

Kay Care Services Ltd

Hepscott Care Centre

Inspection report

Choppington Road
Morpeth
Northumberland
NE61 6NX

Tel: 01670519773

Date of inspection visit:
14 June 2021

Date of publication:
21 July 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Hepscott Care Centre is a residential care home providing accommodation and personal care for up to 40 people. At the time of the inspection there were 26 older people living at the home.

The home is a converted and extended building with rooms over two floors, all of which have ensuite facilities. There are a number of communal lounge areas, a dining room and an activities room. People also have access to a garden area.

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

People's medicines were not always managed safely. We found records relating to the safe storage of controlled medicines to be inaccurate. Infection control processes at the home had improved. Staff followed national guidance on the use of personal protective equipment (PPE) and practices to minimise infection risk. Processes to safeguard people from abuse were in place and risks related to both care and the running of the home were reviewed. Staff recruitment was undertaken safely and there were enough staff to support people's care needs.

People choices and preferences were considered in determining and delivering their care. The home had worked hard to support people with activities during the current Covid-19 pandemic. Effective systems were in place to support relatives and friends to safely visit people in the home. Processes were in place to support people during the final period of their life.

Systems to monitor quality and safety at the home had improved but still needed to be made more robust. Check and audits had been established, with the exception of the safe management of medicines. People were supported to be involved in decisions about the running of the service, as much as possible. Staff said they were well supported by the acting manager and could raise any issues or concerns. The home worked closely with health and social care professionals.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement. (18 February 2021)

At this inspection we found improvements to the original breaches in regulations had been made and the provider was no longer in breach of these regulations. However, we found an additional breach of regulations relating to medicines.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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

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

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

The overall rating for the service remains 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 Hepscott Care Centre on our website at www.cqc.org.uk.

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to how the service manages medicines safely. 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 the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme.

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 responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.
Details are in our well-Led findings below.

Requires Improvement ●

Hepscott Care Centre

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 undertaken by one inspector.

Service and service type

Hepscott Care Centre 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 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. The registered manager was on long term leave. We were supported on the inspection by the acting manager at the service.

Notice of inspection

We gave a short period of notice on the morning of the inspection to ascertain the current status of the home in relation to any Covid-19 infections and ensure the inspection could go ahead safely.

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 of this information to plan our inspection.

During the inspection

We observed the care that people were receiving and how staff interacted and supported them. We spoke with five members of staff including the acting manager, operations manager, a care worker, a domestic and the activities co-ordinator.

We reviewed a range of records. This included three people's care record and multiple medication records. We looked at one staff file 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 looked at training data 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely.
- Records relating to controlled medicines were not accurate and storage of controlled medicines was not always safe. Controlled medicines are medicines that are subject to specific legal requirement around use and storage.
- There was no system in place to regularly check controlled medicines. The acting manager agreed such a system should have been in place. No harm had been caused to people living at the service because of this issue.

This meant there was a potential risk to people not receiving their medicines correctly because safe systems were not in place around the management of controlled medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

- Systems were in place to effectively manage other medicines at the home.
- We observed staff supporting people to take their medicines and saw this was done appropriately and compassionately.

Preventing and controlling infection

At our last inspection the provider had failed to have in place robust systems to manage and control infection in the home and in particular address the requirements for dealing with the COVID-19 pandemic. 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 this element of regulation 12.

- There were now effective infection control practices at the home.
- Staff wore personal protective equipment (PPE) correctly and followed current government guidance when supporting people.
- Systems to check and assess staff followed national guidance and the provider's own infection control policy were in place. Infection control champions had been appointed to support staff and ensure the latest guidance was followed. Staff described how they would use PPE when supporting care.
- Staff had signed they had read the provider's latest infection control policy. Infection control audits had been updated to include elements relating to the management of COVID-19.

- The home was clean and tidy, and the acting manager discussed infection control issues regularly at team meetings.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people and protect them from potential abuse.
- The registered manager recorded any safeguarding concerns and had reported them to the local safeguarding authority and the CQC. Where necessary, action had been taken to address the issues.

Assessing risk, safety monitoring and management

- Systems were in place to effectively assess and monitor day to day risks. Regular checks were undertaken on safety systems. Lifting and electrical equipment was regularly inspected.
- People's care records contained evidence that risks associated with nutrition, weight loss and mobility were regularly updated.

Staffing and recruitment

- The home currently had a short fall in staffing numbers, some of which was being filled by the use of agency staff. The acting manager said they looked to use familiar agency staff.
- There were enough staff to provide for people's care needs. Staff were able to work additional shifts to help support care. Both the activities and domestic staff told us they also worked some care shifts. We spoke with the acting manager about ensuring all elements of the service had enough staff. We observed staff supported people in a calm and unhurried manner.
- The service was currently recruiting or was awaiting the result of formal checks before appointing new staff. Staff recruitment was undertaken in a safe and effective manner. Appropriate checks were undertaken, including Disclosure and Barring Service (DBS) checks and the taking up of references.

Learning lessons when things go wrong

- The acting manager and operations manager spoke about the lessons learned from the previous inspection and the changes brought in to address these concerns.
- Due to a recent peak in falls the acting manager had investigated and taken steps to address matters.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

- At our last inspection we reviewed the services action on supporting people to maintain relationships and be involved in meaningful activities. We noted an improvement in this area but did not change the rating in this domain as we only looked at this specific area.
- The acting manager and activities co-ordinator spoke about how the service supported people to maintain relationships during the COVID-19 pandemic.
- The service followed good practice guidelines to ensure people had regular and safe visits from relatives, both within the home and in a garden visiting pod.
- A range of activities were on offer at the home and we witnessed staff supporting people to engage in a number of events.

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

- People received personalised care that met their needs.
- Care records contained good information about people's choices and preferences.
- People's needs had been assessed prior to them coming to live at the home and their likes and dislikes considered.
- People, or their representatives, had been involved in decisions about their care, where possible. Care records showed that where professional advice had been sought the daily care offered reflected this guidance.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care records indicated staff understood people's communications needs; covering both practical aspects, such as the wearing of hearing aids or glasses, along with the social aspects of memory conditions.
- There was some evidence people had been involved in periodic reviews of care. We spoke with the acting manager about ways of increasing this involvement.

Improving care quality in response to complaints or concerns

- The provider had in place a complaints policy.

- There had been no recent formal complaints.

End of life care and support

- People's end of life care and wishes were recorded in their care records.
- The acting manager and operations manager spoke about how the service supported families when people were moving towards end of life care.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

At our last inspection the provider had failed to have in place robust systems to manage and monitor quality and safety at the home. This was a breach of regulation 17 (Good Governance) 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 this element of regulation 17.

- There was no effective system to monitor the safety of controlled medicines in the home. The acting manager told us there was still work to do and further improvements were needed to make the home safer.
- Systems to monitor and manage the quality and safety of the service had been improved. New systems were in place to monitor infection control practices and ensure people were cared for safely. Staff competency checks ensured PPE was used correctly and national guidance was followed.
- The acting manager had formal audits or checks specifically around the demands of the Covid-19 pandemic. They undertook regular recorded walkarounds of the home.
- The monthly infection control audit had been updated to take account of the requirements of the Covid-19 pandemic.
- The acting manager ensured staff had seen and read the provider's updated infection control policy

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

- Staff told us the acting manager was approachable and helpful. They felt safe in raising any concerns or issues. They felt the service was safer and that action was taken quickly if concerns arose.
- Regular staff meetings occurred with a range of issues discussed. The acting manager reinforced the need for good infection control practices.

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 acting manager was aware of their responsibility under the duty of candour. There had been no specific instances where they had been required to act on this duty.

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

- Processes were in place to engage people in the running of the service, as far as practicable.
- Monthly meetings were undertaken. People were asked their opinion about the service and were able to make suggestions about improvements or activities they would like to participate in.
- Regular and various staff meetings covered a range of issues. Staff said they could raise issues in these meetings and felt supported.

Continuous learning and improving care

- Staff were supported to develop their roles, including their roles as care champions.
- The acting manager told us there was still work needed to develop the service. They had arranged for the local infection control team to visit the home to carry out additional staff training and provide further advice about practices.

Working in partnership with others

- There was evidence in people's care records, and other documentation that the home worked in partnership with a range of health and social care professionals.

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 did not have robust systems in place to ensure that controlled medicines were safely stored and safely managed. Regulation 12(1)(2)(g)