Parkside Residential Homes Ltd

Hambleton Court Care Home

Inspection report

19-21 Station Road
Hambleton
Selby
North Yorkshire
YO8 9HS

Tel: 01757228117

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Hambleton Court Care Home is a residential care home. It provides accommodation and personal care for up to 18 people over 65 years of age. At the time of the inspection there were 13 people living at the service.

People's experience of using this service and what we found
The registered manager completed monitoring checks. However, these were not recorded and had not prevented repeated and new shortfalls in the quality of service provision.

It was not always clear from records whether staff received the support they needed to fulfil their roles effectively. Staff routines were task based and they had limited time to spend with people and provide emotional and social support. Care plans were not consistently person-centred and there was a lack of detail and guidance in risk assessments for staff to follow. Care plans and risk assessments had not always been reviewed on a regular basis or when people's care needs changed.

People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible and in their best interests; the policies and systems in the service did support this practice.

Management systems including recording systems were at an early stage of development. Improvements were needing to provide information for people in an accessible format.

The environment had not been designed or updated to reflect best practice in dementia care.

People told us staff were kind, thoughtful and treated them well. Good personal and professional relationships existed between people, relatives and staff.

The local authority improvement team were supporting the registered manager to make improvements.

Rating at last inspection
The last rating for this service was good (published 24 February 2017).

Why we inspected
This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvements.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 around safe care and treatment and good governance. Details of action we have told the provider to take can be found at the end of this report.

We have made recommendations regarding the environment and activities suitable for people living with dementia; staffing and medicines handling.

We identified one breach of the Care Quality Commission (Registration) Regulations 2009. We will be addressing this issue with the provider outside the inspection process.

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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below

Hambleton Court 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.

Inspection team
One inspector and an expert by experience carried out the inspection. 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
Hambleton Court Care Home 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 provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was carried out on 21 August and 4 September 2019. The first day was unannounced.

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 and professionals who work with the service. We reviewed information the new registered manager had provided as part of the registration process. 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 this information to plan our inspection.

During the inspection
In total, we spoke with 11 people for their views on the care provided. We spoke with eight people living at the service, a health professional and two relatives. We looked around a sample of bedrooms and communal areas. We observed staff interaction and care people received in two dining areas and in a lounge. We observed the lunchtime experience.

We reviewed a range of records including three care records and their associated medicine records. We looked at three staff recruitment files and training and supervision records. We reviewed a range of records relating to the management of the service, including records the provider is required to keep by law and a sample of policies and procedures. We spoke with two care staff, a cook and a domestic worker, deputy manager, registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

After the inspection
We spoke with a member of the local authority quality improvement team regarding the support and guidance they were providing to the service.

Requires Improvement

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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong;
● People's risk assessments did not clearly identify risks and the measures needed to mitigate risks. For example, one person was assessed at nutritional risk. Their care plan stated 'push fluids' but did not stipulate what this consisted of for this person.
● Records to help staff monitor risks were not all in place or updated as people's needs changed. One person was living with mental health issues and another had diabetes. Their care plans did not contain guidance to help staff understand signs and symptoms, recognise deterioration and promote good health.
● Informal checks of the building and equipment safety were completed; however, no records were kept. For example, in relation to window restrictors, bed rails, infection control and wheelchairs. The registered manager carried out spot checks, but they had not picked up on safety issues we identified such as free-standing wardrobes, which were not fixed to the wall.
We found no evidence that people had been harmed however systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse
● People could not be confident staff fully understood and followed the provider's safeguarding procedures in practice. We identified one concern regarding an incident in July 2019, which had not been appropriately recorded or reported. We asked the registered manager to alert the local authority, so they could investigate this incident under their specific safeguarding responsibilities.
● The provider had introduced new policies and procedures, including a safeguarding policy; staff had received safeguarding training.

Staffing and recruitment
● Although people's basic care needs were met staff did not have time to spend with people other than when performing a task. Some people required two people to assist with their personal care leaving others unsupervised while staff were busy. They said recent staffing increases had been reduced due to falling numbers in the service.

We recommend the provider reviews their staffing using a recognised staffing tool to determine staffing levels.

● Checks regarding staff suitability were completed.

● People felt there was a consistent staff team and said there were enough staff. One said, "Always regular staff working here, not sure of all their names but recognise their faces."

Using medicines safely

● Management audits were not yet being used effectively to check medicines handling was safe. The registered manager had produced protocols for 'as required' medicines. They told us they intended to introduce new paperwork to audit medicines, but this was at an early stage. A community pharmacist was due to visit and advise on medicines handling in the service.

● Medicine storage facilities were limited. The medicines trolley was stored in a cupboard in a corridor, which was not sufficiently spacious to allow for the ease of staff checking medicines or auditing. The recorded temperature in this area was above recommended levels on three occasions in the past month. There were no hand wash facilities.

We recommend the provider reviews best practice guidance on medicines handling to ensure people receive their medicines safely.

Preventing and controlling infection

● The service was clean and had a warm and homely feel. Bedrooms were clean and well decorated. People had their personal possessions around them, which made their rooms feel personalised and homely.

Requires Improvement

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 last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Care plans did not always contain guidance on how to meet people's care needs in line with best practice guidance and individual preferences. One person told us, "They [Staff] didn't really talk about what I wanted when I came here, [Name of relative] set it all up."
- Full information was not available to guide staff to provide individualised person-centred care. Although new assessment and care planning documentation was being used these were not yet fully implemented.
- People's care needs were not kept under review. For example, one person had been readmitted following a hospital admission without reassessment. Their records had not been updated to reflect their changing health and mobility needs.

Staff support: induction, training, skills and experience

- People told us staff understood and met their care needs. One said, ""I think they are trained. They all seem to know what they are doing."
- Staff received training in line with the provider's training programme. The registered manager had begun to monitor and identify staff's training needs. Plans were agreed with a training provider for provision of refresher training.
- The registered manager had introduced a system to support new staff during their induction, but record keeping was not yet fully embedded. The current supervision process did not give staff opportunity to reflect on their practice, discuss progress and identify additional training needs.

Supporting people to eat and drink enough to maintain a balanced diet

- Nutritional risks were not consistently evaluated to monitor and assess the level of risk associated with people's weights. Charts to monitor food and fluid intake were not always totalled, recommended daily intakes not documented on fluid chars and records did not prompt when action should be taken. The registered manager explained the action they were taking to address and introduce a more robust system of record keeping.
- People said they had enough to eat and drink, but the quality was variable. One said, "The food is alright, it depends who is cooking it." Another said, "Food is fairly good, no complaints here."
- Visitors were positive about the quality of the food. A visiting health professional told us, "Food always smells lovely here, all freshly cooked, lots of home baking."

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

● People were supported to see health care professionals to ensure their health care needs were met.
● Staff made appropriate referrals to healthcare professionals to ensure they received the support they required. People said staff were kind and caring if they were unwell and helped them to see their GP or other health professionals as needed.

Adapting service, design, decoration to meet people's needs
● Changes were needed to create a dementia friendly environment to maximise people's independence and support people's independence, dignity and choice. This included décor and furnishings, lighting, toilets and bathrooms.

We recommend the provider reviews and implements best practice guidance on dementia friendly environments.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.
● The registered manager was implementing new documentation including capacity assessments.
● Staff said they gained people's consent to receive care and support and we observed this in practice.
● Where restrictions had been placed on people's liberty to keep them safe, local authority authorisation had been requested.

Good

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 last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 told us staff were kind and caring. One said, [Staff] are all very kind. I can ask them anything." A relative commented, "All staff are approachable, kind and helpful. Everyone has bent over backwards to look after [Name].
- Staff knew people well and spoke about them with warmth and affection. While undertaking tasks staff showed an interest in people and there was a friendly, relaxed atmosphere.
- Staff were keen to ensure people's rights were respected and they knew about individual spiritual and cultural needs.

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

- People told us they could make decisions about their daily routines.
- People and their relatives had not always been involved in care planning; the registered manager confirmed staff were including people and their relatives in developing the new care plans.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. One said, "I prefer to stay in my room. Staff know that and ask what I would like to eat and if I would like my door open or closed. They always knock before they come into my room."
- People were encouraged to be independent and do as much as possible for themselves.
- People were supported to maintain relationships with people close to them. Visitors confirmed they were made welcome and could visit anytime.
- Information about people was stored securely.

Requires Improvement

Is the service responsive?

Our findings

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 people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were not consistently person-centred; they lacked information about people's specific needs and conditions. This is covered in more detail in the safe section.
- People's care preferences were not always checked, recorded or acted upon. For example, several people told us they would like to have a bath more often. Another told us they would prefer a vegetarian diet. The registered manager said the care for these people would be reviewed.
- The registered manager told us they had identified work was needed on developing better guidance on the steps needed to support people with their oral care.
- Work to complete new care planning documentation was ongoing. The new care plans completed contained more detailed information. Others were less person-centred and needed to be updated. Families reported the new manager had introduced a daily diary for each person and communication had improved as a result.

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.

- Staff had limited understanding of the requirements of the AIS; information was not always presented in a format people could understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People lacked social stimulation. An external company visited monthly to offer activities such as quizzes or games and the church also visited monthly. Other than these activities however there was little planned activity and the routines of the service were task based.
- The registered manager told us they had recognised the need to improve the social stimulation provided in the service including access to the local community. They said the provider had reduced dedicated care hours because of reduced numbers of people living in the home.

We recommend the provider monitors and reviews the activities for their suitability and provision for people living with dementia.

Improving care quality in response to complaints or concerns

- People knew who to speak with if they had any worries or were upset. Relatives told us they felt confident the registered manager would act to address any concerns.

End of life care and support

● No one was receiving end of life care at our inspection, however there was a lack of information in people's care plans about their wishes.

● A relative whose loved one had recently received end of life care spoke positively about the quality of care provided. They said staff were, "Amazing."

Requires Improvement

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 requires improvement. At this inspection this key question has now 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- The provider was not providing high quality, safe care. They had failed to sustain the improvements noted at our previous inspection in February 2018 regarding staff supervisions and care planning.
- Quality assurance systems were not sufficiently developed to safeguard people and promote their welfare.

- Audits were not used to show environmental checks were completed and demonstrate timely action was taken on any shortfalls.
- Where shortfalls were identified improvements were not being made within a reasonable timescale. For example, improvement to care planning documentation was ongoing but we found the process for completing these was overlong and laborious.
- New policies and procedures had been purchased. However, staff had not had any training on the use of these; policies were not personalised with service specific details or produced in a format, which people could readily access and understand.

The provider had failed to develop quality assurance systems to identify and address shortfalls in the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act (regulated Activities) Regulations 2014.

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 provider did not have effective systems in place to review and analyse information from incidents and accidents and take the necessary action to prevent recurrence. They had failed to notify the local authority regarding one incident, so they could investigate the circumstances around this under their safeguarding responsibilities.

The failure to identify and notify CQC of a safeguarding alert was a breach of Regulation 18(2) of the Care Quality Commission (Registration) Regulations 2009. We will be addressing this issue with the provider outside the inspection process.

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

characteristics;

● The provider sought people's views on aspects of the service such as food and activities. Where issues had been raised there was not always a clear action plan or response to issues raised.

● Relatives and people, we spoke with felt there was a homely, welcoming atmosphere and good relationships existed.

Continuous learning and improving care

● The registered manager had identified areas where improvements were required and was taking action.

Working in partnership with others

● The registered manager worked in partnership with key organisations to support care provision; for example, using the local authority improvement team for advice.

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 The provider had failed to assess risks and take the necessary steps to mitigate risks. Regulation 12(1)(2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not established systems and processes to assess, monitor and improve the quality and safety of the service. The provider had failed to keep accurate records regarding each service user and the management of the regulated activity. Regulation 17(1)(2)