

# Four Seasons 2000 Limited

# Hopes Green

## Inspection report

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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

Hopes Green is a residential care home that was providing personal care and accommodation for up to 50 older people, some of whom had physical frailty or were living with dementia. On the day of the inspection, there were 43 people living at the service.

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

We received mixed feedback from people and relatives. One person said, "I don't like it here." Another person said, "I like it very much and don't want to move." A relative told us, "The staff are very good."

Infection prevention control measures needed to improve to ensure people remained safe from the risk of infection.

There was a need for consistent staffing at the service to provide meaningful interactions with people. The provider was in the process of recruiting more staff..

Care and treatment was planned to be person centered. Medicines were dispensed by staff who had received training to do so. People were safeguarded against the risk of abuse and staff knew how to raise concerns. Lessons were learned from accidents and incidents.

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.

The provider had put systems in place to maintain oversight at the service. Support from the provider's senior management team had been put in place to instigate improvements at the service.

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

The last rating for this service was requires improvement (published 31 March 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hopes Green on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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.

### Why we inspected

We received concerns in relation to safe care and treatment. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. 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 at requires improvement. This is based on the findings at this inspection.

### 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 monitor the service.

We have identified breaches in relation to preventing and controlling infection. Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from the provider to understand what they will do to improve standards. We will work alongside the provider and 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** ●

# Hopes Green

## 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 two inspectors.

#### Service and service type

Hopes Green 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.

At the time of our inspection there was a manager in post who had applied to become registered with the CQC and was going through this process.

#### Notice of inspection

This inspection was unannounced.

#### 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 professionals who work with the service. 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 this information to plan our inspection.

#### During the inspection

We spoke with six people and five relatives. We spoke with the regional manager and two deputy regional managers as well as five care staff. We reviewed a range of records including care plans, risk assessments, daily notes and staff recruitment files. We also reviewed records relating to the management 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the service was in breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough progress had been made and improvements were needed to embed infection prevention measures.

### Preventing and controlling infection

- The general environment was cluttered in places and looked unclean, with food debris and wrappers on floors in bedrooms. Some equipment had been inappropriately stored in corridors and in the downstairs lounge causing it to look cluttered and made cleaning difficult.
- We found one person's en-suite bathroom had a broken toilet seat, which had been left propped against the wall. The regional manager informed us a new seat had been ordered, however no effort had been made in the interim to provide an alternative facility for the person or for the toilet seat to be disposed of.
- There were bins without lids in people rooms. We found one had discarded personal protection equipment (PPE) disposed in. PPE should be disposed of in bins that have lids and clinical waste bags inside to manage the potential spread of infection.
- One person had dismantled a radiator in their room. This had been left in their room instead of being removed. The regional manager informed us they would be obtaining a radiator cover to prevent this happening again. However, in the interim the loose parts of the radiator caused a risk and should have been removed from the room.
- A relative showed us that dentures and glasses had been left in their relative's room which did not belong to them. We raised this with staff, and they removed these items.
- Another relative showed us how they had to use scissors to cut back garden foliage that was growing through their relative's window.

This represents a continued breach Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection the regional manager provided assurances they were addressing issues that had been highlighted and were in the process of recruiting more cleaners.
- We observed staff were wearing personal protective equipment (PPE) appropriately.

### Visiting in care homes

- People were able to receive visits from relatives without restrictions. The provider was aware of guidance to follow should this be needed.

### Staffing and recruitment

- The service was split over two floors with staff allocated to each floor daily.
- We found no meaningful interactions on the first floor with staff being task focused and rushed. One member of staff told us, "It does not feel like there are enough staff to spend time with people." Another member of staff said, "It would be better if we had more staff."
- Relatives and people on the ground floor described similar opinions about staffing. One person told us, "I stopped asking for help at night as I often get ignored." A relative said, "Staff have not got time to make beds, there is not enough staff." Another relative said, "There seems to be staffing shortages."
- The regional manager informed us they were currently recruiting more staff and in the interim used regular agency staff to try and support consistency of care.
- The provider had followed safe recruitment processes such as obtaining references and carrying out checks with the Disclosure and Barring Service (DBS) as part of their recruitment process. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding and the provider had policies in place for staff to follow.
- One member of staff said, "I would keep escalating any concerns if needed until I was listened to. I would even 'whistle blow' if I had to." Another member of staff said, "I would tell a senior and call the external number if I had to."
- Where safeguarding concerns had been raised at the service the provider was working with the local authority to investigate these and keep people safe.

### Assessing risk, safety monitoring and management

- Risks to people were assessed and guidance put in place for staff to follow to mitigate these risks. Assessments detailed how staff could support people safely if at risk of pressures sores or choking and how staff could safely support people with moving and handling or in an event of an evacuation.
- Risk assessments were promptly reviewed when risks changed for example, following if a person had a fall.
- Equipment checks were in place and following recent checks eight beds were being replaced.
- The provider had recently recruited a maintenance person who was in the process of working through day to day issues at the service.

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.
- Capacity assessments were in place and people were supported to make decisions for themselves where possible.



#### Using medicines safely

- People received their medicines safely from staff who had received the appropriate training.
- Medicine records we checked were in good order and medicines were stored safely at the service.

#### Learning lessons when things go wrong

- Staff told us they shared learning from accidents, incidents and safeguarding during their morning meetings. One senior told us, "We share learning with the care staff to keep everyone up to date."

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection, the managerial oversight in place did not always assess, monitor and improve the quality of care for people using the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we saw the provider had made improvements and the service was no longer in breach, however some improvements were still needed, as highlighted in the safe section of this report.

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

- A new manager had been appointed at the service and they were in the process of becoming registered with the CQC.
- The provider had recently appointed deputy regional managers and they had spent time at the service to support staff and managers to make improvements. For example, care plans and risk assessments were more detailed.
- Governance systems had been put in place to help the provider maintain oversight of the service. Systems were computerised with all the information readily available for the providers management team to review.
- Notifications of significant events had been forwarded to CQC in line with their regulatory requirements.
- The provider was aware of their responsibilities in relation to duty of candour. Duty of candour requires providers are open and transparent with people who use their services and other people acting lawfully on their behalf in relation to care and treatment.

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

- We could not always be assured good outcomes were achieved for people. One person said, "I don't like it here." Another person said, "There is not enough staff, I have to keep my door closed all the time because (person name) comes in and takes my stuff."
- We received negative feedback from relatives. One relative told us, "(relative name) is rarely supported with a shower and their hair needs washing, there is not enough staff." Another relative told us, "(person name) has not had a shave for a week."
- The provider had a dementia specialist complete a review. This had highlighted changes that were needed on the first floor, which included environmental improvements and additional staff training. The provider

told us they were implementing these recommendations.

- Relatives told us where they had raised complaints and they had mostly been addressed.
- Staff informed us they had supervision with senior staff to discuss their performance and training needs. Senior staff said they had a daily meeting to discuss any issues with the running of the service and clinical needs of people.

Continuous learning and improving care; Working in partnership with others

- The deputy regional manager was able to evidence how they had targeted training for the staff at the service and that compliance with completing training had improved.
- Staff informed us they were supported with training. One member of staff said, "I wanted first aid training and I was supported to do this straight away." Another member of staff said, "I have just been enrolled to do my NVQ level 3."
- Staff worked in partnership with other health professionals including the local authority and district nurse team.

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 12 HSCA RA Regulations 2014 Safe care and treatment  Parts of the service were unhygienic. Personal protective equipment had not always been disposed of properly.