

Maria Mallaband Limited

# Hope Green Residential Home

## Inspection report

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21 December 2021

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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 Green Residential Home was providing personal care to 46 people aged 65 and over at the time of the inspection. The service can support up to 54 people across two separate households.

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

Governance systems to monitor the quality of care being delivered to people had improved. However, some aspects required further development to ensure the cleanliness of the home was maintained as well as ensuring people received their prescribed medicines, including creams, as directed. All other aspects of medicines were managed safely.

There had been several changes of management at Hope Green Residential Home since our last inspection. This inconsistency meant some relatives didn't always feel the management team was responsive to any issues or concerns they had raised and didn't always feel well informed. There was a new manager recently appointed who knew the service well.

Appropriate checks on temporary (agency) and permanent members of staff were in place to ensure they were suitable for the role before starting employment. Additional recruitment was underway to ensure people received consistent care and the environment could be maintained appropriately.

Care plans were in place, supported by appropriate risk assessments, to ensure people's needs were met. These were person centred and reflective of people's personal preferences.

Systems were in place to monitor and appropriately report accidents and incidents to external agencies.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 20 January 2021) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection found improvements had been made and the provider was no longer in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

### Why we inspected

We received concerns in relation to cleanliness, staffing levels and poor management of risks to people's

care. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained the same. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. 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 Green Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Hope Green Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was completed by two inspectors.

#### Service and service type

Hope Green Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager who was registered with the Care Quality Commission. A new manager had recently been recruited who was in the processing of registering. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and four relatives about their experience of the care provided. We also observed interactions between staff and people living at Hope Green Residential Home. We spoke with ten members of staff including the regional director, the previous manager, senior carers, carers and ancillary staff.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. We also looked at a sample of temporary (agency) worker records in relation to suitability for the role and induction. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We spoke with the new manager and continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance 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 requires improvement. At this inspection this key question has remained the same. 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; Using medicines safely

At our last inspection the provider had failed to robustly demonstrate safety was effectively managed through the completion of care records. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- We identified some shortfalls in the recording of creams, but overall records had improved. For example, where people were at risk of malnutrition, records of body weights and food and fluid records were now regularly completed.
- Care records were now monitored by senior care staff. It wasn't always clear through the records how senior care staff addressed shortfalls in recording, however staff told us this would be addressed verbally with them. We discussed the need for this system to be more robust with the management team.
- Risk assessments and care plans accurately reflected people's needs and included any changes made following accidents or incidents occurring or following professional advice and input.
- All other aspects of medication were managed safely. Medicines were only administered by staff who were suitably trained.
- Routine checks on the environment and equipment were up to date and certificates were in place to demonstrate this.

Staffing and recruitment

At our last inspection the provider had failed to robustly assess the suitability and experience of temporary (agency) workers. This was a breach of regulation 19 (Fit and Proper Person Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Detailed profiles were now obtained for all agency workers. Records demonstrated they received an induction when starting to work at the service. Staff confirmed this and were able to explain the process of inducting agency workers.

- All other staff working at Hope Green Residential Home were safely recruited. Appropriate checks had been made before being offered employment.
- Reliance on agency workers to maintain safe staffing levels had remained a factor since our last inspection. Rotas demonstrated consistency of workers was sought wherever possible and the manager told us this had improved in recent weeks. This was supported by a relative who told us "[Staffing levels] do seem to be better than they have been."
- Throughout our inspection, we observed staff to be present in all communal areas to ensure people's care needs were met. However, one person told us of delays at times in staff responding to their call bell. We were told if the call bell was pressed as an emergency request however, staff attended straightaway.
- We did identify repeated shortages in ancillary staff. The management team updated us on the recruitment status of new ancillary staff and contingency plans already in place to address this. Staff confirmed these contingency plans were in place.

#### Preventing and controlling infection

- We were partially assured that the provider was promoting safety through the layout and hygiene practices of the premises. A lack of ancillary staff had impacted on the ability for thorough cleaning in some areas to always be maintained.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. One relative told us, "I do a [lateral flow test] when I go and wear [personal protective equipment]. Have to book in but never had a problem visiting."

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

- Most people told us they felt safe living at the service. Comments included, "I am very happy here. I don't have any issues with any part of the care," and "Couldn't be happier. Wouldn't want [name] living anywhere else."
- Staff had completed appropriate training for their role and were aware of how to raise concerns of abuse. Referrals had been made to the local authority safeguarding team when appropriate. Records demonstrated any actions taken as a result of reported events.
- A system was in place to record accidents and incidents. They were reviewed regularly by the manager to look for any trends and identify whether future incidents could be prevented.

# 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 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; Continuous learning and improving care

At our last inspection the provider had failed to demonstrate how consistent person centred care was being effectively delivered. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection the provider had also failed to demonstrate how they effectively monitored the quality of people's care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulations 9 and 17. However, some areas required further development to fully embed the improvements made.

- People living in one part of the home still had no option to take a shower if this was their preference. Although at this inspection we didn't hear any complaints in relation to this, we discussed the potential of limiting personal choice for people with the management team. The provider told us they would consider this in any future planned environment improvements.
- Some staff told us communication could be further improved in relation to new residents. During our inspection we found one staff member wasn't aware of a newly admitted person to the service, however they were not providing care to people. The manager told us they would take action to improve communication systems between staff.
- We observed interactions between staff and people living at the service. People were treated in a caring manner by staff who knew them well. One relative told us "During the pandemic they have worked incredibly hard under pressure."
- Care plans had been rewritten. These were person centred, reflecting personal preferences and histories. This included people who had recently moved into the service.
- Overall, the governance of the service had improved; checks were made to monitor and review the quality of care being provided.
- Recent audits demonstrated the provider and manager had already identified most of the issues we found

at this inspection and improvement plans were already in place. However, audits hadn't identified the need to improve the cleanliness of some areas of the home. Actions were put in place to address this.

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

- There was no registered manager. The most recent registered manager had recently left; a new manager had been appointed. However, our records still showed a previous manager registered which was inaccurate. We discussed the importance of the provider keeping their registration arrangements up to date who took immediate action to deregister the previous registered manager for this service.
- At the last inspection, we had identified a number of incidents which had not been reported to CQC. We investigated a potential breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. However, no further action was taken as we were assured the provider had consistently informed the local authority safeguarding team. At this inspection, improvements had been made; there was a clearer understanding by the management team of their responsibilities.
- The rating from the last inspection was displayed in the main reception area and on company website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff spoke openly about the management changes since the last inspection and difficulties they had experienced working through the COVID-19 pandemic. All staff felt the new manager was very supportive and felt confident in sharing any concerns. Staff also confirmed team meetings took place. One staff member told us the manager, "Asks us for our feedback to them about any issues or anything we can do to make it better."
- The registered provider also sought the views of residents and relatives and records were maintained of any complaints made and actions taken. However, not all relatives felt well informed and confident their views and complaints were listened to. For example, we were told of difficulties contacting the home on weekends, frustrations when personal items went missing and inconsistent information on the provider website which didn't reflect what was happening at the service. We shared this feedback with the management team and provided specific examples to be addressed where we had received permission to share. The regional director also told us they would update personal contact details to ensure up to date information was consistently shared.
- The service worked with other agencies and professionals to ensure people's needs were met.