

Four Seasons 2000 Limited

Hemsworth Park

Inspection report

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Ratings

Overall rating for this service	Requires Improvement ●
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Is the service safe?	Requires Improvement ●
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Is the service well-led?	Requires Improvement ●
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Summary of findings

Overall summary

About the service

Hemsworth Park is a residential care home providing personal care to 62 people at the time of the inspection. The service is registered to provide personal and nursing care for a maximum of 93 people. It is split into four separate units within one building. One unit was not being used at the time of our inspection.

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

People and relatives said care staff supported them safely. Staffing levels were sufficient to ensure people received prompt support and staff attention overall, although some people did not feel they had enough choice over how they spent their time. People enjoyed the additional interaction by the service's activities 'magic moments' team. Staff were recruited safely, although there were some minor recording matters which were addressed. Staff felt they had sufficient training to support people safely. Staff had appropriate knowledge of safeguarding people from abuse and were confident to raise concerns with management or local authority safeguarding team.

Infection, prevention and control processes were in place. Staff mostly worked in line with good guidance, although at times, staff adjusted their face masks without regard to IPC procedures. Most areas were clean and well maintained, although some items were need of more thorough cleaning, such as dining room chair arms, pressure cushion covers and a carpet on one unit. Proof of lateral flow testing was not requested from inspectors on the first day of the inspection, although this was promptly addressed.

Care plans were informative, although some information was conflicting at times, or of variable quality, such as for oral care, end of life care, specific health conditions and equipment needed to support individuals.

People were supported with regular drinks and additional supplies were encouraged throughout the heatwave. Staff monitored people's fluid intake, although the amounts recorded needed to be more accurate. We had some initial concerns around how drinks containing thickening agent were prepared, although the provider addressed these immediately. The provider said training would be carried out as soon as this was available.

Equipment was checked for safety and staff knew what people needed to support their safe moving and handling. Where equipment was identified as being unsuitable for people, the provider took action to ensure this was addressed.

People felt they received safe support with their medicines overall. Some people said they had to be woken at night time to have medicines if the staff were running late. The provider was considering ways in which guidance for staff could be improved for people who needed 'as required' medicine. The provider responded promptly where recording issues were identified.

Quality assurance systems were in place and there were regular checks carried out. Where audits identified

actions to improve, communication about this was shared with staff. Not all quality checks were robust enough to identify issues found on inspection. The registered manager gave assurance they would consider how these could be made more thorough. There was a lack of attention to important detail on some recording of people's care, such as dates, times, and frequency of repositioning. Recording of care and support needed to be more detailed and meaningful in places. For example, people's personal evacuation plans were all very similar, yet there were specific factors, such as if a person smoked, or had poor eyesight, that were not detailed. The provider promptly took action to address this.

Equipment was checked for safety and staff knew what people needed to support their safe moving and handling. Where equipment was identified as being unsuitable for people, the provider took action to ensure this was addressed.

Staff roles and responsibilities were clear. Staff understood the lines of accountability and knew who to refer to with any queries or concerns. Staff said the management team were very approachable and they were confident in their teamwork. People and relatives were confident in how the service was run overall. They found the registered manager to be visible and welcoming and they felt involved and included in the delivery of care.

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 20 February 2020) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made and the provider was no longer in breach of regulations. However, there were some areas still in need of improvement, not identified by the provider, which they addressed promptly.

The service remains rated requires improvement. This service has not been rated more than requires improvement for the last six rated inspections.

Why we inspected

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

The provider took prompt action to address the matters raised at the inspection, and made some immediate improvements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for

Hemsworth Park on our website at 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Hemsworth 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 Care Act 2014.

Inspection team

On the first day of the inspection there were two inspectors 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. One inspector was present on the second day.

Service and service type

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

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there a registered manager in post.

Notice of inspection

This inspection was unannounced on the first day. On the second day we gave the service short notice of our visit to enable the management team to be available to support the inspection.

What we did before the inspection

We reviewed all the information we held about the service including past inspection reports and information in notifications the provider is required to send us. We asked for 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 all of this information to plan our inspection.

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.

During the inspection

We reviewed care records relating to four people, including risk assessments, care plans and medicines records. We spoke with the registered manager, area manager, and seven staff. During the inspection we spoke with 14 people and six visiting relatives. We looked at records relating to the running of the home and spent time in communal areas observing staff practice and people's activities.

After the inspection

We requested some additional information to review remotely, including documents to support the safe running of 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.

At the last inspection, there had been a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had taken enough action to ensure the breach was addressed. However, there were still some weaknesses in the recording and assessment of potential hazards to ensure people's safety.

Using medicines safely

- Some recording of medicines needed to be improved. For example, photographs were not always on people's medicine records and clear guidance was not always available for staff for medicines to be given 'as required'. The provider took prompt action to ensure all photographs were included. They told us they had identified the need to improve their PRN protocols and were working towards this.
- Staff supported people with their medicines, although some people told us they had to be woken up at night to take their tablets if the staff were late completing the night time medicine round.
- We saw poor practice on one occasion when staff touched people's tablets before dispensing them into a pot for them to take. The registered manager addressed this immediately.
- There were clear procedures in place for the ordering, storage and disposal of medicines, although there were some excess items in stock. Senior staff said they were working towards reducing excess stock items.

Preventing and controlling infection

- Infection control practices in the home were in place, although not always followed robustly. Staff used personal protective equipment (PPE) such as disposable gloves and aprons when needed. On occasion, however, we saw staff touched their masks without replacing them in line with IPC guidance, and some staff had painted fingernails.
- None of the inspection team was asked for proof of lateral flow testing at their arrival on day one, although on day two this was requested immediately.
- The home was visibly clean, although there was a malodour on the upstairs unit, Vale View on the first day of our inspection, and relatives we spoke with told us this was usual. We discussed this with the management team, who arranged for immediate carpet cleaning and by day two of the inspection the unit smelled clean throughout. Some equipment, such as pressure cushion covers and dining room chairs were in need of a more thorough clean.

The management team gave assurances that these matters had been addressed by the end of the inspection.

- One person told us, "The lasses [staff] are always cleaning; they never stop." A relative told us, "My

[relative's] room is cleaned every day. It's spotless."

Staffing and recruitment

- Staff recruitment procedures were safely followed, although some recording of the process lacked detail. For example, the date of one member of staff's interview was not recorded, or the person who interviewed them. The registered manager assured us of the details and agreed to ensure improvements were made to recording.
- Staffing levels were seen to be sufficient to meet people's needs, although some people told us they felt staff rushed with their care. One person said, "They [staff] have got the skills but they haven't got patience." One member of staff was overheard telling a person they had to wait because they were busy.
- People gave us mixed views about staffing levels; whilst most people told us there were enough staff, some people gave a contrasting view. One person said, "There are not enough staff to take us out, it's like being in prison." Two other people agreed with this. People said the activities staff were not always available to take them where they would like to go.
- Some people told us they valued the engagement offered by the activities staff, both in groups and on a one to one basis. Care staff told us the support from these colleagues meant they could focus on caring duties. We saw activities staff took opportunities to visit the local park with some people during the day.

Assessing risk, safety monitoring and management

- Where people needed specialist equipment this was not always assessed as suitable for their use. One person had a commode in use which was not the right size for them and they told us they could not use this safely. We discussed this with the registered manager, who agreed to ensure the right size commode was in place. The registered manager confirmed this had been actioned immediately after our visit.
- Staff understood people's individual mobility risks and supported them safely with moving and handling. Slings used with hoists were individually identified for each person. Discussions were held at staff meetings about people's safety. For example, reminders given for staff to ensure people wore safe footwear, to help prevent falls.
- Information about accidents and incidents was evaluated monthly and appropriate action was taken to refer to other professionals, such as the falls team where necessary, or to seek emergency medical treatment.
- Staff completed safety webinars and e-learning to understand how to support people safely. The management team told us they would only ever accept people into the home if they could meet their needs safely.

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 was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Systems and processes to safeguard people from the risk of abuse

- Staff understood how to safeguard people from abuse or neglect and knew how to recognise and report concerns.
- People and their relatives said care was safe at Hemsworth Park. One person said, "I'm 100 per cent safe here." One relative told us, "[Relative] knows all the staff, they are brilliant. We can walk out that door and feel comfortable [relative is safe]."

Learning lessons when things go wrong

- The registered manager used opportunities to identify where lessons could be learned, where practice fell short of expectations. For example, when concerns around the safe use of thickener in drinks was identified at the inspection, they completed a lessons learned evaluation and shared this with staff.

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 now remained the same. This meant the service management and leadership was not always consistent. Leaders and the culture they created did not always support the consistent delivery of high-quality, person-centred care.

At the last inspection, there had been a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had taken enough action to ensure the breach was addressed. However, there were still some weaknesses in the systems and processes used to assure the quality of the service.

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

- Quality audits were regularly carried out by the management team, although these were not always robust enough to identify issues found at this inspection. The management team were very responsive to feedback and addressed many of the areas of concern before, and quickly after, the second day of the inspection.
- The registered manager was aware of the strengths of the service and the areas to improve. They worked closely with the local authority and valued feedback given from their quality assessment visits.
- The provider had oversight of many of the risks in the service and there were regular supportive visits from senior managers to help assess the quality of the service. There was a plan in place help drive continuous improvements throughout the service, such as ongoing refurbishment.

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

- People and relatives felt involved and able to consult with the staff and management team, although some relatives told us they did not know who the registered manager was.
- Residents' and relatives' meetings were held, although not all relatives knew about these. Nevertheless, relatives said they felt they could raise any issues with staff at any time. One relative said, "We tell them when we aren't happy, like when clothing goes missing. They don't mind us saying, and they try to help sort things."
- Staff spoke very positively about the registered manager, and said they were approachable and involved in people's care, as well as a supportive leader. There was an open-door policy which was understood by all staff. One member of staff told us, "[Registered manager] trusts me, believes in me and makes me confident and knowledgeable with the training."
- The registered manager was respected by the staff team as they had an appreciation of their individual roles. They told us they had worked hard to ensure an open, transparent culture in the home and they were

proud of the staff team.

- Staff were well informed about key information to help the service to run smoothly and provide safe care to the people they supported. Daily meetings informed senior staff of matters, such as admissions, professional visits, infections and any other significant information. Staff meetings reinforced topical issues and gave updates to the team.
- People and their relatives completed surveys and gave comments on the quality of the service, although it was not always evident where their comments had been acted upon. The service produced a newsletter for families which gave key information including events and activities.

Continuous learning and improving care

- From receiving feedback following day one of the inspection, the management team worked to address areas where we had said improvement was needed. For example, malodours on the Vale View unit were addressed, staff's knowledge was refreshed around the safe use of thickener in drinks and information was clearly displayed to avoid any errors, and some documentation was amended.

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; Working in partnership with others

- The management team understood the duty of candour. Relatives told us the management team were transparent and communicated with them promptly, for example if their family members had an injury.
- There was clear evidence of ensuring regular communication with other professionals involved in people's care. Referrals were made to a variety of other services, such as GPs, chiropodists and dieticians, in support of people's care.