

313 Healthcare Limited

Hepworth House

Inspection report

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26 April 2019

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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 caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Hepworth House is a residential care home providing accommodation for older people, who may be living with dementia, a sensory impairment or a physical disability, who require nursing or personal care. Hepworth House is a small service consisting of three floors.

People's experience of using this service: People were not always kept safe from the risk of harm as actions were not taken to address potential risks caused by environmental and infection control issues at the service. These were rectified at once following the first day of our inspection.

The premises were not designed to support people living with dementia. There was no signage or decorations to support people to orientate themselves to their environment.

People's needs relating to living with their dementia were not thoroughly explained and detailed in their care plans.

People with complex communication needs did not have access to communication methods to help them make choices or express their views.

We have made a recommendation about adapting the premises and communication methods for people living with dementia.

People told us that there were limited activities to take part in during the day. We saw that people were left for long periods of time with little to do and were not given opportunities to choose or take part in new activities.

People were supported to take their medicines safely.

Necessary recruitment checks were completed before staff members started working at the service. Staff received training and supervisions to perform their job roles effectively.

People were positive about the food and drink at the service and we saw that people were supported to maintain a balanced diet depending on their needs.

People were supported to live healthy lives and saw relevant health professionals when they needed to.

People were positive about the care they received. People were treated with kindness respect and compassion. People's privacy, dignity and independence was promoted.

People and their relatives were involved in decisions about their care.

People's preferences for the end of their life were recorded and people were treated with dignity and respect

at this time.

The registered manager and provider completed a variety of audits to monitor the quality of the service.

Feedback was collected from people, their relatives and the staff team and was used to improve the service.

The registered manager and provider were positive about improving the service and had several service improvement plans and actions to achieve these improvements.

We identified a breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to good governance. Details of action we have asked the provider to take can be found at the end of this report.

Rating at last inspection: This was the services first inspection since registering with the Care Quality Commission on 12 January 2018.

Why we inspected: This was a planned inspection based on when the service first registered with the Care Quality Commission.

Follow up: We have asked the provider to send us an action plan telling us what steps they are to take to make the improvements needed. We will continue to monitor information and intelligence we receive about the service to ensure good quality is provided to people. We will return to re-inspect in line with our inspection timescales for Requires Improvement services.

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 caring?

The service was Caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always Responsive.

Details are in our Responsive 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 ●

Hepworth House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by one inspector 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.

Service and service type: Hepworth House is a residential care home providing accommodation for older people, who may be living with dementia, a sensory impairment or a physical disability, who require nursing or personal care. Hepworth House is a small service consisting of three floors. At the time of our inspection 17 people were using the service and being supported with the regulated activity.

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.

What we did: This inspection took place on 25 and 26 April 2019. The inspector and expert by experience attended the inspection on 25 April 2019. One inspector attended the inspection on 26 April 2019.

Before the inspection we gathered and reviewed information that we received from the provider on the provider information return (PIR). This is a document that the provider sent us saying how they were meeting the regulations, identified any key achievements and any plans for improvement. We also reviewed all information received from external sources such as the local authority and reviews of the service.

During the inspection we:

- Spoke with eight people using the service, five relatives, two care staff, one senior care staff,

the registered manager, the provider and the cook.

- Observed staff members supporting and interacting with people at the service.
- Spent time looking at the premises and how it had been adapted to meet people's needs.
- Gathered information from four care files which included all aspects of care and risk.
- Looked at two staff files including all aspects of recruitment, supervisions, and training records.
- Records of accidents, incidents and complaints.
- Audits, surveys and minutes of staff and professional meetings.
- Policies and procedures relating to the management of the service.

Following the inspection, we received further evidence from the provider showing their quality auditing systems and processes. We also received updates from the provider about the immediate actions that were being taken to improve the premises following the first day of our inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- On the first day of our inspection there were environmental issues which meant people were at risk of harm. These included damaged carpets on the first and second floors which may cause a trip hazard and an area of the first floor that had no carpet at all with exposed floor boards.
- The shower room on the ground floor was being used to store equipment such as old commodes, a step ladder and a wheelchair but was also being used by people for personal care. This left little room for people to move. There was a shower chair in the shower which was visibly broken and had masking tape on one 'arm' to fix this. The shower door had broken areas on it and sealant was found to be loose. There was a broken cupboard in this room which was used to store old wheelchairs. This room also had an uncovered boiler in it. These were a potential risk to people using the room. The registered manager told us that people did not use the room without support.
- The bathroom on the first floor had large rises in the floor which may have caused a trip hazard to people.
- Immediately following the first day of our inspection the provider sent us an action plan to urgently address these areas. When we returned for the second day of our inspection we saw that significant improvements had been made to these areas. Safe carpeting had been laid across all areas we identified. Stored equipment in the shower room had been removed and the shower was being removed and replaced. This showed that the provider had immediately dealt with potential risks to people's safety. The provider continued to update us with the improvements to the areas we found as unsafe after the inspection and we saw that the action plan was being followed.
- People had risk assessments in place however some of these lacked details such as which sling loop to use when hoisting people. The registered manager showed us that this was because risk assessments had been updated and this information had not been moved across. This was rectified on the day of our inspection.
- People had Personal Emergency Evacuation Plans in case of fire. Regular fire safety checks were carried out by staff and by an external fire officer. Actions had been taken by the provider following any recommendations from this audit.
- Health and Safety checks were carried out regularly by staff and audited by the management team in areas such as Legionella checks and gas safety.

Preventing and controlling infection

- We saw several areas of the home that were not clean and posed a potential risk of infection. The downstairs shower room was visibly dirty. There was mould on the shower curtain and an old used toilet brush being kept in a cupboard. The floor of the room was visibly dirty and equipment being stored in the shower room was also dirty.
- In several bedrooms we saw that people's en-suite toilets were left in an unfit state following personal

care. Several toilet brushes were very dirty and were being kept in these rooms.

- In one person's en-suite toilet we saw that there was a cupboard that was visibly dirty and very dusty. This cupboard was being used to store the persons belongings.
- We addressed this with the provider and registered manager on the first day of our inspection. On the second day of our inspection we saw significant improvements had been made to the cleanliness of the areas that we identified.
- Staff told us and we saw that staff had access to suitable equipment such as gloves and aprons.
- Staff received training in infection control and we saw that domestic staff completed cleaning checklists. The provider told us that following the inspection these would be reviewed to ensure that they were more effective.

Learning lessons when things go wrong

- The provider and registered manager immediately took action after the first day of our inspection identified numerous issues, however we could not be sure that these actions would have happened, or would be sustained, were it not for our inspection taking place.
- The registered manager kept a log of incidents and complaints. These were investigated and we saw that actions were put in place to prevent reoccurrence.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "I was scared before I came here but not anymore. I feel very safe." A relative said, "Yes, [relative] is safe. Once [relative] chose not to use the call bell and had a fall but [staff] called the ambulance and informed us at once."
- Staff received training in safeguarding. One staff member told us, "I would report anything I saw to my senior or manager. I can always call the safeguarding team or CQC or even the police if necessary."
- There was a detailed safeguarding policy in place which detailed how to report suspected abuse and who to contact. This information was also on display in various areas across the home.
- We saw people's call bells being responded to promptly by staff members. The management team audited call bell logs to monitor response times of staff members.

Using medicines safely

- We observed medicines being administered. This was done safely and respectfully. People were given plenty of time to take their medicines. The staff administering medicines said to one person "There are four tablets today. They are to help you feel well. Would you like them now or later?" The person reacted very positively to this.
- Staff received training in administering medicines and regular competency checks. One staff told us, "There are golden rules with medicines. We also need to check if people have PRN medication and write this on the back of the MAR sheet."
- Daily and monthly audits of medicines were completed. We audited a sample of medicines and found that the audits were effective. Temperature checks of storage areas for medication were completed and were appropriate.
- People who took 'as and when required' (PRN) medicines had protocols in place for staff to follow.

Staffing and recruitment

- People told us and we saw that there were enough staff on shift to support people safely. A relative said, "We visit at all times of the day and there are always the right number of staff on shift." We saw that staff had enough time to answer call bells and sit and talk to people throughout the inspection.
- Staff rotas confirmed that shifts were covered within the existing staff team. One staff member told us, "We are all helpful and very flexible here. If anyone calls in sick then others are willing to help."

- The provider carried out robust recruitment checks before staff members started their roles. The provider showed us that they had increased staffing since managing the service and were constantly recruiting to cover staff vacancies.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- Several areas of the service were not suitable for use on the first day of our inspection. This was immediately actioned by the provider by the time we arrived for the second day of our inspection.
- As well as the primary areas of concern we identified, most of the environment looked old and worn. There were holes in the walls in the conservatory area and near a window in the first-floor lounge. Areas around door frames were cracked and most areas needed repainting and decorating.
- Most furniture in the lounges and people's bedrooms looked in a state of disrepair. The registered manager told us that they recognised this and were going to be replacing items such as chairs and chests of drawers.
- The premises were not designed to support people living with dementia. Bedroom doors did not have any identifiers such as memory boxes or distinct colours. There was no signage in the home directing people to areas such as the dining room or the lounge.
- The second-floor corridor was very narrow and did not give people using mobility aids much room to manoeuvre. However, people we spoke with told us that they did not find this a problem.
- The garden of the service was overgrown. A relative told us, "The garden needs some TLC. It was like this last summer as well."
- A relative said, "You cannot really have a private chat here. You are always surrounded by people. More space is needed really."
- The provider showed us the plans they had in place to address the issues with the premises.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments for people living with dementia did not identify that people may need more help to orientate themselves at the service or to communicate in different ways. We did not observe that people living with dementia had access to different communication methods.
- People's needs were assessed before they started using the service. Assessments were used to create people's care plans.
- One person said, "Other places do not care about your life history but the people here really care." We saw that life histories formed part of the assessment process.

Staff support: induction, training, skills and experience

- One person told us, "Training is very important to the staff here. The right sort of care comes about because of the training." A relative said, "From what I have seen there are no problems at all. [Staff] seem to know what should and should not happen."

- Staff received training in areas such as safeguarding, infection control, medicines and the Mental Capacity Act and had good knowledge in these areas when we spoke to them.
- Staff told us their induction was thorough and included working with experienced staff members.
- Staff knowledge was regularly checked through supervision, competency observations and in discussions with the management team.

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

- Food looked and smelled appetising and people were enjoying their food. People told us, "The food is really good and they always make sure I get my semi-skimmed milk." and, "The food is good here. There is lots of choice and variety."
- People were supported to eat and drink regularly throughout the day and were offered second helpings or alternative choices. We saw people being supported to eat soft or pureed diets depending on their needs.
- The cook told us, "I always have people's dietary sheets in my folder. I get updated from my manager if there are any changes. We get updated to see who is losing or gaining weight and change people's diets when we need to." We saw that the cook kept this information in the kitchen and used this to prepare meals for people.
- Where necessary, people's weight and food and fluid intake was monitored and referrals were made to the dietician for more support.

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

- The service referred people to professionals such as speech and language therapists, district nurses and occupational therapists if they needed support.
- People told us, "I sometimes have a cough and when I do [staff] get the doctor to come and see me." and, "[Staff] get very good health specialists in to look after me."
- A relative told us that a staff member regularly supported their family member to hospital for appointments as this helped their family member cope with seeing health professionals.
- Any changes to people's care due to health professionals advice were recorded, shared with staff and used to update people's care plans.

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 with appropriate legal authority. 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 and saw that it was.
- We saw staff members asking people for consent before they supported them with tasks such as using a hoist or supporting them with their meals.
- Where people lacked capacity assessments and referrals for DOLS were completed to make decisions in their best interests.
- Staff received training in the Mental Capacity Act and carried a handbook to remind them of the principles. One staff told us, "Some people cannot make decisions and we need to do this for them in their best interests to keep them safe. We all keep a list of people under DOLS with us so we know how to support them." We saw that DOLS conditions were followed by staff.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were positive about the care they received. People told us, "The standard of care is very good. They have the right kind of kindness and are terrific people. They ought to have a golden badge!" and, "I am very well looked after here."
- A relative said, "My family member appears very happy and contented. It gives me a lot of confidence living so far away."
- We saw people being treated with kindness and respect. Staff were very attentive to people and responded to them in a kind and reassuring manner. Staff sat with people and spent time talking with them about their interests and how their day had been.
- One person did not have English as their first language. Staff had learnt some phrases to communicate with this person and we saw that this made the person visibly very happy and relaxed in staff's company.
- The registered manager and staff were spending extra time with a person who had recently suffered a bereavement. The person told us this meant a lot to them and that they felt very well supported during this time.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in the creation and review of the care plans. People signed to say they were happy with any changes that were made to the care plans.
- People with complex communication needs were supported to make decisions as staff showed them options of food and drink. People's relatives also supported the staff to identify what people's preferred choices were in the past.
- Where people were unable to consent, relatives took part in their care planning. A relative said, "We went through the care plan with [Family member] and the registered manager and agreed with all of it."
- We saw people being offered choices throughout the day. People were offered choices of food and drink, what to wear and whether to have a bath or a shower.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence. One person folded the napkins for lunch times and we saw people mobilising independently where they were able to.
- People's care plans indicated what people could do independently. A staff member said, "We always encourage people. With personal care we always let people do what they can for themselves. It is important to the person's self-esteem."
- People's privacy and dignity was respected. We saw staff members knocking on people's doors and respecting people's requests to have time alone.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's personalised care needs were not always met. The premises were not designed to meet the needs of people living with dementia. There were no signs or indicators to help orient people to their environment at the service. Care plans did not give detailed information about how people's dementia may have affected their lives or how staff should respond to people if they became distressed.

- People who did not communicate verbally did not have access to other means of communication such as pictures or easy read documentation. There was a weather and a menu board at the service however these were completed in black marker pen and people who could not read did not understand these. This meant that some people were unable to communicate or make choices effectively.

We recommend that the service finds out more about adapting the environment and communication methods, based on current best practice, in relation to the specialist needs of people living with dementia.

- One person who did not communicate verbally was supported to bed early in the afternoon on the second day of the inspection. When we asked the staff if this was the person's choice the staff said that the person got very tired in the afternoon. This was not recorded in the person's care plan and it was unclear if it was the person's preference to go to bed at this time.

- People told us that there was not a lot to do at the service. People told us, "I get a little fed up sitting downstairs. We all just sit there looking at each other." and, "When I first came here I used to peel potatoes and bake but not anymore. I get very bored." The provider told us that this person was offered the choice to do these activities however often refused to do so. Another person said, "We sing hymns on a Sunday so I do not really want to sing the rest of the week. It would be nice to have a bit more variety."

- The provider showed us evidence that people had the choice to take part in arts and crafts activities and that outside entertainers came to the service.

- People told us that they enjoy using the garden however this was difficult to do now as the garden had not been maintained over the winter. We saw that gardeners had been hired to prepare the garden for the summer months.

- The home employed an activities co-ordinator throughout the week, however they were away on holiday for the first day of our inspection. We saw that people did not have a lot of meaningful activities to take part in. Music was playing in the lounge and some staff engaged with people by singing and dancing, however other than this there was little else happening to occupy people. Staff would sit and chat to people at times throughout the day.

- On the second day of our inspection another care staff covered for the activity co-ordinator and people were playing a card game. People seemed to enjoy this activity. People seated in another lounge of the home, however did not take part in these activities. One person chose to stay in this lounge as they did not wish to spend time with other people.

- There was evidence of activities such as Easter and Mother's Day celebrations taking place and some evidence of activities taking place sometime ago. People had been asked for feedback on these activities

however this had not happened recently.

- People's care plans included life histories such as previous jobs and had information on people's past interests and their current likes and dislikes.

Improving care quality in response to complaints or concerns

- People told us that concerns were addressed immediately. One person told us, "I had an issue once and told the provider that I live here and deserve respect. This only happened once. It is OK now."
- Complaints were responded to promptly by the registered manager and provider to the complainant's satisfaction.
- People were made aware of the complaints procedure however this was not available in accessible formats for people who did not communicate verbally.

End of life care and support

- People were supported with dignity and respect at the end of their lives and staff had a good understanding of how to support people at this time. One staff member said, "You just need to be there for people, talk to them and let them know that you are there. Make them comfortable and respect their wishes."
- People who chose to do so had end of life care plans which detailed their preferences for this time of their lives.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high quality, person-centred care. Some regulations may or may not have been met.

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

- Risks and regulatory requirements were not always understood or acted upon. The various health and safety and infection control risks we identified on the first day of our inspection had not been dealt with to ensure that risks to people were mitigated. Although these were actioned immediately and improvements had been made on the second day of our inspection we could not be sure that these would have been put in place without our intervention.
- Cleaning and infection control audits did not pick up on the issues we found at the inspection. The registered manager and provider organised a meeting with the housekeeping staff to discuss this following our inspection.

Not acting promptly on known risks meant that people may have been at risk of potential harm. This is a breach of Regulation 17 HSCA RA Regulations 2014; Good Governance.

- The registered manager completed audits in areas such as accidents and incidents, care plans, medicines, staff audits and finances. We saw that actions were identified and completed based on these audits.
- Staff had a good understanding of their job roles and could explain these to us.
- Plans were in place and staff were aware of what to do in the case of an emergency.

Continuous learning and improving care

- The provider had plans to improve the service however had failed to improve areas which may have caused risk to people. The provider took immediate action to improve these areas on the second day of our inspection.
- Actions identified in external audits such as fire safety were actioned to improve the service.
- Actions identified in internal audits were used to improve the service.
- The provider had action plans for future improvements to the service.
- The provider shared updates to policies, procedures and legislation with the staff team immediately over a mobile phone application to ensure that staff's knowledge was continually up to date. Staff were required to sign to say they had understood these on the application and knowledge was checked by the management team.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- More work was needed to ensure that people received person-centred care to a high level. The premises were not designed to meet the needs of some people using the service and information was not available in accessible formats for people.

- The provider was working as the assistant manager of the service to get to know the service and work directly with people and staff. The provider told us, "I wanted to implement ways of working and look at the culture of the home. Once I am happy I will take a step back."
- People and staff were positive about this. People said, "The manager is excellent. They have a lot of patience and it is nice to see them wearing the aprons!" and, "[Provider] is a very good person and makes sure that good people work here."
- We saw that the registered manager and provider knew people and the staff team well and were actively involved in the daily goings on at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and staff were involved in regular meetings to feedback about the service. Actions from these meetings were documented and completed.
- People had previously been asked for feedback about activities in the service and the registered manager was looking to re-introduce this.
- A relative said, "I get a phone call from the management once a week and they always give me the right feedback. We always get a good response from management."
- Staff were positive about the registered manager and the provider. One staff member told us, "I feel very comfortable with the management here. They always give me feedback about how I can improve. They are very good people."

Working in partnership with others

- Staff worked with other health professionals to ensure good outcomes for people.
- The manager worked with other services such as the fire service, pharmacy and food first to complete audits and improve the service.
- The provider had a good relationship with the local care group and regularly attended meetings to discuss best care practice.
- The registered manager felt well supported by the provider.

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 Known health and safety and infection control risks were not promptly acted upon which meant that people may have been at risk of potential harm.