

Franklin Care Group Limited

Hulton Care Home

Inspection report

Clarke Brow
Middleton
Manchester
M24 6BW

Tel: 01616546693

Date of inspection visit:

07 July 2022

11 July 2022

12 July 2022

20 July 2022

26 July 2022

Date of publication:

05 October 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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

Hulton Care Home is a care home provides accommodation and personal care for up to 30 people. The service provides support to adults, elderly people and people living with dementia. At the time of our inspection there were 26 people using the service. The care home accommodates people across two floors in one building.

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

Medicines were not always managed safely or recorded accurately. Risks were not always being appropriately managed and risk assessments were either not in place or not readily available for our review. Practices relating to safe infection prevention control was not always being followed, though the home was clean and tidy during our site visit. Appropriate staffing levels were in place; however, staff recruitment practices required some improvement. We have made a recommendation about this. Lessons learned were taking place and appropriate safeguarding practices were being followed.

Quality assurance systems were not always robust and various records required reviewing. Staff meetings were taking place, meetings for people that use the service were less frequent and relative's meetings had not taken place. We were told relatives were kept up to date via telephone or during visits. Feedback from staff and people about the management was positive, however, feedback from relatives was mixed. Staff worked in partnership with various professionals to ensure people received necessary support. The registered manager spoke about being open and honest when things go wrong and reported necessary incidents appropriately.

People records were not always person centred and several peoples care plans contained duplicate/incorrect details. We made a recommendation about this. Although a complaints log was in place, we were not assured that this was accurate. We made a recommendation that the provider ensures complaints are logged and actioned appropriately. People were able to take part in activities and the home had an activities coordinator. End of life training was available for staff to complete and the home had an end of life policy in place. The registered manager was aware of how to meet people's communication needs.

People's dietary requirements and wishes were being followed and people received appropriate support with their healthcare needs. Staff received an induction once recruited and were supported through supervisions. A variety of training courses were available for staff to complete. The home had appropriate signage in place and some necessary adaptations had been made to the service.

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. Though paperwork relating to people's capacity needed to be improved. We have made a recommendation regarding the providers MCA and DoLS processes.

People's equality, diversity and dignity needs were being respected and people were encouraged to be as independent as possible. However, people's records were not always safely stored and the general data protection regulation (GDPR) policy was out of date. We have made a recommendation regarding this. People were able to express their views and could access advocacy services when needed.

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

Rating at last inspection

This service was registered with us on 18 May 2021 and this is the first inspection. The last rating for the service under the previous provider was good, published on 8 August 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Enforcement and Recommendations

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 monitor the service and will take further action if needed.

We have identified breaches in relation to medicines management, infection control, risk and governance at this inspection.

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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Hulton 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 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

The inspection was carried out by three inspectors (which included a medicines inspector).

Service and service type

Hulton Care Home 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. Hulton Care Home 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 7 July 2022 and ended on 26 July 2022 when we delivered feedback remotely.

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 who work with the service. 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 information gathered as part of monitoring activity that took place on 11 May 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service, two relatives and two visiting professionals from a local hospice about their experience of the care provided. We spoke with eight members of staff including the registered manager, deputy manager, the provider, senior care worker, care worker, cook and a member of the domestic staff. During the inspection, we visited both floors of the home and we reviewed a range of records. This included reviewing five people's care records in detail. We reviewed ten medicine administration records (MAR) and looked at medicines related documentation. We observed medicines administration and checked storage of medicines. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

Using medicines safely

- Medicines were not always managed safely. The time a medicine was administered was not always documented for time sensitive medicines. This meant we could not be assured that the prescribed interval for some medicines had been observed, or that a medication prescribed to be given at a specific time had been administered safely.
- Where people had been administering their own inhalers, they had not had a risk assessment to ensure they had capacity and were safe to do this. This meant there was a risk they might not be supported safely with their medicines.
- Allergy information was not always recorded on the Medicines Administration Record (MAR) so there was a risk people could be given medicines they were allergic to.
- Instructions for medicines that were given when required were not always available and when they were present, they did not contain any person-centred information.
- Although the service was carrying out audits of medicines management these had not always picked up on some of the issues found during the inspection.

Systems were either not in place, not being followed or not robust enough to demonstrate medicines 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.

- Staff administering medicines were trained and assessed as competent to do so and medicines were stored securely.

Assessing risk, safety monitoring and management

- Risks were not always being appropriately managed.
- Environmental risk assessments were not in place in the home on the day of our inspection.
- Necessary risk assessments relating to people's health conditions were not always in place. For example, one person that required a choking risk assessment did not have one, one person's falls risk assessment had not been completed when required and one person's moving and handling risk assessment required updating and had not been.

Systems were either not in place or robust enough to demonstrate safety and records relating to risk was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Preventing and controlling infection

- Infection prevention practices were not always safe. During our inspection the home had a positive case of COVID-19 following a recent outbreak. We witnessed 4 staff members either not wearing face masks or not wearing these appropriately. We were told that 2 of these staff members were exempt, though there were no risk assessments or paperwork in place to support this.
- During our inspection we found toiletries in a shared shower room that had not been identified as belonging to a specific person who used the service. This posed an infection risk.
- Various rooms were left unlocked which contained potentially dangerous substances.

The provider had failed to ensure appropriate processes were being followed regarding IPC practices. This put people at risk of infection and significant harm. This was a further breach of Regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

- The home appeared clean and tidy and appropriate testing was being carried out.

Visiting in care homes

- People were supported to have visitors in line with current government guidance.

Staffing and recruitment

- Staffing levels were safe. People told us there are enough staff, one person said, "Yes there are enough staff."
- Recruitment practices required some improving. Some care workers had gaps in employment that had not been addressed.

We recommend the provider reviews their recruitment processes to ensure new applicants are recruited safely.

Learning lessons when things go wrong

- We saw some examples of lessons learned taking place, and lessons learned were being discussed at staff meetings.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse. A safeguarding policy and procedure was in place, though this required updating. The registered manager told us they were in the process of bringing in new policies.
- Staff were able to provide examples of what they would report as a safeguarding concern, and we saw examples of referrals that had been made to the local safeguarding team.
- People told us they felt safe. Comments included "I feel really safe" and "I do feel safe, everything is ok."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- DoLS referrals were being made, however, paperwork around people's capacity needed to be improved as it was difficult to understand if all necessary DoLS were in place.

We recommend the provider reviews their process around assessing and recording the outcomes of capacity assessments to ensure they are working in line with the MCA.

- Staff had access to MCA and DoLS training through this was not a mandatory course set out by the provider.
- The MCA and DoLS policy in place referenced another care home/provider and required updating. The registered manager told us they were in the process of bringing in new policies.

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

- People were supported to maintain a balanced diet. We saw examples of people's specific dietary requirements and wishes being followed.
- The home had a dedicated chef who was aware of people's dietary requirements.
- People spoke positively about the food. Commends included, "The food is very good", "It (the food) is fine, I was 9 stone when I came in, I have put 2 stone on" and "It (the food) is very good."

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

- Staff supported people with their healthcare needs.
- People told us they got to see a Dr when they needed to. One person said "Yes, I have only needed it [a Dr] once and they [staff] did [arrange] that."
- The service worked with a variety of health care professionals including the local mental health team, district nurses, a memory clinic, GPs, a local hospice and the safeguarding team.

Staff support: induction, training, skills and experience

- Staff were supported through supervisions, though no staff had received an appraisal in line with the homes current policy at the time of the inspection. The registered manager told us they were in the process of bringing in new policies.
- An induction programme was provided when staff first commenced employment to ensure they had an understanding of what was required within their role.
- Various training courses were available for staff to provide them with the skills and knowledge required to meet people's needs.

Adapting service, design, decoration to meet people's needs

- Some adaptations had been made to the home to meet the needs of the people living there. However, further simple improvements could be made to improve the home for people living with dementia by ensuring things such as toilet seats and disability aids were more easily recognisable.
- Appropriate signage around the home was in place, which helped promote people's awareness.

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

- People's needs had not always been fully assessed. Care plans were not always person centred and risks had not always been fully considered. This is covered in more detail under the safe and responsive sections of this report.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; Respecting and promoting people's privacy, dignity and independence

- People's equality and diversity needs were respected.
- The service had a dignity and diversity policy in place and staff could access equality and diversity training, though this was not compulsory.
- Care staff appeared kind and considerate when speaking to people. Peoples comments included, "The staff are very nice" and "I think they [staff] are very good and they would do anything for me."
- Staff supported people to be as independent as possible and respected their privacy and dignity. One person told us, "They (staff) just see what I can do and if I can do something myself I will, I go and tidy the garden up outside."
- A data protection policy was in place which required updating as it referred to out of date act. We also witnessed that an office door was left open at several points during the inspection, this room held personal records.

We recommend the provider reviews the most up to date GDPR information and ensures they are complying with this regulation.

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

- People and their relatives were able to express their views.
- We were able to view some examples of surveys completed by families.
- The registered manager told us how they accessed advocacy services when they were required.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated 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

- People did not always receive person centred care. People did not always have appropriate risk assessments in place relating to their health requirements. This is covered in more detail in the safe domain.
- Care plans were in place containing information to guide staff about people's health conditions and backgrounds. However, these were not as person centred as they should have been. Numerous care plans contained the same quotes, additionally we found evidence of incorrect pronouns and incorrect names seen across several files.

We recommend the provider reviews their care plans and ensures they are person centred, detail the appropriate pronouns and are reflective of the persons views.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was available, and this explained the process people could follow if they were unhappy with the service they received.
- Complaints records showed there had been one verbal complaint which was on the day of the inspection. However, when speaking to a family member they suggested they have previously raised issues, which had not been recorded on the log we had been provided with.

We recommend the provider reviews the process in relation to logging complaints to ensure that records are reflective of the actual number of complaints received and ensure that these are actioned in line with their policy.

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 were supported to take part in activities. The home had an activities coordinator who led activities for people living in the home. One person told us, "They (staff) do my nails and we play games and do some exercise."
- People were supported to have visits from their loved ones. One person said, " I have been out with my family, but I need a wheelchair. My family do come to see me."

End of life care and support

- The service had an end of life policy in place.
- One person was in receipt of end of life care at the time of the inspection. They had an end of life care plan

in place, which helped staff support the person in a way that was appropriate to them.

- Some staff had completed training in end of life care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Peoples communication needs were being met.
- At the time of the inspection, staff were not supporting anyone with specific communication requirements. The registered manager explained how they could gain access to documents in various formats and how they could use picture cards to help meet people's needs.
- The registered manager understood the need to ensure people were able to access information in a format suitable for them.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 assurance systems required further improvement. Audits had not always identified the issues we found during our inspection in areas including risk, care plans and medication.
- Various records were either not completed, not accurate/up to date or not in place.

We found no evidence people had been harmed, however, systems were either not in place or robust enough to demonstrate records and governance was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff meetings were taking place. However, meetings for people that use the service were less frequent, at the time of inspection there had been one meeting in the last 12 months. Relatives meetings had not taken place, which was in part due to the covid-19 pandemic. However, the registered manager told us relatives were kept up to date via telephone or ducting visits.
- At the time of our inspection, surveys had recently been carried out for staff and family members.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The service promoted a positive open culture and a whistleblowing procedure was in place.
- Feedback from staff and people about the management was positive. Though feedback from relatives was mixed.
- Staff worked in partnership with the local authority, various other agencies and health professionals to ensure people received appropriate support.

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 registered manager reported accidents, incidents and concerns to the CQC and the local authority.
- The registered manager was aware of their responsibility under the duty of candour and spoke about being open and honest when things go wrong and there was a policy in place to support this.
- Lessons learned were taking place and were being discussed with staff at necessary meetings.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure medicines were being safely managed. This put people at risk of significant of harm.</p> <p>This was a breach of regulation 12(2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.</p> <p>The provider had failed to ensure that risk relating to people's health conditions and the environmental were being appropriately assessed and managed. This put people at increased risk of harm.</p> <p>This was a breach of regulation 12(2) (a) (b) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.</p> <p>The provider had failed to ensure IPC practices were being safely followed. This was a breach of regulation 12(2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Records were not always completed and up to date and quality assurance systems were not robust. This put people at risk of harm.</p>

This was a breach of regulation 17(2) (a) (b) (c) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.