

Four Seasons 2000 Limited

Hesslewood House

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

Hesslewood House is a residential care home providing personal and nursing care to 48 people at the time of the inspection. The service can support up to 66 people. One unit of the home provides nursing care, one unit provides residential care and the other specialises in supporting people living with dementia.

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

People received care from staff who were caring and responsive, but improvements were needed to aspects of medicines management, record keeping and risk management. We have made a recommendation about quality assurance processes, to ensure they are more effective in identifying and addressing shortfalls.

There was a system in place to make sure there were enough staff to meet people's needs and agency staff were used to cover any gaps. The provider was taking action to try and recruit more staff, to help improve consistency of care. People were supported by staff who were safely recruited and vetted.

Improvements had been made to infection control practices in the home. Work was underway at the time of our inspection to make improvements to the environment, to support with effective hygiene practices.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager promoted a positive culture and staff felt supported. Staff worked with health and social care professionals to meet people's needs.

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

Rating at last inspection:

The last rating for this service was good (published 25 April 2020).

Why we inspected:

We received concerns in relation to infection control and risk management. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report. The provider took action straightaway to respond to our

feedback and continue working on their own action plan.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hesslewood House on our website at www.cqc.org.uk.

Follow up:

We will work with the local authority to monitor progress and will continue to monitor information we receive about the service until we 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 ●

Hesslewood 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. 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 first day of inspection was conducted by four inspectors, and the second day was conducted by two inspectors. On day one, CQC were accompanied by an infection control nurse from the local Clinical Commissioning Group.

Service and service type

Hesslewood House 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 CQC. 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 before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who works 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 spoke with six people who used the service and a relative about their experience of the care provided. We spoke with two visiting health and social care professionals. We spoke with eleven members of staff including the registered manager, the regional manager, regional support manager, deputy clinical manager, home administrator, two nurses and two care workers.

We looked at records related to people's care and the management of the service. We viewed care records relating to six people, medication records, two staff recruitment and induction files, training information, staff rotas and records used to monitor the quality and safety of the service.

After the inspection

We spoke to the registered manager and regional support manager via video call and continued to review evidence from the inspection.



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 good. At this inspection this key question has now changed to 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.

Using medicines safely

- Improvements were needed to aspects of medicines practices and record keeping.
- Systems and policies were in place but there was variation across the home in how these were implemented. For instance, records to monitor stock levels were inconsistently completed in one unit. This meant it was not possible to be assured that people had received their medicines as prescribed. In another unit, the administration of medicine did not always follow best practice.
- The provider was working to ensure protocols were in place for all people who had medicines prescribed for use 'as and when required'.
- The provider took action in response to the issues we found.

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

- Risks to people's safety and wellbeing were assessed and mitigated, but systems were not always effective in ensuring all issues were acted on promptly.
- For instance, external professionals had made recommendations in the months prior to the inspection about IPC practices. Although there had been significant improvement in this area by the time of our inspection, work was still ongoing to complete environmental and renovation work.
- Risk assessments were in place and had been regularly reviewed, but in some cases information did not accurately reflect people's current needs.
- There were good systems to support the recording and analysis of accidents and incidents, but some incident records lacked sufficient detail to enable a robust analysis, or show evidence of lessons learned.
- People felt safe living at the home.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse.
- Staff received training and understood the signs of potential abuse.
- The registered manager made safeguarding referrals when required, and responsive action was taken when incidents occurred.

Staffing and recruitment

- There were enough staff available to meet people's needs, but the service was relying on agency staff to ensure the rota was covered. This was due to staff turnover and recruitment difficulties.
- Regular staff told us the use of agency impacted on their workload and consistency for people who used the service. They were aware though that the provider was trying to recruit new staff and felt that people's

needs were met in the meantime.

- People told us they liked the staff and one commented, "They don't have much time but they help me if I need it."
- Staff were recruited safely and appropriate checks were conducted on agency staff.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that 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. The provider's visiting policy was being updated at the time of our inspection.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were somewhat assured that the provider was using PPE effectively and safely.
- The provider had a maintenance action plan and work was on-going to complete remaining actions, to promote effective hygiene practices within the home. This included replacing flooring and bathrooms. The provider was also taking action to refresh staff knowledge about the safe use of PPE and ensure on-going vigilance with this.

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 good. At this inspection this key question is now requires improvement. This meant aspects of 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

- The provider had a quality assurance system. This included completing a range of regular audits. Whilst some improvements and changes had been made as a result, the checks in place had not been effective in ensuring consistent best practice in all aspects of record keeping, medicines and risk management.
- Despite the premises and equipment checks being regularly completed, we still identified some environmental risks during our inspection, such as sluice and medication room doors not shutting properly, and a building security issue. These issues were rectified promptly by the provider.

We recommend the provider reviews quality assurance systems in line with best practice, to ensure they are effective in driving continuous improvement.

- Following a recent investigation, the management team had identified some lessons learned in relation to record keeping. They were introducing various revised documentation to support staff with recording. They were also implementing improved handover and shift oversight arrangements.
- Staff attended team meetings and received information and updates to keep them informed.
- The provider notified CQC of relevant information in a timely way.
- The management team were responsive to feedback and demonstrated commitment to providing a quality service.

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

- The registered manager promoted a positive, person-centred culture. Staff and people who used the service told us the registered manager was very dedicated. Staff felt supported and one commented, "[Registered manager] is fantastic, she supports us 110 percent. She comes around every morning to do a walk around. She asks if we have any problems. If I have anything I need clarification on, I can go to her at any time."
- Staff enjoyed their work and spoke respectfully about the people they cared for.
- Meetings were held with people who used the service to seek their views and provide updates. There was also an annual satisfaction survey where people and relatives could provide feedback. A relative confirmed they would feel comfortable raising any concerns or suggestions. One person who used the service told us

they had enjoyed staying at the home and commented, "Everybody's friendly, they treat you really nice."

Working in partnership with others

- Staff worked with healthcare professionals and other agencies to meet people's needs. We received positive feedback from two social care professionals who regularly visited the service.

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 management team were aware of their requirements in relation to the duty of candour.