

Four Seasons Health Care (England) Limited

East Riding Care Home

Inspection report

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Northumberland
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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

East Riding Care Home provides accommodation, personal and nursing care for up to 67 people; some of whom are living with dementia. At the time of the inspection there were 33 people living at the home.

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

An effective infection control system was not fully in place. Government guidance relating to safe working practices including the use of personal protective equipment [PPE] was not always followed. A fire safety officer contacted us about the risks relating to a temporary unit which had been set up following our visit. After our inspection, the registered manager told us that action had been taken to address these concerns.

Staff were knowledgeable about the action they would take if abuse was suspected. Staff raised no concerns about staff practices or the care and support people received. However, an effective system to ensure CQC were notified of all safeguarding incidents in line with legal requirements was not fully in place.

The provider had a quality monitoring system in place. However, we identified shortfalls relating to infection prevention and control. In addition, fire related risks relating to the temporary unit had not been fully assessed.

We observed positive interactions between staff and people. Staff spoke positively about working at the home and the support they received from the registered manager. People also told us they were happy at the home. Comments included, "I'm as happy as Larry here" and "I feel safe, honestly, I am happy here."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (23 November 2019).

This is the fourth consecutive inspection where the provider has failed to achieve an overall rating of good.

Why we inspected

We received concerns in relation to people's care and treatment. 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 remains requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the information

contained within the key questions safe and well led for further details.

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

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 identified three breaches of the regulations. These related to Safe care and treatment and Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also identified a breach of the Registration Regulations 2009, which related to the notification of other incidents. You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 ●

East Riding 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 was undertaken by one inspector.

Service and service type

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

Notice of inspection

We gave short notice of the inspection. This supported the staff and ourselves to manage any potential risks associated with Covid-19.

What we did before the inspection

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. We sought feedback from the local authority and other professionals who work with the service. This information helps support our inspections. We used all of this information to plan

our inspection.

During the inspection

We spoke with 12 members of staff, including the registered manager, deputy manager, care staff, housekeeping staff and the maintenance man. We reviewed one staff member's recruitment file, people's medicines records and one person's care file. We contacted six health and social care professionals via email for their feedback about the home.

After the inspection

We reviewed records relating to the management of the service, accidents, safeguarding incidents and premises and equipment checks. We spoke with two people by telephone and one relative. We also provided feedback to senior management of the home.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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.

Preventing and controlling infection; Assessing risk, safety monitoring and management

- An effective infection control system was not fully in place. Government guidance relating to safe working practices including the use of PPE were not always followed.

This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the registered manager told us that additional training and competency checks in relation to the use of PPE were now carried out. Advice from the local NHS Trust's infection control team had been sought, clinical waste bins had been purchased for every bedroom, individual hand sanitisers had been purchased for staff and senior staff were carrying out spot checks in relation to infection control and staff practices to help ensure people and staff were fully protected from the risk of infection.

- We were contacted by Northumberland Fire and Rescue Service following our inspection visit about a fire risk relating to a unit within the home which had been temporarily set up. Whilst a risk assessment had been completed by the provider's health and safety team and advice taken from an external fire safety consultancy service; the fire risk assessment did not fully mitigate the risks relating to people's safety in this temporary unit. We raised this with the registered manager who took immediate action to address this concern.

Using medicines safely

- Medicines were managed safely. People told us they received their medicines as prescribed.

Learning lessons when things go wrong

- Lessons learnt were identified and discussed with staff so action could be taken to help reduce the likelihood of any reoccurrence.

Staffing and recruitment

- There were sufficient staff deployed to meet people's needs. Staff told us that there were enough staff on duty to care and support people safely. We observed staff carrying out their duties in a calm and unhurried manner. Staff were visible around the home.
- Safe recruitment procedures were in place. Checks were carried out before staff started to work at the home to make sure they were suitable.

Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable about the action they would take if abuse was suspected. Staff raised no concerns about staff practices or the care and support people received.
- We had not been notified of several safeguarding incidents. Statutory notifications are notifications of events that occur within the service, which when submitted, enable CQC to monitor any issues or areas of concern.

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 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

- The provider had a quality monitoring system in place. However, we identified shortfalls relating to IPC. In addition, risks relating to fire safety had not been fully assessed. The registered manager took action to address these shortfalls.
- This is the fourth consecutive inspection where the provider has failed to achieve a rating of good in this key question.

The above shortfalls constituted a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A system to ensure CQC were informed of all safeguarding incidents was not fully in place, to ensure CQC had oversight of all notifiable events to make sure that appropriate action had been taken.

This was a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009. This is being dealt with outside of the inspection process.

Continuous learning and improving care; 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

- Lessons learned had been identified following notifiable safety incidents and action taken to help prevent any reoccurrence. However, records to show how the principles of the Duty of Candour were followed were not fully available. The Duty of Candour regulation requires providers to be open and transparent with people and those acting on their behalf, about their care and treatment when things goes wrong, including offering an apology.

We recommend the provider ensures written records are maintained to demonstrate how they are meeting the Duty of Candour regulation.

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

- We observed positive interactions between staff and people. Staff spoke positively about working at the home and the support they received from the registered manager. Comments included, "We are a good team, I have no concerns - it's a wonderful home to work for" and "[Name of registered manager] has made

a massive difference to the home."

- People told us they were happy at the home. One person told us, "I love the staff, they are just so happy and caring I call them my bairns [children]."

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

- Processes were in place to involve people and staff in the running of the home. One relative contacted us following the inspection. They provided positive feedback about the staff and stated, "The staff we have been in contact with are consistently polite, kind and hardworking, which cannot always be easy." They also told us about areas for improvement such as communication which we passed to the registered manager for their information.

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
Treatment of disease, disorder or injury	An effective system to assess, prevent and control the spread of infection was not fully in place. Regulation 12 (1)(2)(h).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	An effective system to monitor the quality and safety of the service was not fully in place. Regulation 17 (1)(2)(a)(b)(d)(ii)(f).

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents
Treatment of disease, disorder or injury	Not all safeguarding incidents had been notified to the Commission in line with legal requirements.

The enforcement action we took:

We did not proceed with enforcement action in respect of this breach