person said, "If I did not feel safe, I would talk to the manager."
- Relatives we spoke to, confirmed they had no concerns relating to the safety of their family member. One relative told us, "Yes perfectly safe, 10 out of 10. If [person] was not safe I would speak to the manager and/or their social worker."
- Staff had completed safeguarding training and were able to recognise signs of abuse. One staff member told us, "I have never had to raise any safeguarding's and I have never had any concerns. However, I do know how to escalate, I could go to my regional manager if I needed any additional support. If I felt management were involved, I would go straight to the local authority or to CQC. I know I have a duty of care and I always put my residents first."

Assessing risk, safety monitoring and management

- People had risk assessments in place and care plans which provided guidance, as how staff should support people, who were at risk of falls, pressure sores, malnutrition and moving and handling safely. These were reviewed and updated monthly or when required if needed sooner.
- Fire risk assessments had been completed and personal emergency evacuation plans (PEEPS) were in place for people with guidance on how to be safely evacuated in the event of an emergency situation

occurring. We saw staff had undertaken fire evacuation simulation and fire warden training.

- The provider employed a maintenance person to address day to day issues at the service, and when needed, sourced specialist contractors.
- General checks on equipment and the environment were maintained.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Where we identified 2 people whose DoLS had expired the manager sent confirmation of the most recent applications and MCA and best interests' decisions.
- Where people lacked capacity to make decisions for themselves their care plans identified who the decision maker was. For example, we saw a person had an advocate acting in their best interests.

Staffing and recruitment

- There were enough staff available to support people. The regional support manager told us they rarely needed to use agency now and had recruited enough staff to provide consistent care and support to people.
- Staffing numbers had increased since our last visit. One staff member told us, "Previously we have had staffing issues but now I do feel there are enough of us, and we have no concerns. It helps when there are enough of us upstairs as the work becomes manageable. Last year it was difficult, but it's got a lot better now."
- People told us, "There are always plenty of staff 24/7 and at weekends and at night." And "Yes mostly there are enough staff. In the day there are plenty of staff. At night after 8pm we may have to wait a bit to get help. At weekends there are enough staff."
- The provider had followed safe recruitment processes such as obtaining references and carrying out checks with the Disclosure and Barring Service (DBS) as part of their recruitment process. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Where we identified a gap in a staff member's employment history, the regional support manager immediately contacted them to clarify their employment status during the time specified and updated their personnel file.

Visiting in care homes

- People received visitors without restrictions. Relatives and friends visited people freely. One relative told us, "The atmosphere here is good, warm and welcoming." Another relative told us, "Staff are friendly, warm and inviting when I visit."

Learning lessons when things go wrong

- The provider had systems in place to record accidents and incidents. A monthly report overview was

analysed to identify any themes or trends, any action taken, and lessons learned if required.

- The regional support manager showed us a new lesson learnt template which will run alongside the lessons learnt actions captured on the services electronic system, to ensure following on from any accident or incidents information could be shared amongst the staffing team.
- The senior management team evidenced regular communication with staff by conducting daily flash meetings, staff meetings and staff supervision. Staff confirmed they were kept informed about any changes to people's care and support needs.

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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained 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.

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

- We were not assured the current governance arrangements and oversight of the service were robust or effective in identifying and following up actions needed. Particularly with regard to; medication, audits, completion of documentation including people's daily notes and the notification of other incidents in a timely way.
- Medication audits were completed monthly, however the issues identified and our findings on the day of inspection highlighted systems were not robust enough to demonstrate medicines were managed safely or effectively.

Systems and processes to monitor, audit and improve the overall quality of the service were not robust enough. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

- Following the inspection, the regional support manager told us training had already been implemented for staff in relation to the accurate completion of people's daily room charts and reinforcement of this was being discussed in the team's daily flash meetings.
- The local authority had been carrying out regular monitoring support visits to the service and whilst we found safeguarding alerts had been raised with the local authority, we identified from the beginning of April 2023 to the end of May 2023, occasions where statutory notifications had not been sent to CQC as required. Providers must inform CQC of all incidents that affect the health, safety and welfare of people who use services.

The failure to notify CQC of notifiable incidents is a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- Following the inspection, the deputy manager sent the relevant notifications retrospectively to CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- People and relatives had been given opportunities to provide feedback about the service. Customer satisfaction surveys had been completed in 2022. The feedback showed some people had made some suggestions on areas of improvement to the service. The management team responded by providing a 'You said We did' notice to show how they were responding to people's voice.
- People had recently been involved in a survey on what colour they would like the ground floor lounge to be painted. People chose from a colour patch chart and expressed their favourite. Redecoration commenced on the 19 June 2023.
- People and relatives, we spoke to were complimentary about the service. One person told us, "I prefer being here than at home in my bungalow all on my own. I like living here." Another person said, "I am very happy with the service I receive here. I would change nothing."
- Staff told us they attended staff meetings and felt supported in their roles. One staff member told us "I had a supervision last month with my senior and I always feel supported I have no problems. There is a new manager who has started, and I love the fact they come upstairs every day to say hello to all of us." Another told us, "Monthly senior and carer meetings take place. I do find the meetings valuable because we can share our feelings and thoughts with each other."
- There was a calm, positive and relaxed atmosphere at the service. Staff told us they enjoyed coming to work. A staff member told us, "I love looking after the residents and spending time with them and just making sure they're happy. There is nothing I don't enjoy. I know if I had any concerns I would be listened to." The regional support manager told us, "There have been big changes in the culture of the service, staff appear happier, relative engagement has improved. You see the staff team chatting and laughing."

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 and senior management team understood their responsibilities under the duty of candour, we saw evidence where incidents had occurred, and investigations had taken place the service had acknowledged this, and apologies were sent to people where needed.
- The manager and senior team recognised improvements were needed to ensure governance and leadership was more robust and effective in managing the day to day quality assurance of the service. This would ensure all actions identified in quality audits were followed through and sustainability was embedded into the service.
- Improvements had been made in relation to infection control, and areas of redecoration around the home were being undertaken. Further improvements were to be made on the top floor dementia suite where an external environment audit undertaken had made recommendations to make the floor more dementia friendly.
- For example, themed areas like reading nooks, rest stops for people to stop, rest, have a chat and have something stimulating and engaging to look at or interact with.

Working in partnership with others

- The service worked with other professionals to help provide people with joined up care. This included the local authority, speech and language therapists, occupational therapists, district nurses and GPs.

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 18 Registration Regulations 2009 Notifications of other incidents The failure to notify CQC of other incidents.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure that medicines were managed in a safe way.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes to monitor, audit and improve the quality of the service were not effective and robust.