

Cygnet (OE) Limited

Hope House

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

Hope House is a residential service providing personal and nursing care to 11 people with a learning disability. At the time of the inspection there were eight people living at the service.

Hope House provides accommodation across two buildings with a variety of self contained flats, bedrooms and communal areas.

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

Infection control processes were not embedded and staff didn't always follow government guidance. Medicines were managed safely. Processes to safeguard people from abuse were followed and risks were effectively reviewed and managed. Staffing levels were safe and the service was working on a recruitment and retention plan to reduce the current high levels of agency staff at the home.

The service was working to ensure recording systems promoted a person centred approach. There was a new management team at the service and staff we spoke with felt they could raise issues and concerns with them. Feedback from relatives was positive relating to the care and support their loved ones received.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. Language used in the provider's care record templates and quality monitoring audit referred to a medical model of care that did not reflect the community residential model being provided.

Right support:

- Model of care and setting maximises people's choice, control and independence

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

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 Good (published 20 July 2019).

Why we inspected

The inspection was prompted in part due to concerns received about infection control practices and staffing levels. A decision was made for us to inspect and examine those risks.

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

The overall rating for the service has changed from Good to 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 Safe and Well-Led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hope House 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 have identified breaches in relation to infection control and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 ●

Hope House

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

Hope House 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. A person was managing the home at the time of the inspection but this post was not a permanent appointment.

Notice of inspection

We undertook this inspection unannounced.

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, Health and Safety Executive,

Public Health England 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 15 members of staff both on inspection and via telephone interview including the interim manager, deputy manager, regional director, two nurses, one agency nurse, eight support workers, and a housekeeper.

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

After the inspection

We spoke with five relatives via telephone interview. We continued to seek clarification from the provider to validate evidence found. We looked at policies, quality assurance records, staff records and accident and incident records.

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

- Systems were not in place to ensure there were effective and robust infection control processes at the service.
- Staff did not always wear personal protective equipment (PPE) correctly, and the policy and risk assessment regarding COVID required review to ensure correct guidance was being followed.
- One staff member did not follow Government guidance, and the provider's own policy, on effective infection control by not wearing their face mask correctly.
- The local infection control nurse visited the service shortly after our visit. She advised the service to ensure social distancing was implemented where possible and that ineffective hand gels were to be removed.

This meant people were not always protected from the risk of infection because staff were not following official guidance. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were managed safely and effectively.
- We found medicine administration records were well completed and the room containing medicines was clean and well maintained.
- Records for topical medicines (creams and lotions) could be improved

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place to safeguard people and protect them from potential abuse.
- The interim manager recorded any safeguarding concerns and had reported them to the local safeguarding authority and the CQC. Where necessary, action had been taken to address the concerns.
- Safeguarding matters along with incidents and accidents were recorded on the provider's on-line monitoring system. The service was implementing a more robust system to ensure accidents and incidents were reviewed and any immediate actions to reduce any risks were implemented and embedded.

Assessing risk, safety monitoring and management

- Systems were in place to effectively monitor and review risks related to the delivery of care and the safety of the environment within the home.
- People's care records contained evidence that risks were regularly revised and updated.

Staffing and recruitment

- Staff recruitment was undertaken in a safe and effective manner. We saw appropriate checks were in place including Disclosure and Barring Service (DBS) checks.
- The service was providing staffing at safe levels. The service currently had a high number of vacancies and was using high levels of agency staff.
- The service has an active recruitment procedure and was reviewing methods to improve retention of staff. Staff we spoke with stated that one person had a huge impact on the service because of their needs and behaviour, but they felt supported by the new management team to talk and raise issues.

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 good. At this inspection this key question has now deteriorated 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.

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

- Quality systems within the home were not always robust.
- The interim manager had undertaken a range of quality checks and audit processes. However, these had failed to identify concerns we found in infection control practices and the use of PPE.
- We found that temperature checks for staff and fire records to confirm who was in the building were not always well completed.

Systems to maintain quality and safety within the home were not robust, potentially putting people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team had already begun an action plan to ensure the service was being delivered safely.

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

- The interim manager and deputy manager had only been in post a short period but had taken steps to establish improvements in care and were following an action plan.
- There was evidence of regular staff meetings and ways of seeking views with people who lived at the service. Relatives we spoke with said they were happy with the support and care their loved ones received and they received regular communication from the service.

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 interim manager was aware of their responsibility under the duty of candour. There had been no specific instances where the manager had been required to act on this duty.
- There was no registered manager formally registered with the CQC at the home. The interim manager in post was a temporary appointment and a recruitment process was underway for a new permanent manager.

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

- The interim manager had put in place processes to engage with people in the running of the service.

Continuous learning and improving care

- The interim manager explained a range of on-line resources staff could access to gain information about care matters and issues related to the Covid-19 pandemic. The service was also now receiving training and support from the local infection prevention and control nurse team.
- The interim manager took action to address the concerns we found at the inspection, such as liaising with the local infection control nursing team for advice and training.

Working in partnership with others

- There was evidence in people's care files that the home worked in partnership with a range of professionals to support people's health and wellbeing.

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	The service had not assessed the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. Regulation 12 (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	Systems and records to assess, monitor and improve the safety and quality of the service were not robust and did not ensure the service was compliant with the requirements of the regulations. Regulation 17(1)(2)(a)(b).