

Hurstcare Limited

The Hurst Residential Home

Inspection report

124 Hoadswood Road
Hastings
East Sussex
TN34 2BA

Tel: 01424425693

Date of inspection visit:
06 October 2022
12 October 2022
14 October 2022

Date of publication:
16 November 2022

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

The Hurst Residential Home is registered to provide accommodation and support for up to 29 people who live with mental health difficulties including depression, anxiety, alcohol dependency and personality disorders. People's ages ranged from 40 to 80 years old. Some people also lived with health problems, such as diabetes, brain injury and mobility problems. The service also provides people with short term care (temporary). There were 22 people living at the home during our inspection. The provider for The Hurst Residential Home is also the registered manager.

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

The provider's quality assurance systems failed to identify that care and treatment was not provided in a safe way. Audits had not been used to identify and manage risks to people. The registered manager knew the people who lived in the home very well, but had not ensured that staff had access to the information needed to keep people safe. The management structure was not robust and did not include a deputy manager or senior staff that could support the registered manager in the running of the service.

An infection prevention control audit was carried out by CQC during the inspection. It was found the provider was not meeting government guidelines for COVID-19. There was a lack of clarity on procedures to be followed. There had been no COVID-19 person specific risk assessments completed for people or staff, specifically for those who were vulnerable due to their complex health needs.

People were not always protected from harm as staff were not always provided with effective guidance to know how to keep people safe from harm. Not everyone's specific health needs were identified and planned for to promote their safety and well-being. There were people who had recently arrived at the home who had not been assessed and therefore had no care plans or risk assessments. When people had accidents or were involved in an incident, there was no review or follow up documented for staff to follow to prevent the same thing happening again. There were outstanding actions on a recent fire assessment from February 2022, for example, non-functioning door guards.

There were some care plans and risk assessments that were comprehensive, and reflected changes to their health and well-being. Medicines were managed safely, and people said they got the medicines they needed. Staffing levels were consistent and were seen to be enough to meet people's needs at the time of inspection. 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 supported this practice.

Feedback from people who lived at the Hurst was mostly positive. People told us that, "Staff were really good," and "The home is a home with good home cooking."

Staff were open and transparent during the inspection. Staff were kind to people and were committed to

delivering good care and support. One staff member said, "This is my first job in care, I am learning so much and really enjoying it here." Another staff member said, "The Manager is really supportive and the people are such characters. It's not always straight forward and every day is different."

There was good partnership working with health care professionals. This was confirmed by their comments. Feedback was sought from people in the form of small house meetings and daily one to one meetings.

The registered manager knew people well and had systems in place to keep staff up to date about people's needs, this mitigated some of the risks that would otherwise have placed people at more serious risk of harm as documentation was not in place or up to date.

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

Rating at last inspection:

The last rating for this service was Requires Improvement (published 13 January 2022).

Why we inspected:

We undertook this focussed inspection to check on specific concerns we had about peoples' safety and well-being and the management of risk in the 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 coronavirus and other infection outbreaks effectively.

The overall rating for the service has remained Requires Improvement. This is the third time the service has been rated Requires Improvement since the Inadequate rating in 2019.

We have found evidence that the provider needs to make improvements. Please see the relevant key question, safe and well-led sections of this full report.

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 have identified continued breaches in relation to safe care and treatment and good 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 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 ●

The Hurst 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

The inspection team consisted of three inspectors.

Service and service type

The Hurst 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.

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.

The registered provider is also the registered manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service and the service provider. We looked at notifications and any safeguarding alerts we had received for this service. We sought feedback from the local authority and professionals who work with the service. Notifications are information about important events the service is required to send us by law.

The provider was 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 looked around the service and met with the people who lived there. We used the Short Observational Framework for Inspection (SOFI) during the morning of the first day of our inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight people to understand their views and experiences of the service and we observed how staff supported people. We spoke with the registered manager, and six staff members. This included care staff and the cook.

We reviewed the care records of four people and a range of other documents. For example, medicine records, four staff recruitment files; staff training records and records relating to the management of the service. We also looked at staff rotas, and records relating to health and safety.

We continued to seek clarification from the provider to validate evidence found. We spoke with three health care professionals and completed these discussions on 14 October 2022.



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.

Preventing and controlling infection

At the last inspection the provider had failed to assess the risk of, prevent, detect and control the spread of infection. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- We were not assured that the provider was supporting people living at the service to minimise the spread of infection. The overall cleanliness in communal toilets and bathrooms needed to be improved. Due to poor maintenance and repair, these areas were difficult to keep clean and ensure good infection control measures though staff cleaned them.
- We were not assured that the provider was using PPE effectively and safely. Staff had all received specific training for COVID-19 and the use of PPE. However, they were not wearing PPE effectively in line with government guidelines. For example, staff were not wearing masks when providing personal care and cleaning. There was no risk assessment in place to underpin that decision. On the second day all staff were wearing masks.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. There was no specific cleaning schedule or routine.
- We were somewhat assured that the provider was meeting shielding and social distancing rules. Social distancing was difficult as people had complex care needs. However, people had not been risk assessed for individual measures to be considered to promote individual safety.

The provider had failed to assess the risk of, prevent, detect and control the spread of infection. This is a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

We have also signposted the provider to resources to develop their approach.

- We were assured that the provider was preventing visitors from catching and spreading infections. The visiting procedure for staff to follow when professionals, contractors or social visitors came to the service had been updated in line with the latest government guidance.

- We were assured that the provider was admitting people safely to the service. The registered manager and staff confirmed that staff were being tested as per government guidance.
- We were assured that the provider's infection prevention and control policy was now up to date.
- At the time of the inspection there were no restrictions for relatives and loved ones visiting people.

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

At the last inspection care and treatment had not always been provided in a safe way. Risk of harm to people had not always been mitigated. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- As we found at the last inspection, risks to people had not always been assessed and documented prior to and following their arrival at The Hurst Residential Home and therefore their safety had not always been monitored and managed safely.
- There were people who had not had a care plan created and had no risk assessments undertaken to provide consistent safe care. One person, who had arrived in the past week for respite care had no information recorded apart from their medicines. Staff were not aware of the reason for admission, or their medical history. This had not ensured a safe transition into the home. The registered manager had visited the person and undertaken a pre-admission assessment but had not ensured all the staff had that information. Therefore, there was the potential of harm due to their anxieties and emotional traumas from uninformed staff when the registered manager was not in the service.
- There were people who lived with emotions that may distress them and cause harm, and this was not explored within the care plans or risk assessments. Staff could discuss the range of emotions that may be seen, but were not aware of possible triggers due to the lack of information. There were no consistent methods of de-escalation used as there was no plan for this. There had been a recent incident, but following this no risk assessment had been written to monitor emotions and reduce the risk of a further incident.
- There were people who refused their medicines or could not take their medicines for their specific health condition due to alcohol consumption. This was not reflected within a risk assessment to monitor their health and safety.
- The maintenance of the building was seen to be an on-going issue which had the potential to impact on people's health and well-being. Recent weather damage had come through ceilings and caused some smoke detectors to be non-functioning. We were informed that repair work had been booked.
- Not all serious incidents /accidents were escalated to other organisations such as safeguarding teams and CQC. For example, a recent incident of self-harm resulted in a hospital visit, but this was not reported or included in the person's care plan and risk assessment to prevent a re-occurrence.
- Some fire doors were propped open and this was due to the door guards not working, this had been highlighted at fire inspection in February 2022 and was still outstanding. A recent fire check and assessment completed 12 October 2022, highlighted further issues with emergency lighting and fire systems.
- Windows in a person's bedroom had no working restrictor. The person was at risk of falling due to their health problems and the height of the window.

The provider had failed to ensure that care and treatment had been provided in a safe way. Risk of harm to people had not always been mitigated. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- On the second day of the inspection 12 October 2022, we found care plans, hospital passports and risk assessments had been undertaken and were easily assessable to staff in a folder. We have also received written confirmation from the registered provider/manager that the fire safety actions had been progressed and a window restrictor placed on the identified window.
- Other peoples' care documents and risk assessments were in place and reflected peoples' health and mental well-being. Overall, staff had a good knowledge of the people who lived at the Hurst Residential Home. The registered manager was very knowledgeable about people, and risk.
- People had laminated Personal Emergency Evacuation Plans (PEEPs) to ensure they were supported in the event of a fire. These were specific to people and their needs and were being updated when we visited.
- The kitchen had been upgraded and was clean and functional.
- Premises risk assessments and health and safety assessments continued to be reviewed on an annual basis, which included gas, electrical safety and legionella. The risk assessments also included contingency plans in the event of a major incident such as fire, power loss or flood.

Staffing and recruitment.

- There were enough staff at the service to safely support people. Comments from people and staff included, "Really good staff, really lovely," and "The staff are very good here." Feedback from staff included, "We have enough staff, the manager is really supportive," and "We have a lot of people now that don't require personal care, as they are younger, so the staffing levels are fine."
- Rota's confirmed staffing levels for care and support were consistent and based on people's needs. The provider confirmed that he had vacancies for maintenance and cleaning staff but was struggling to fill the roles. Care staff all participated in general cleaning of peoples' bedrooms and communal areas.
- From talking to staff and viewing the training programme, we were assured that staff had completed an induction and completed essential training. All recruitment files had copies of certificates of training completed. However, there were staff recently employed that had not yet completed service specific training, such as diabetes and epilepsy. These were being arranged.
- Staff supervisions had been undertaken and there was evidence to support that staff had received regular supervision. Staff said, "The manager is good and we get support and supervision," and "We have handovers everyday together, where we talk about work and residents, and if we need any different training."
- Recruitment checks were carried out before staff started work at The Hurst. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "The manager, I would go to him, he always listens," Another said, "I would go to any staff member, if I was unhappy or felt unsafe, they are really good."
- Staff were aware of their responsibilities to safeguard people from abuse and any discrimination. Staff were aware of the signs of abuse and how to report safeguarding concerns. However as previously mentioned not all incidents had been taken forward by the registered manager.
- Staff told us, "We have all had training in safeguarding and get updates, we have had safeguardings, the manager shares the outcomes and we learn from that." Another staff member said, "Very important in mental health to get training in safeguarding, because some people are complex."
- There was a safeguarding and whistleblowing policy which set out the types of abuse, how to raise concerns and when to refer to the local authority. Staff confirmed that they had read the policies as part of their induction and training. The policy was displayed in the dining room, so people also had access to it. People told us that they had read it and showed us where it was. One person said, "It's something we all know about because we have been told it's there to protect us."

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 service were working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Only one application had been made and as yet there had been no contact from the DoLS team. The registered manager confirmed that it had been requested by the placement team as the person had been to multiple homes without settling and spoke of their wish to move services. However, there was no best interest or MCA to reflect the decision to make the application. The provider had agreed to follow this up with the placement team.

Using medicines safely

- Arrangements had been made to ensure the proper and safe use of medicines. Medicines were stored, administered and disposed of safely. Medicines were ordered in a timely way.
- We asked people if they had any concerns regarding their medicines. One person said, "No concerns at all, very good." Another told us, "If the doctor changes anything, staff will talk me through what's changed, it makes me understand why it's been changed." We were also told, "I get my medication every day."
- All staff who administered medicines had the relevant training and competency checks that ensured medicines were handled safely. We observed staff administering medicines safely to people ensuring that they were offered the medicines, given time to take them in the way that they preferred and signed for once they were taken.
- Protocols for 'as required' (PRN) medicines such as pain relief medicines were available and described the circumstances and symptoms when the person needed this medicine. There were some PRN protocols not available, but these were in place by the second day of the inspection.
- Medication audits were completed on a monthly basis. The registered manager reviewed and analysed the findings of the audits to ensure they took action that may be required to safeguard people. Medicine givers checked the MAR (Medicines Administration Record) daily, this ensured any discrepancies were picked up and acted on immediately.

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. Continuous learning and improving care

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: continuous learning and improving care.

At our last inspection the provider had not always operated effective systems and processes to make sure they assessed and monitored the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection systems and processes to assess, monitor and improve the quality and safety of the service provided had not progressed and been sustained. Therefore, not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider is also the registered manager and has overall responsibility for the service provision. The management structure has not changed since the last inspection. There was still no deputy manager and this has meant that the registered manager has little support and assistance in the day to day running of the service and completion of care documentation.
- The registered manager assured us that he was still trying to recruit a deputy manager who could work alongside him in embedding changes and improvements into everyday practice.
- The quality monitoring systems in place had slipped and not ensured oversight of the service. This had impacted on safe support for people within the service, and on infection control procedures. For example, we found government guidelines for COVID-19 were not being consistently adhered to. This has been referred to in depth in the safe section of this report.
- Events, safeguarding concerns, accidents and incidents were not all being recorded, there was no analysis and overview to determine any potential themes and implement mitigating actions. For example, the reviewing of incidents that had occurred when people needed support with managing their emotions. Therefore, there were missed opportunities for learning and improving care.
- At the last inspection we found care documentation including risk assessments were missing for some people. This inspection found that whilst previous concerns had been addressed, people who had come to live at The Hurst in the past four months had not the documentation in place to ensure staff provided safe and consistent care. The registered manager and staff had updated the handover sheet daily with any changes to peoples' care, staff confirmed that they felt informed. We saw evidence of this throughout the

inspection. However, the lack of information recorded, could impact on admissions to hospital and care pathways.

- There were inconsistencies regarding the monitoring of peoples' weights. For example, one person's identified weight loss of 10kgs over three months, had been referred to the GP but not reflected in the risk assessment as to actions staff were taking, such as cream added to porridge.
- There was clarification required within the risk assessment regarding the choking risk for this person. The risk assessment highlighted the risk and staff told us of first aid action they would take. However, the risk assessment stated send to hospital. This lack of written guidance could mean staff would not attempt lifesaving actions required in the first instance.
- There had been a lack of overview in respect of fire safety, there were outstanding actions required from February 2022. This included, fire extinguishers, emergency lighting and door guards.

The provider had failed to sustain and operate effective governance systems to assess, monitor and mitigate the risks to people's health, safety and welfare. Some records were not in place, accurate or complete. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations. 2014.

- We have received written confirmation that the fire safety actions required were in progress.
- Handover documents and key worker reviews had helped the shift leaders ensure that peoples' needs were consistently met.
- Care plans, hospital passports and risk assessments had been undertaken by the second day of the inspection. It was acknowledged that these are basic and will need to be developed by the key workers. It was a starting point for getting back on track and mitigated immediate risk.

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: Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager understood their responsibilities under duty of candour. The Duty of Candour is to be open and honest when untoward events occurred. However, whilst discussing incidents, it was identified that we had not been informed of some incidents and accidents that had recently happened. We have received a retrospective notification of serious injury.
- The rating of the previous inspection was clearly displayed at the home along with the registration certificate that showed the condition imposed on the service. The Condition imposed was that the provider submits a monthly report of a selection of audits, such as infection control and fire safety.
- Feedback from people at this inspection told us that people and staff felt listened to. One staff member said that they found the registered manager approachable and knowledgeable.
- Residents meetings and staff meetings were held in the form of small meetings daily. People told us if they had questions they would go to the registered manager.

Working in partnership with others

- Since the last inspection the organisation continued to improve partnership working with key organisations to support the care provided and worked to ensure an individual approach to care.
- Feedback from health professionals was positive and indicated that the registered manager and staff team had listened to advice and worked alongside them to improve the service and outcomes for people. Comments included, "They have really been supportive to my client, a very positive improvement," "I find them helpful; the manager is knowledgeable and does a really good job with the people there." We were also told that, "The manager has definite skills in managing people who live with a mental health illness, there are a lot of success stories."

- There was partnership working with other local health and social care professionals, community and voluntary organisations. Feedback from the GP practice was positive. There is close working relationship with the Medicine Optimisation in Care Homes (MOCH) team, who regularly visit the service to review peoples medicines.
- There were connections with social workers, commissioners and the community mental health team for people who lived at The Hurst Residential Home. We received confirmation from the local authority market support team that they will visit the registered manager twice weekly until they are back on track with governance systems and care documentation.

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 that care and treatment had been provided in a safe way. Risk of harm to people had not always been mitigated.</p> <p>The provider had failed to assess the risk of, prevent, detect and control the spread of infection.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to sustain and operate effective governance systems to assess, monitor and mitigate the risks to people's health, safety and welfare. Some records were not in place, accurate or complete.</p>