

Minster Care Management Limited

Hamshaw Court

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

Hamshaw Court is a residential care home providing accommodation and personal care for up to 45 older people who may be living with dementia. At the time of our inspection 28 people were using the service.

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

People and their relatives gave positive feedback about the effective and person-centred care staff provided. The provider and registered manager had worked to make improvements in response to concerns identified at the last inspection and positive progress was seen. However, inconsistencies remained in the quality and safety of the service, which showed further improvements were needed.

Medicines were not always managed and administered safely. Robust systems were not in place to ensure a person received effective and timely support to meet their complex needs. Audits and the provider's governance arrangements had been ineffective in identifying and addressing these concerns. These inconsistencies put people at increased risk of harm and showed, despite the improvements, that the service was still not consistently well-led.

People felt safe with the staff who supported them. Recruitment checks were completed to help make sure suitable staff were employed. Staff were trained to identify and report any safeguarding concerns.

People gave positive feedback about staffing levels and systems were in place to monitor and help make sure enough staff were deployed to safely meet people's needs.

Improvements had been made to the cleanliness of the home environment. COVID-19 risks were assessed and managed.

Regular checks helped make sure the environment and equipment used were safe. An improvement plan was in place to support continued redecoration and improvements in the environment.

For more details, please see the full report which is on the Care Quality Commission's (CQC) website at www.cqc.org.uk.

Rating at last inspection and update

The last rating for this service was inadequate (published 23 December 2020). There were breaches of regulation relating to the safety of the service as well as the provider's record keeping and governance arrangements.

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 improvements had been made, but further improvements were needed. The

provider was still in breach of regulations.

This service has been in Special Measures since 21 January 2020. During this inspection, the provider demonstrated enough improvements have been made and the service is no longer rated inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 6 and 8 October 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-Led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hamshaw Court 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 request an action plan from the provider to understand what they will do to improve the standards of quality and safety. 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 ●

Hamshaw Court

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 completed by three inspectors.

Service and service type

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

The service had a manager registered with the CQC. This means 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 before the 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 all of this information to plan our inspection.

The provider was not asked to complete a provider information return before 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 spoke with four people who used the service and four people's relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, deputy manager, regional director, senior care workers, care workers and the chef.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We asked the provider to send us information about the service and how they managed the care and support provided. The provider sent us updates about the action they had taken in response to our feedback.

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 comprehensive inspection this key question was rated as inadequate. At this inspection, this key question has improved to requires improvement. This meant that some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk people could be harmed.

Using medicines safely

- People were at increased risk of harm as robust systems were not in place to manage and make sure their medicines were administered safely.
- People's medicines had not always been administered as prescribed. Problems managing stock levels had resulted in people running out and missing doses of prescribed medicines.
- There was not always a clear and complete record of the support provided with people's medicines. For example, staff did not always record whether a person's medicines had been administered or accurately document the reasons why not.
- Robust systems were not in place to ensure a person received effective and timely pain relief when needed.

The failure to safely manage and administer people's medicines was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At our last inspection the provider had failed to address health and safety risks and maintain the cleanliness of the home environment; COVID-19 risks had not been adequately assessed and managed. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of the requirements relating to this under Regulation 12.

- Improvements had been made to health and safety practices; regular servicing and checks helped make sure the home and any equipment used was safe.
- Regular training and fire drills had been completed to help make sure staff could safely evacuate people in an emergency.
- Areas of the service had been renovated and redecorated. Concerns about the cleanliness of the kitchen had been addressed.
- The provider had an ongoing improvement plan, which set out further work planned to continue redecorating and improving the home environment.
- People's needs were assessed. Care plans and risk assessments provided generally detailed guidance for

staff on how to safely support people and meet their needs.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using personal protective equipment effectively and safely.
- We were somewhat assured that the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up-to-date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the care and support staff provided. Feedback included, "It's good here, they look after me well" and "The staff are very friendly, and I feel safe here."
- People were supported to stay safe by trained staff who understood their responsibility to identify and report any safeguarding concerns.
- Staff responded to accidents and incidents. Records detailed the support provided and the actions taken to try and prevent a similar thing happening again.

Staffing and recruitment

- People received patient and unrushed support to meet their needs. One person explained, "I think staffing levels are all right. There seems to be plenty of staff and there's always someone to talk to if you want to. We also have a buzzer, which you can pull, and someone comes straight away."
- The provider monitored staffing levels to help make sure enough staff were on duty to safely meet people's needs.
- Agency staff were used where necessary to cover gaps in the rota. We spoke with the registered manager about the information recorded in relation to agency staff employed and they took immediate action in response to our feedback.
- People were supported by safely recruited staff. Recruitment checks helped make sure suitable staff were employed.

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 comprehensive inspection this key question was rated as inadequate. At this inspection, this key question has improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always guarantee the delivery of safe, high-quality 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's audits and governance arrangements had been ineffective in monitoring and improving the quality and safety of the service.

Whilst improvements had been made in a number of areas, further improvements were needed, and the provider was still in breach of Regulation 17.

- Audits and checks had been used to successfully drive and sustain improvements in some areas. However, inconsistencies remained, which put people at risk of harm.
- People's medicines had not always been managed and administered safely and there was a breach of regulation relating to the safety of the service.
- Robust arrangements were not in place to monitor and make sure a person with complex needs received effective and timely support.
- The provider's governance arrangements had been ineffective in identifying and addressing these concerns and in guaranteeing the quality and safety of all areas of the service.
- The provider took immediate action in response to our feedback; however, this was reactive rather than proactive management and showed further improvements were needed to ensure people received consistently safe, high-quality care.

This failure in the provider's governance arrangements was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and registered manager had worked to make changes and improvements following our last inspection.
- Improvements had been made to the cleanliness of the home environment and in the management of COVID-19 risks. Audits had been used to support improvements in these areas. Where issues had been identified, action was planned or had been taken to address problems and to drive improvements.
- People and staff recognised the improvements being made and the work planned to continue this process. A member of staff explained, "The management are very clear with what they want to achieve with Hamshaw Court."

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

- People and their relatives praised the person-centred care and support staff provided. A relative explained, "[Name] is happy there and the staff are brilliant with them. The staff are good at doing things to keep people happy."
- Staff were kind and caring in the way they spoke with and supported people. Effective handovers and improved record keeping helped staff to share information, and to monitor and make sure people's needs were met.
- Supervisions were used to monitor staff's wellbeing, support their continuous professional development and to address any practice issues. The provider had a system in place to check and make sure regular supervisions were completed.

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

- The provider understood their responsibility to be open and honest with people if things went wrong.
- The registered manager had notified agencies of concerns. We spoke with them about one incident and a notification was submitted to CQC following our site visit.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives generally praised the communication and told us staff and management were approachable, responsive to feedback and in dealing with any issues or concerns.
- The provider used surveys to monitor and help make sure people were happy with the care and support provided.
- Meetings were held to share information and seek people's feedback about how the service was run.

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 The provider and registered manager had not ensured the proper and safe management of people's medicines. Regulation 12(2)(g).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider and registered manager had not established and operated sufficiently effective systems and processes to assess, monitor and improve the quality and safety of the service and to mitigate risks. Regulation 17(2)(a)(b).