

Parkside Residential Homes Ltd

# Hambleton Court Care Home

## Inspection report

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Hambleton  
Selby  
North Yorkshire  
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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Hambleton Court Care Home is a residential care home providing accommodation and personal care to up to 18 people. The service provides support to older people, some of whom may be living with dementia. At the time of our inspection there were 14 people using the service.

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

Improvements had been made in the services governance systems; however, further work was needed in this area. Audits had failed to pick up the shortfalls found on the inspection. People had not come to any harm; however, we could not be fully assured about the quality systems in the service.

People received care from staff who knew them well. Care records needed expanding to ensure people's needs and preferences were documented and known to all staff, particularly those who were new or providing agency support.

People received their medicines when needed and staff were suitably trained in this area. However, audits had failed to pick up when best practice guidance was not met. We have made a recommendation in this area.

People were appropriately supported at mealtimes; they told us they enjoyed the food and were given choice. More detailed information was needed to help ensure staffs knowledge of modified diets, we have made a recommendation about this.

The service has been struggling with the effects of the COVID-19 pandemic and recruitment had been an issue. Due to this, activities offered to people were limited, and people were not supported to follow their hobbies and interests. The provider was working to address this at the time of the inspection and a new activities coordinator was due to being employment.

Efforts had been made to improve the environment, making this more tailored for people living with dementia. Further improvement plans were in place which focused on outstanding maintenance, decorating bedrooms and increasing access to the garden.

People and their relatives gave positive feedback about the service, they felt safe and well cared for. One person told us, "Yes, I do feel safe. This is because it is nice here, the home is nice and clean, and I feel relaxed." One relative told us, "I am more than happy with the way things have gone for [relative]. I have recommended the home to a neighbour."

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.

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

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 20 October 2021) and there were breaches of regulation. 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 the provider had made improvements, however, they remained in breach of regulations.

At our last inspection we recommended that the provider consider best practice guidance on medicines management and review their supervisions and appraisals process. At this inspection we found that improvements had been made and staff supervisions were currently underway. However, more work was needed to ensure the service's medicines management met best practice guidance. We have made a recommendation about this.

The last rating for this service was requires improvement (published 20 October 2021). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 21 August 2019. 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, Effective, Responsive and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement.

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

#### Enforcement and Recommendations

We have identified breaches in relation to the standard of records and quality assurance systems at this inspection.

We have made a recommendation in relation to the services management of medicines, their effectiveness in meeting people's dietary needs and their complaints handling procedures.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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 effective?

The service was effective.

Details are in our effective 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** ●

# Hambleton Court Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

One inspector and an Expert by Experience carried out the inspection. 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

Hambleton Court Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hambleton Court Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### 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 the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke to the registered manager, 2 staff members, 1 relative and 2 people who lived at the service as part of the inspection. We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment and supervisions and a variety of records relating to the management of the service.

#### After the inspection

We spoke to 5 relatives, 5 people who lived at the service and 4 staff members. We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures and quality assurance records.



# 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.

### Assessing risk, safety monitoring and management

At our last inspection, the provider had failed to ensure robust systems were in place to effectively manage the safety of the service. This was a breach of regulation 12 (1) 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 regulation 12.

- Records to safely oversee risks and support staff to deliver appropriate care needed further improvement to ensure they were person-centred. Monitoring records were not consistently completed to demonstrate timely care. We have addressed the shortfalls in record keeping within the well led domain.
- Appropriate maintenance checks were taking place to ensure a safe environment. Staff took part in fire training and drills to ensure peoples safety.
- Accidents and incidents had been recorded; these were reviewed by the registered manager for safety monitoring.

### Preventing and controlling infection

At our last inspection, the provider had failed to ensure robust IPC practices were in place. This was a breach of regulation 12 (1) 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 regulation 12.

- Appropriate infection prevention and control measures were in place to help keep people safe.
- Staff were observed to wear the appropriate PPE during the inspection.
- The service was clean. The manager did visual checks on the cleanliness of the environment so any concerns could be addressed.

### Using medicines safely

At the last inspection we recommended that the provider consider guidance on the safe management of medicines and reviewed staff working practices.

At this inspection we found the provider had taken action to improve, however more work was needed.

- People received their medicines safely. However, some shortfalls were found within the recording of people's medicines.
- Records for 'When required' and patch medication had been developed, however, some of these had missing entries.
- Staff did not always follow best practice guidance for the storage of medicines. For example, liquid medicines did not have an open date recorded. No harm had come to the people from these concerns, however shortfalls in best practice had not been picked up by the medication audit.

We recommend the provider consider best practice guidance for the administrations of medicines and update their practice accordingly.

- During the inspection the registered manager explained a new record system was due to be installed which would help improve the records in the service. We have addressed the shortfalls in the auditing system within the well led domain.

#### Learning lessons when things go wrong

- Accidents and incidents were monitored, and information reviewed. Records of accidents and incidents were brief in detail. Although staff learned lessons, records did not demonstrate what learning had taken place.

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

- People were safeguarded from abuse, the service had systems and processes in place to help ensure this and staff know how to follow them.
- Staff received safeguarding training and policies were available to help offer more guidance if needed.

#### Staffing and recruitment

- Staff were recruited to the service safely, appropriate checks to ensure they were of suitable character were taking place and recorded.
- There was enough staff to ensure safe care. A staffing tool was in place and the registered manager regularly reviewed staffing levels.

#### Visiting in care homes

Visits to the service were not limited and people could have visitors in their desired area within the home.



# 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection we recommended that the provider review best practice guidance on supervisions and appraisals to ensure staff had the opportunity to reflect on their practice. The provider had made improvements.

- Staff were appropriately inducted to the service and a training matrix was in place to monitor any training needs. Staff received appropriate training, and they told us they could request more if gaps in knowledge was identified.
- Staff told us they felt supported in their roles. One staff member said, "[The registered manager] is fair and approachable. We can go to her if we need support."

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

- The cook had guidance in the kitchen which outlined people's specific dietary needs. We found that more detailed instruction was needed around modified diets to help ensure people received meals prepared in line with guidance.

We recommend the provider reviews best practice guidance regarding modified diets and update their practice accordingly. There had been no impact to the people at the time of the inspection, but increased staff knowledge would help to further mitigate the risks of a choking incident.

- People were supported to eat and drink, maintaining a balanced diet.
- We observed the meal service on the day of the inspection, which was calm and well managed. People were given choice and those who preferred to eat in their rooms were regularly checked by staff. One person told us, "The food is very good here."

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

- Improvements in the environment had been made which helped promote a more dementia friendly service.
- Heavily patterned carpets had been replaced and signage within the service was both in written and pictorial form to help orientate people with dementia.
- The provider had a plan in place to improve other areas of the service, this included other maintenance tasks, decorating bedrooms and to increase the access to the garden area.

- People told us they liked their rooms and had been supported to move rooms if they requested to do so. One person told us, "We have very, very nice rooms."

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

- People's needs had been assessed and choices were offered to them about how they wished to spend their time.
- People's needs and preferences were known, needed to be recorded in more detail. One person said, "Everyone here is very kind to me and they all get to know you."
- The registered manager was aware of the standards and guidance in place for delivering care and policies were in place to help guide staff.

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

- People were supported to live healthier lives, accessing other healthcare services when needed.
- Staff worked well with other health care professionals, such as district nurses, to ensure the correct support was in place, following their guidance.

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 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 MCA.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working in line with the principles of the MCA; however, more detailed records are needed to ensure staff have all appropriate information regarding people's capacity, DoLS and details regarding power of attorney.
- Appropriate DoLS applications had been submitted and a tracker was in place to help monitor this.
- People and their families had been involved in decisions about their care.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained the same. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. People and their relatives had confidence their complaints would be addressed. The systems in place were not robust and did not fully demonstrate how complaints had been reviewed or what learning had taking place where improvements were needed.

We recommend the provider review their complaints handing process and update their practice accordingly.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provision of activities and supporting people with their interests had been impacted by recruitments issues. However, an activities co-ordinator had been recruited and was awaiting a start date. People and relatives were happy with the activities provided, however would welcome the opportunity to participate in activities more regularly.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had choice and control of their lives. Staff knew the people well and understood their needs.
- People told us they could choose how they spent their time and staff were respectful of their choices. One person told us, "I can watch TV and I can go downstairs for my lunch if I want to. If I don't want to get up at all then I can stay in bed all day. They [care staff] bring me drinks and bring me food and if I ask for more drinks then they bring them."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Communication plans had been developed for people to help inform staff of their sensory and communication needs.
- Information had been presented to people in a format they could understand.

End of life care and support

- No one using the service currently needed end of life care. However, care plans could be developed to

support people if this was required.

# 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection the provider had failed to ensure effective quality assurance systems were in place, which failed to ensure people were kept safe. This was a breach of regulation 17 (1) of the Health and Social Care Act (Regulated Activities) Regulation 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 17.

- Improvements had been made with the service's governance; however, further development in this area was needed. The concerns identified during this inspection had not been identified through the providers quality assurance systems.
- The medication audit failed to highlight when staff were not following best practice guidance and had not identified gaps in medicine records.
- Records did not contain enough information to support staff to deliver the right care to people and to oversee and minimise the risk of harm.
- Action plans for improving care were in place for audits. However, other evidence of learning and improving were missing from the records. For example, complaints did not always evidence lessons learnt, or improvements made. Accident and incident records were brief in detail and lessons learnt were not clearly evidenced within the records.

The failure to monitor and improve the quality of the service and the failure to maintain accurate and complete records was a continued breach of regulation 17 (1) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- The registered manager took onboard the suggests made throughout the inspection and planned to make improvements within the auditing systems and records. Electronic record keeping systems were planned to be installed early this year.

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

- The registered manager worked to ensure a person-centred, open culture within the service.
- Staff told us they could approach the management team at any time, their opinions would be listened too and acted upon.
- Positive feedback was received from people and their relatives about the service. One person told us, "I was a very poorly person before I moved here and now, I realise I did need help. I think people see me as the real [name] now. I had become very withdrawn." They continued to say, "Moving here has really worked for me. I have regained my confidence."

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 registered manager understood their responsibility to be open, honest and apologise if things went wrong.

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

- People, relatives and staff had been asked to provide feedback about the service. Relatives felt involved in the care of their relatives, taking part in care reviews and having input when required.
- Residents meetings were taking place and people felt able to discuss their wishes, opening discussing what improvements they would like to see in the service.
- The service worked well with other professional, taking their advice on board and acting in line with their suggestions. Referrals were appropriately made, and guidance was sort from district nurses and GP when needed.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to effectively monitor and improve the quality of the service. The provider failed to maintain accurate and complete records in respect of each service user.</p> <p>Regulation 17(1)(2)(a)(c)</p>