

Hengoed Park Limited

Hengoed Park

Inspection report

Hengoed
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Shropshire
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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

Hengoed Park is a residential care home providing accommodation and personal care to a maximum of 44 people. These residential care home beds are in the main home and 8 bungalows on site. At the time of our inspection there were 44 people using the service.

Hengoed park is also registered with us to provide a domiciliary care service, accommodation for persons who require treatment for substance misuse and treatment of disease, disorder or injury. No one was receiving these services at the time of our inspection.

The service provides support to younger adults and older people who may have mental health support needs, dementia, who misuse drugs and alcohol, are detained under the Mental Health Act or have a physical disability.

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

People's medicines were not managed safely at all times. People were not always protected from environmental risks, although the provider had refurbishment plans in place and work had already started throughout the home to make improvements.

We have made a recommendation about the recruitment of staff because the provider had not ensured the correct information had been recorded. This was addressed at our inspection.

Risks to people were assessed and planned for so staff could support people to stay safe. However, improvement was needed to ensure staff recorded accurate information when they had repositioned people to reduce the risk of skin damage.

Records did not demonstrate people's voice was sought and what their expectations were for their care and goals. Governance systems were not always effective at identifying concerns within the service, such as people's records, staff training records, staff recruitment and medicines.

There was minimal provider scrutiny or oversight of the governance arrangements within the service. The registered manager was also the nominated individual. The provider had failed to ensure all notifiable incidents were reported to us as required.

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 generally supported this practice.

People were supported by enough staff. Most people told us they felt safe living at the home and with the staff who supported them. We received mixed feedback from people who used the service, staff and external

professionals about their experiences of the service.

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 good (published 2 February 2019).

Why we inspected

We received concerns in relation to people's care and that the provider was not operating within the scope of their registration. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 has changed from good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'All inspection reports and timeline' link for Hengoed Park on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to medicines management, governance, and failure to notify us about reportable incidents at this inspection. We also made recommendations regarding the recruitment of staff and the need to work with the local authority to clarify the service, contracts and funding people receive.

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.

<p>Is the service safe?</p> <p>The service was not always safe.</p> <p>Details are in our safe findings below.</p>	<p>Requires Improvement ●</p>
<p>Is the service well-led?</p> <p>The service was not always well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Requires Improvement ●</p>

Hengoed Park

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.

Inspection team

This inspection was completed by 2 inspectors on our first and second day, and 3 inspectors on our third day.

Service and service type

Hengoed Park 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.

Hengoed Park is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Hengoed Park is also a domiciliary care agency. It provides personal care to people living in their own houses and flats. No one received this service at the time of our 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 a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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 reviewed information we had received about the service since the last inspection. We sought feedback from local authorities, local Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with 12 service users, 3 visitors and 15 staff which included housekeeping staff, care staff, the registered manager who is also the nominated individual, kitchen staff, the deputy manager and maintenance staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 7 people's care plans, multiple medicine administration records and 3 staff recruitment files. 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.

At our last inspection we rated this key question good. At this inspection the rating has changed 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.

Using medicines safely

- Medicines were not always correctly accounted for. Some medicine stock balances were incorrect for the records we looked at. Staff told us this was because when new stock was delivered the old stock was not always added to it. However, the discrepancies we found would not account for this because there were often too many medicines. This increased the risk of people not receiving their medicines as prescribed.
- Systems for returning unused medicines had not been effective. Two loose unlabelled controlled drugs were found in the controlled drugs cupboard. The medicine records showed the last person to receive this controlled drug had left the service in April 2023. The records showed this medicine had all been returned to the pharmacy for disposal. Staff could offer no explanation as to why these were found in the cupboard. A controlled drug is a medicine that is subject to strict legal controls. These controls are to prevent it from being misused, being obtained illegally or causing harm.
- The oversight and management of medicine records was not always effective. Managers and staff were aware a staff member had not signed for the administration of medicines, despite administering them. However, no action had been taken to record why the signatures were missing on the medicine administration records of the people affected. These records therefore showed the persons had not had their medicines as prescribed.

We found no evidence people had been harmed. However, systems were not robust enough to demonstrate medicines were effectively managed. This is a breach of Regulation 12 (Safe care and treatment), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some people had their medicine given to them in a covert way and their medicines were hidden or disguised in food. Some people had their medicines only when they needed them, such as pain relief. Staff had clear guidance to follow on how and when these types of medicines should be given to ensure they were given in a consistent way.

Staffing and recruitment

- The registered persons had not ensured the required recruitment information had been gathered in accordance with regulatory requirements. All 3 of the staff recruitment records we looked at had incomplete application forms and employment histories. However, the registered manager was able to evidence the missing information during our inspection.

We recommend the provider refers to current Schedule 3 guidance to ensure they have the information required in respect of persons employed or appointed for the purposes of a regulated activity.

- The provider had completed checks with the Disclosure and Barring Service (DBS) for new staff, prior to them starting work at the home. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with others.
- The provider ensured there were sufficient numbers of staff to safely support people. We saw staff around the home throughout the day and no one was observed waiting for support.

Assessing risk, safety monitoring and management

- People who had urinary catheters did not have specific care plans in place, although care records did indicate when people had catheters. The precise tasks which staff are expected to carry out should be detailed in the person's plan of care. This was actioned by the registered manager and by the end of our inspection these were in place for people.
- The provider had a long-term maintenance plan in place for the refurbishment of the home. Work had already started in some areas, but we identified some health and safety concerns which we raised with the registered manager. This included a fire door propped open by a fire extinguisher and free-standing wardrobes not attached to walls which could pose a risk due to toppling.
- Equipment was not always safely stored. Signage and the provider's fire risk assessment identified equipment was not to be stored under the main staircase. On each day of inspection, we found equipment stored under this staircase.
- People's care records showed risks to their safety were identified, assessed and plans were in place to minimise the risks. People's care records provided staff with information on how to support people safely.
- Where some people were at increased risk of becoming distressed, they had appropriate support plans and risk assessments which guided staff on how to support them safely and to reduce any risk.

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 provider's records were not clear regarding when DoLS had been applied for, authorised or when they needed to be reviewed, to ensure restrictions placed on people were still legal.
- We found not all staff had a clear understanding of the principles of the MCA which could have an impact on people not being supported to make their own decisions. However, there was no evidence this had resulted in an impact on people.
- People told us they could make their own decisions about daily living tasks and activities, and we saw staff respected people's choices. One person told us they were never made to do anything they didn't want to do.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding concerns were overseen by the management team and reviewed on a regular basis. However, they had failed to report these to us in line with legal requirements.
- People told us they felt safe living at the home. One person told us "I am safe here because I have a roof over my head." Another person told us, "Staff are ok and respectful and never force me to do anything."
- Staff told us they had completed training in safeguarding people from abuse, but this knowledge was not reflected in some conversations we had with them. Some staff were not confident about what

safeguarding or whistleblowing was and who they could report concerns to outside of the organisation.

Preventing and controlling infection

- The décor of the home did not fully promote effective infection control. Although improvements were being made to the home's environment, there were still some areas where effective cleaning would be difficult due to some areas of damaged paintwork, especially throughout the home's stair banisters. We will check this again at our next inspection.
- People's commodes were not always emptied in a timely manner which increased the malodour in some areas of the home. We received mixed feedback from staff as to whose responsibility it was to empty and clean these. We discussed this with the registered manager who told us they would make the responsibilities for this clearer to staff.
- Staff had access to personal and protective equipment (PPE) which they used when supporting people with their personal care.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Where people had accidents or incidents these were recorded in people's daily care notes and reviewed by managers.
- The provider had systems in place to make sure accident and incident forms were reviewed by a manager and actions taken as necessary.

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 good. At this inspection the rating has changed 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; 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

- The provider's governance systems were not always effective as they had failed to identify the shortfalls we found at this inspection. Shortfalls were identified in relation to medicines, staff recruitment, records and governance.
- The registered persons had not ensured records were accurate. Two people's care records did not always show they had been repositioned in line with their assessed need. This placed them at risk of pressure wounds. Following discussion with the registered manager it was established this was incorrect recording by staff plus unclear direction in the 2 people's care plans.
- The provider had not ensured systems to monitor staff training were accurate and up to date. We found training records were inconsistent with what training staff told us they had or had not received. The registered manager told us this was probably a system error. We gave the registered manager the opportunity to look into this and update us, but they did not do this by the date we gave them. This meant we were not provided with assurance staff had the skills or competence to carry out their roles safely. This could place people at risk of their assessed needs not being met.
- The systems in place to manage medicines, including controlled drugs were not effective to ensure people had the correct number of medicines. Previous medicine audits had identified incorrect medicine counts but these discrepancies continued to occur.
- We informed the registered and deputy managers of the incorrect medicine numbers on day 1 of our inspection. However, despite our encouragement, no stock check was carried out in response to our feedback and we were told this would be done at the end of the current medicine cycle. This meant there was a delay in the managers taking action to address the risks associated with ineffective medicines management.
- The registered manager told us that due to people's mental health conditions it was difficult to get feedback from them or to have resident meetings. They relied on feedback from people's advocates, keyworkers, social workers and through multi agency meetings. However, this information was not collated to demonstrate people's voices were sought and they were being engaged and included in their own lives at Hengoed Park.
- The registered manager was also the nominated individual for the service. The registered manager told us, along with each head of department, they spoke with the provider weekly to give them an overview of the

service. However, there was no evidence of provider oversight or scrutiny of the service to monitor the quality of the service provided.

We found no evidence people had been harmed. However, the provider's quality assurance systems and service oversight was not always effective. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

- The registered manager understood their duty of candour responsibilities and what incidents had to be notified to CQC. However, they had failed to ensure all notifiable incidents were reported to CQC as required. These related to safeguarding concerns and Deprivation of Liberty authorisations.
- The local authority had made us aware of safeguarding concerns they were investigating which the registered manager was aware of. The registered manager had failed to notify us of these.
- The provider is legally required to notify us when people had their DoLS applications authorised. The provider's records showed this had not been done.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- It is the provider's responsibility to keep their registration details up to date. We found they had failed to do this. Despite the provider having the regulated activities of Accommodation for persons who require treatment for substance misuse, Personal care and Treatment of disease disorder and injury, they did not deliver these.
- There was confusion between local authorities and the registered manager on what funding and benefits people should receive whilst they lived at Hengoed Park. This had been compounded by terminology used about the model of care Hengoed Park offered. Some people we spoke with were also confused as to whether they were tenants or residential care home residents.
- We told the registered manager to consider applying to remove the dormant regulated activities. We told them to do this by a specific date or we would take enforcement action. This application has been made and we will remove the dormant regulated activities.

We recommend the provider work with the local authority commissioners to clarify the service, contracts and funding people receive.

- The provider had failed to display their current inspection rating on their website in accordance with their regulatory responsibility. This was discussed with the registered manager and was addressed, and their inspection rating is now displayed on their website.
- The registered manager was receptive to our feedback on inspection. They took action to address most issues we identified quickly. However, the registered manager told us some issues had been caused by staff not escalating information to themselves and governance systems not capturing required information.

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

- We received mixed feedback from people who lived at Hengoed Park. One person said, "I'm so bored. What is there to do here?" Another told us, "I've never met the [registered] manager and don't really see the staff; only when they give me my tablet once a day, but they seem ok." Two people told us staff did not talk with them about what their expectations were for their care and goals.
- However, some people told us they were very happy and talked with enthusiasm about their lives at Hengoed Park. One person told us about the activities they were involved in which kept them busy. One

visitor told us they were happy [person] was safe there and was well looked after.

- Staff interaction with people was mostly positive and people appeared happy and comfortable around staff. However, we did observe some staff sat in communal areas not engaging with people for long periods of time. Some people told us staff fell asleep in chairs in communal areas and they felt more comfortable with some staff rather than others. This was discussed with the registered manager who told us they would increase the management oversight in these areas.
- We received mixed feedback from staff. Some said they felt valued, supported and able to speak with managers about any concerns they may have, whilst others did not. One staff member told us they could not talk openly with managers as they were made to feel a nuisance.
- All staff told us that apart from the twice daily care meetings, no other staff meetings happened. This had left some staff feeling isolated from the rest of the team. The registered manager told us they had now pre planned staff meetings for the rest of the year.
- Care staff attended twice daily meetings where people's care and support were discussed. The registered manager told us this was where staff escalated any concerns they had about people so the relevant external professional could be contacted, such as GP, district nurse or social workers.

Working in partnership with others

- We received mixed feedback from external professionals who engaged with the service. Professionals acknowledged the home supported people with complex needs that if not admitted to Hengoed Park would be placed out of county and away from their families.
- Some professionals felt staff and managers were responsive to changes in people's needs, whereas others did not. Some felt managers were open and honest, whereas others told us they felt communication was difficult and pre planned meetings with the registered manager were often not attended.
- Some external professionals told us they found it difficult at times to get the information they had requested from staff and managers, such as daily records and care assessments. This compromised the review of people's care and support needs.

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 provider had failed to notify the Care Quality Commission of reportable incidents. Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.
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 demonstrate medicines were effectively managed, to ensure people received their medicines has prescribed. Regulation 12(2)(g) (Safe care and treatment), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's governance was ineffective to ensure the oversight of the service and quality monitoring systems were efficient. Regulation 17(1)(2)(a)(b)(c)(d)(e) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

