Four Seasons 2000 Limited

Hesslewood House

Inspection report

Ferriby Road
Hessle
Humberside
HU13 0JB

Tel: 01482648543
Website: www.fshc.co.uk

Date of inspection visit:
05 December 2018
14 December 2018

Date of publication:
19 February 2019

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service: Hesslewood house is a care home providing care and support to people living in three separate areas; 'Oak' provides nursing care, 'Beech' provides personal care for adults and older people, some of whom may have a physical disability, learning disability or dementia related condition and 'Cherry' provides support to people living with dementia. At the time of inspection there were 53 people using the service.

People's experience of using this service: People and their relatives told us the service was safe. Care plans contained appropriate assessments of risk to people and provided instructions to staff to reduce the likelihood of harm. Appropriate recruitment checks were conducted and there were enough staff on duty to support the needs of people and keep them safe.

People, relatives and staff all had concerns with the food provided at the service. An external catering company prepared and provided the food. The management team were aware of the issues relating to the food within the service and were working with the external company to improve this.

On the first day of inspection we identified areas of the environment that required refurbishment. On the second day of our visit, some of these areas had been re-decorated and the manager had implemented an action plan for the remainder of the work needed.

People and relatives were positive and spoke highly of staff. We observed staff were kind and caring and people were observed to be content and happy in staff presence. People told us they were encouraged to be as independent as possible and staff respected their privacy and dignity.

Care plans were developed with people and their relatives. Staff were encouraged to complete activities in communal areas of the service. A complaints procedure was in place in an accessible format.

People and their relatives spoke positively about the registered manager. Staff told us the registered manager was supportive and approachable. Systems were in place to monitor the service to ensure the service was consistently monitored and quality assurance was in place but not effective.

Rating at last inspection: Requires Improvement (Report published 22 February 2018)

Why we inspected: This was a planned inspection based on the rating at the last inspection. We brought the inspection forward due to information we received of risk.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 safe Details are in our Safe findings below.	**Good**
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 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**

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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection consisted of three inspectors', a medication specialist advisor and two experts 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. One inspector visited the service on the second day.

Service and service type: The service is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (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.

Notice of inspection: This inspection was unannounced.

Inspection site visit activity started on 5 December 2018 and ended on 14 December 2018.

What we did: We reviewed information we held about the service, such as notifications we had received from the provider, information from the local authorities that commissioned services with the service and Healthwatch England. Notifications are when providers send us information about certain changes, events or incidents that occur within the service. Healthwatch England is an independent service which exists to speak up and publicise the views of local people in health and social care settings. Before the inspection, we reviewed the Provider Information Return (PIR) that the provider completed. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with 11 people who used the service and eight relatives to ask about their

experience of the care provided. We also observed how people interacted with staff. We spoke with seven members of staff, the registered manager, the regional manager and the regional support manager. We also spoke with a visiting health professional. We reviewed a range of records; this included six people's care records and multiple medication records. We also looked at four staff files and records relating to the management of the service.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes
• People and their relatives told us the service was safe. Comments included, "I feel very safe as the staff look after me really well", "This is a very safe place" and "My relative is very safe here and the staff are brilliant."
• The provider had a safeguarding policy in place. Safeguarding concerns had been reported and acted upon, involving all relevant professionals when appropriate.
• Staff could explain what action to take to ensure people were safe and protected from harm and abuse.

Assessing risk, safety monitoring and management.
• Regular safety checks took place to help ensure the premises and equipment were safe. Fire risk assessments were in place for staff to follow. Weekly fire door checks and monthly fire drills had not been completed since October 2018. We discussed this with the registered manager who explained the maintenance person had left employment that month. They immediately sourced a maintenance person from another home within the group to come and complete the appropriate checks and update all records.
• Emergency plans were in place to ensure people were supported in the event of a fire.
• Care plans contained appropriate assessments of risk to people and provided instructions to staff to reduce the likelihood of harm occurring when being supported.

Staffing and recruitment.
• Appropriate recruitment checks were conducted prior to staff starting work, to ensure they were suitable to work with vulnerable people.
• There were enough staff on duty to support the needs of people and keep them safe. Induction procedures were followed when agency staff supported the service and the appropriate checks were completed.

Using medicines safely.
• Staff completed medication training and competencies were completed by the registered manager.
• People told us they were happy with the support they received to take their medicines. One person said "[Staff] bring my tablets and a drink of water and wait until I've taken them."
• We observed good management and security of medicines. Storage facilities were kept locked and only trained members of staff had access to the medicines.

Preventing and controlling infection.
• The service had systems in place to manage the control and prevention of infection.
• Staff were observed using good infection control and prevention practices.

Learning lessons when things go wrong.
• The registered manager had a system in place to monitor incidents and understood how to use them as

learning opportunities to try and prevent future occurrences.
• Risk assessments and care plans were reviewed following incidents to prevent re-occurrence.

Requires Improvement

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.

Supporting people to eat and drink enough with choice in a balanced diet.
• The provider used an outside catering service who provided meals for people. People's specific dietary requirements were communicated to the catering team by staff on a regular basis.
• We received negative comments about the food from people, relatives and staff. These comments included, "My only criticism is that the food is dreadful", "Food isn't cooked well and it's not good quality either" and "The food needs to be sorted its always cold." We spoke to the area manager and registered manager who informed us they were aware of on-going issues with the catering company and were working with them to improve this service for people.
• People's specific dietary needs were assessed and recorded in detail and where required people's weights were monitored and recorded.

Staff skills, knowledge and experience.
• Staff received regular supervision meetings. These were mainly group supervisions to discuss issues and areas of practice that required improvement. Individual supervision records were focused around incidents and did not identify any aims, objectives or training needs required to develop the staff members practice. We discussed this with the registered manager who informed us they were implementing a supervision matrix to ensure staff received supervisions that were meaningful to their development.
• A new training system was being put in to place by the provider. The registered manager was unable to provide an up to date training matrix to show training requirements for staff.
• Staff told us they completed training and showed understanding of people's individual needs and had worked at the service for several years.

Adapting service, design, decoration to meet people's needs
• Areas of the service required refurbishment. One the first day of inspection we identified ten bedrooms that required redecorating. On the second day of inspection, four of these rooms had been redecorated and an action plan was in place to ensure the remaining rooms were completed.
• People's rooms were decorated to their choice and contained items personal to them.
• The environment was relaxed, and people told us they felt comfortable both in the communal areas and their own rooms.
• People had access to an extensive outside area and told us they enjoyed spending time in the garden watching the wildlife, when it is warmer.

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

• The manager ensured people's care needs were understood by staff by providing best practice guidance around specific health conditions.
• People and relatives all told us they felt they were treated fairly and were free from discrimination. They were able to discuss any needs that were associated with their culture, religion, sexuality.

Staff working with other agencies to provide consistent, effective, timely care
• Care records demonstrated that referrals were made to professionals when required.
• Records of professional visits were recorded and outcomes of these visits were reflected in people's care plans.
• A health professional told us the service followed advice given.

Supporting people to live healthier lives, access healthcare services and support
• Where people required support from healthcare professionals this was arranged by staff.
• The service had recently implemented hospital passports for people. Hospital passports are communication tools to inform other health services and professionals of people's health needs. These were written in detail and provided information on how to care for people in a person-centred way.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
• We found people's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives and staff. We found minor recording issues were which were brought to the attention of the registered manager and rectified straight away.

Good

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.
• Staff were observed to be warm, kind and spoke to people in friendly manner. It was clear that staff knew people well. Staff took time to explain things to people in a calm and patient way.
• People were observed to be content and happy in staff presence. Staff spoke to people in a respectful manner and were seen to position themselves correctly and made good eye contact to aid communication.
• People and relative were positive and spoke highly of staff. Comments included, "[Staff] are kind", "[Staff] are marvellous, nothing is too much trouble for them", "It's their job to look after us but they are smashing" and "The staff are really good. I come every day and I've seen nothing but kindness towards people here. They can't do enough for people."
• Conversations with staff demonstrated they knew the people they supported well.

Supporting people to express their views and be involved in making decisions about their care.
• Staff supported people to make decisions about their care. We saw staff asking for consent from people before supporting them, they clearly explained to people what they wanted to do and why.
• People's diverse needs were recorded in detail and staff we spoke with demonstrated a good knowledge of people's personalities and individual needs and what was important to them.
• Staff positively welcomed the use of advocates. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.

Respecting and promoting people's privacy, dignity and independence
• People told us that staff respected their privacy and dignity and we saw that staff were careful to close doors when assisting people.
• People told us they were encouraged to be as independent as possible. One person told us, "Staff help me to get dressed. I pick out what I want to wear, and do as much as I can for myself when staff help they are very gentle."
• Staff respected people's right to privacy and confidentiality.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Personalised care.
• People told us they received the correct care to meet their needs.
• People and relatives told us they were involved in creating and reviewing their individual care plans. Comments included, "The registered manager is really kind and reassuring. They have made sure that I have been involved from the word go in the care plan", "I think the care is excellent, staff know what I like and how I like it." and "I don't know if you call it a care plan, but I tell them exactly what I want or don't want and they write it down."
• Care plans were person centred, written in detail and reviewed on a regular basis.
• Staff knew people well and were able to tell us about their individual needs and preferences.
• The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the service had met this standard.
• There was no activities co-ordinator at the time of the inspection, the registered manager informed us they were recruiting for this position. Entertainment and outings were arranged in advance to enable staff to provide support. People spent their time in communal areas watching the television, listening to the radio and engaging with staff. The registered manager encouraged staff to complete activities where possible.

Improving care quality in response to complaints or concerns.
• A complaints procedure was in place in the main entrance and all three units for people and visitors to access. This was displayed in an accessible format to meet peoples diverse needs.
• Where complaints had been made, they were responded to in line with company policy.

End of life care and support
• Where appropriate, people's end of life care preferences were written in detail in their care plan. This provided staff with information to ensure people would receive dignified, comfortable and pain free care at the end of their life if required.

Requires Improvement

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.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.
• The registered manager demonstrated a positive culture and promoted a high standard of person centred care and support for people.
• The manager could describe people's current care needs, and action being taken to support them. People, relatives and staff felt able to speak to the manager whenever they wanted.
• We saw the manager responding to people's individual personalities.
• The registered manger felt fully supported in her role. An regional manager and regional support manager along with other registered managers within the provider group were available to support the registered manager at any time.
• Regular management meetings within the provider group supported them to keep up to date with best practice and company procedures.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.
• The registered manager understood their legal responsibility to notify the CQC about incidents that affected people's safety and welfare; records showed they had done so accordingly.
• Systems and process in place to oversee the service and governance systems drove improvements in the quality of the service were not robust.
• The registered manager completed monthly audits to identify any issues or trends within the service. However, this failed to identify missed fire safety checks and identify the staff who were not fully aware of medicines protocols. The registered manager was aware of the refurbishment required at the service but only implemented an action plan to address these areas following our first visit. We were given reassurance by the management team these areas would be added to the monthly checks.
• Staff were clear about their individual roles and were accountable for their actions.

Engaging and involving people using the service, the public and staff.
• People, relatives, health professionals and visitors to the service could leave feedback at any time via an I-pad situated by the main entrance. This feedback was used to continuously improve and develop the service.
• Relatives told us they felt engaged with their family members care. Comments included, "They are very good. They will always get in touch with the family if my relative isn't well or they are worried at all. They do involve us all the time" and "Communication is really good with us in that respect and they tell us straight away if our relative is off colour or anything."

Continuous learning and improving care
• Staff were supported to improve practice through group supervisions.

Working in partnership with others.
• The manager worked in partnership with managers from the provider's other homes, to share best practice. The manager also shared how they worked collaboratively with other stakeholders so people received the best care possible.