

Hurstway Limited

Hurstway Care Home

Inspection report

142 The Hurstway
Erdington
Birmingham
West Midlands
B23 5XN

Tel: 01213500191

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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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Hurstway Care Home is a nursing home providing personal and nursing care to 29 people aged 65 and over at the time of the inspection. The service can support up to 42 people across two floors in a purpose-built setting. The service specialises in providing care to people living with dementia.

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

People and their relatives told us they felt safe. One person said about their loved one; "I know she's happy and safe, she's fine." We found some improvements were needed around medicines management. We saw that how staff time was managed during busy periods needed changing to improve safety and efficiency. Relatives told us and we saw that the home was clean.

We saw staff sometimes told people what they were doing rather than asking them. An activity coordinator had just been recruited to help people engage in more meaningful pastimes and hobbies. People were supported to eat healthy foods. Staff told us although they didn't all feel they got supervision; the manager was very supportive.

Systems to monitor safety and quality of care had not identified some issues which could negatively impact on people's experiences. People received support from healthcare professionals when their needs changed. We saw that staff communication could be improved. Relatives and staff spoke positively about the registered manager.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

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 requires improvement (published 02 June 2021) and there was a breach 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 enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about staffing, staff training and cleanliness. As a result, we undertook a focused inspection to review the key questions of safe effective 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 have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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 remains requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hurstway Care Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to shortfalls in the management of the service at this inspection.

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

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 effective?

The service was not always effective.

Details are in our effective 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 ●

Hurstway 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.

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 an inspector, a nurse specialist and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Hurstway Care 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 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 unannounced.

Inspection activity started on 07 December 2021 and ended on 14 December 2021. We visited the office location on 07 December 2021.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. 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 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 of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and 10 relatives about their experience of the care provided. We spoke with 10 members of staff including carers, nurses, kitchen staff and the registered manager and the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek further documentary evidence such as quality assurance records, daily care notes and fluid and food intakes recording. We spoke with a professional who had regular contact with the service.



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.

Using medicines safely

- Since our last inspection an electronic recording and monitoring system had been introduced for medicines.
- We saw guidance was not available for staff to follow when medicines were prescribed to be given "when required". There was limited information recorded about the reason this medication had been given. The registered manager told us the guidance had accidentally been archived when the electronic system was introduced. The guidance was made available on the electronic system during our inspection. The registered manager gave assurance that more detail would be recorded about the reasons for use of 'when required' medicines.
- We saw body maps were not always being used to record where regular injections were being made. This is recommended to ensure the same site isn't used repeatedly for a person. The registered manager made changes to ensure body maps would be used after our discussion.
- We found prescribed creams which should have been kept with other medicines had been left in people's rooms. One of these creams was out of date. This meant people were at risk of using creams which were no longer suitable for use. The manager gave assurance checks would be introduced to ensure creams were returned to the medicine trolley after use.

Staffing and recruitment

- The service had safe employment checks in place to ensure suitable staff were employed to care for people at the service. We found one staff member's application form and interview record were missing. However, disclosure and barring service checks (DBS) and references had been sought. It was clear work had been done to improve the quality of recording around recruitment decisions.
- We saw during our visit examples of staff telling people they could not immediately support them with their needs. Relatives and staff gave mixed views about staffing levels. Some told us they felt the home was safely and adequately staffed. Others told us they thought staff were too busy and there were not enough of them, especially during the morning and at lunch.
- The registered manager was using a dependency tool to calculate how many staff were needed. This gave staff 10 minutes to help people who could not eat without assistance. We saw it took 20 minutes at least to help someone eat at their own pace. The registered manager agreed to review the dependency tool and give staff more time to assist with meals.
- The home had a policy that a staff member must be in the lounges when people were using them, for safety. We saw this was not always the case at busy times. For example, during lunch we saw five people were eating in the lounge, no staff member was with them. The registered manager explained a sheet should be used each day to allocate staff to each task. Staff told us this sheet was not being used regularly.

The registered manager updated the sheet and advised that its use had been reinforced with staff after our site visit.

Systems and processes to safeguard people from the risk of abuse

- There was a safeguarding policy and procedure in place. Staff told us they had received up to date training on protecting people from harm and abuse.
- Although people we spoke with told us they felt safe, we found in two rooms where people did not have access to an alarm bell cord. We told the registered manager about this and the cords which were missing was replaced immediately.
- Relatives told us they felt their loved ones were safe. One relative said; "She is very safe, anything that happens they let us know straight away. She has an alarm and they pop in and out." Another said; "When she went in, I was so relieved as she was safe, much safer than she was at home."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- We could see much work had been done to improve the quality of people's care files. This provided clearer guidance for staff about how people wanted to receive care and support.
- We saw one person's care files had not been updated following a recent speech and language therapist (SALT) assessment. Staff we spoke with knew the person's recommended diet had changed. However, the care file showed the old dietary guidance. There was a risk that agency staff may be needed and would refer to the care file. The registered manager explained that they would normally ensure such updates were made but had been away from work. The provider told us a deputy manager would be employed to oversee safety and monitoring in the registered manager's absence.
- Emergency evacuation plans were in place which included the level of support each person needed in the event of a fire.
- Accidents and incidents were reported and recorded by staff. The registered manager analysed the information to look for any trends or repeat incidents.
- Action was taken by the management to investigate any accidents and incidents.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We saw PPE disposal bins were in hallways. This meant after delivering personal care in people's rooms, staff had to leave the room to find a disposal point. Staff were also guided not to touch high touch areas whilst wearing contaminated PPE. The registered manager agreed to review this and consider placing bins in people's rooms.
- 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.

Learning lessons when things go wrong

- The provider had systems to learn and share lessons when incidents occurred. The registered manager used verbal feedback given at the end of our site visit to take action to improve the service. They provided evidence of the action they had taken to address some of the issues we had identified.

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 comprehensive 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

- We saw work had been done to improve assessment of people's needs and choices.
- We noted assessment information did not include consideration of people's sexual orientation. The registered manager told us they planned to include this information in improvements to assessments and care files.
- We saw staff mostly sought consent from people before offering them support. However, we did see a couple of instances of staff telling people what they were doing rather than asking them. For example, a person was told; "you are resting in bed now, I will come and get you in an hour." The person was not asked if this was what they wanted. We discussed this with the registered manager who gave assurance that consent would be reviewed with all staff.
- Culturally appropriate food options had been added to the menu. This meant people could enjoy more of the foods they would have eaten at home.

Staff support: induction, training, skills and experience

- Staff told us they had completed a lot of training, both e-learning and face to face. At the time of the inspection the training records were still being developed. They were not completely up to date with all the training staff had completed. We were not able to verify what staff training had been completed in some cases. The registered manager gave assurance that staff had completed the training they needed to provide safe and effective care. They advised they were still working on the training records to improve their effectiveness.
- Staff gave mixed views on how much supervision they received, some felt they had not received any supervision. Some reported they had. Some nursing staff told us they had not received clinical supervision. The registered manager told us they gave clinical supervision themselves. We saw a supervision record which showed staff had received supervision in a variety of ways.
- Staff told us they felt supported by the registered manager and they were easy to speak to if needed. One staff member said; "[The registered manager] is very good with us; I just feel [they] will stop and listen." Another said; "If you have a problem you can go to [them]. I can definitely see progress."
- Staff completed a structured induction before providing unsupervised care to people.

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

- People were supported to eat a balanced and healthy diet. They were offered choices using photographs of the meals fully prepared to help people select an option.
- We saw people were being asked for meal choices the day before the meal would be eaten. This can be

difficult for people living with dementia as they may not remember what they have chosen. People may no longer want the meal they chose yesterday. The registered manager told us they would make a change to asking people on the morning of the same day.

- The head cook gave assurance when people did not want their chosen meal, alternatives would always be offered.
- We saw one person was unhappy about needing a soft diet and was refusing to eat. Staff tried to explain why this was the safest choice for them. The presentation of the food made it difficult to distinguish between different food elements. The registered manager agreed to order food moulds so soft foods could be recognizably shaped. This could make the food look more appealing.
- Records of what people ate and drank were kept. If people were at risk of weight gain or loss, they had their weight monitored.

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

- Staff worked closely with the local GP surgery. When people's healthcare needs changed, they were referred to relevant health professionals in a timely manner. For example, when a person was noticed to be coughing while eating, they were referred to the SALT team.
- Relatives told us about a number of examples whereby their loved one had been referred for support with various health concerns.
- People and their relatives told us they were bored and did not have anything meaningful to do to pass the time. The registered manager told us an activity coordinator had recently been recruited. Although they were not in post on the day of our visit, some staff told us they could already see positive results from the addition of this new team member.
- At the time of our visit there was one person living at the home who had not been placed there appropriately. The registered manager had supported this person and others who also needed to move to more suitable accommodation. A social worker told us how effectively the service had worked with them to find a suitable new home. They told us; "We have worked together as a team."

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

- The home was colourful in places and had signs to help people orientate themselves in the home.
- People's doors to their rooms lacked personalisation. The provider explained that some personalisation was removed to ensure infection prevention control. The provider and registered manager agreed some options for personalising people's doors would be considered. These could include pictures and names which could be wipeable and not cause additional infection risk. This could help people find their way in the home and feel a sense of ownership of their space.
- The conservatory had been adapted to use as a visiting area during the pandemic.

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 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.

- Capacity assessments and best interest decision records were in place.
- Staff we spoke with understood the principles of the mental capacity act and the importance of seeking consent. We saw in practice in a couple of instances people's wishes were not sought. This was raised with the registered manager who agreed to revisit consent with the staff team.

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.

At our last inspection we found shortfalls in relation to the management of the service. This was a breach of regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although we have noted improvement at this inspection, not enough improvement has been made and the provider was still in breach of regulation 17.

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

- It was clear work had been done to develop monitoring and checks on the quality and safety of care. However, there were a number of areas in which checks had not identified issues found during the inspection.
- Medicines management audits had failed to identify staff did not have guidance for 'as needed' medications. It had not been identified that prescribed creams had been left in people's rooms. The need for the use of body maps to record injection administration had not been identified.
- Daily checks of people's rooms had not included checks on call bells. This meant some people did not have access to their alarm if needed.
- Staff had not been sufficiently monitored at mealtimes. The registered manager had failed to identify the dependency tool was not allotting enough time to support people to eat their meal. This meant staff were rushed and not always able to support people in a timely way at mealtime.
- The registered manager had failed to identify a system to allocate staff to specific tasks each day wasn't being used regularly. This resulted in a lack of clarity amongst staff about who was tasked with specific roles. Staff could not tell us who was supposed to be with the five people eating unsupervised in the lounge. This meant the homes policy for a staff member to be in the lounge when it was in use wasn't followed.
- Relatives told us they were consulted with about medical issues but not about care planning. One relative told us: "I have been for two reviews since [my relative] went in X years ago, it's very poor." This meant opportunities could be missed to utilise the knowledge people had about their relatives to improve their care.

We found no evidence that people had been harmed, however, the provider failed to ensure adequate systems were in place to improve the safety and quality of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager acted on feedback received during the inspection to share issues raised with the staff team and to address some of the concerns we found.

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

- During our visit we saw communication between staff required some improvement. For example, one person was asleep for most of the day during our visit. Staff told us they were not sure why they were so sleepy. This meant staff were unsure whether the sleepiness should be a cause for concern or additional monitoring. Staff explained they did not take part in handover meetings and did not know if the person had been wakeful during the night. We discussed this with the registered manager who agreed to review how handover information is shared with the team. The registered manager also updated the handover sheet to improve the quality of information recorded.
- We saw some people's views about the service were solicited using questionnaires. Some relatives had also been asked for feedback. Further work was needed to demonstrate the learning gained from this information.
- Relatives gave mixed reviews about general communication with the staff. Some told us they felt communication was poor. Others said the communication was good. One relative told us; "They liaise with me about everything, ring with any concerns, communication is good."
- Staff told us they felt confident to raise issues or concerns and felt listened to by the registered manager. One staff member told us; "I had to raise a concern. I did feel listened to. I really feel I can trust [the registered manager]."

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

- A duty of candour incident is where an unintended or unexpected incident occurs which results in the death of a person using the service, severe or moderate physical harm or prolonged psychosocial harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the Incident.
- The registered manager understood their responsibility under the duty of candour.
- Relatives told us they knew how to raise a complaint.

Working in partnership with others

- The registered manager and the nursing team had developed positive relationships with other agencies and services to ensure people received the support they needed.
- Staff contacted other services, including specialist services that supported people, as people's needs changed. This helped to ensure people continued to receive support as they needed it.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Shortfalls were found in the oversight of safety and quality of the service.