

Maria Mallaband Limited

Hope Green Residential Home

Inspection report

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Date of inspection visit:
01 December 2020
07 December 2020

Date of publication:
20 January 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Hope Green is a residential care home providing personal and nursing care to 45 people aged 65 and over at the time of the inspection. The service can support up to 54 people. Accommodation is across two separate households.

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

Governance systems to monitor the quality of care being delivered to people required improvement. Existing systems failed to identify a lack of person centred information in care plans or shortfalls in care recording.

Existing bathing facilities within Hope Green limited choice. This meant people living in one part of the building only had access to a bath, when we were told their preference would be to have a shower.

There was a lack of adequate checks on temporary workers to ensure people working at Hope Green were suitable and adequately trained. Regular staff did have appropriate employment checks in place.

At the time of inspection, the registered manager was recruiting new staff, including ancillary staff. We found additional pressures had been placed on domestic staff during this period to meet the demands of enhanced cleaning procedures as a result of the Covid-19 pandemic. However, despite this, the home was visibly clean and well maintained. We found care staffing levels were adequate, however, we have made a recommendation for the registered manager to review how staff are deployed, particularly to support people following mealtimes.

Staff had received all necessary training. This included training to recognise and respond to abuse. We found incidents had been appropriately documented and reported to the local authority. Some incidents however had not been reported to the Care Quality Commission.

We found the registered manager to be open and transparent throughout our inspection and had begun to put plans in place to address the issues we found.

People told us they were happy living at Hope Green and felt well cared for. Staff told us they enjoyed working there.

During the Covid-19 pandemic, visiting opportunities had been restricted to window visits, telephone calls and video calling. There were plans in place for a purpose built pod to be placed in the grounds to enable people to see their loved ones. Relatives we spoke with appreciated this was being introduced.

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

Rating at last inspection

The last rating for this service was good (published 27 February 2019).

Why we inspected

We received concerns in relation to the quality of care being provided to people and the oversight of and effective management of the service. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

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 coronavirus and other infection outbreaks effectively.

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, responsive 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 provider has given us assurance they will improve the checks they make on agency workers to ensure safe recruitment procedures are in place.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hope Green Residential Home 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 providing person centred care, record keeping and effective auditing as well as ensuring appropriate checks are in place for agency workers at this inspection. We have also identified a potential failure by the registered manager to inform CQC of notifiable incidents.

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 for 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. 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 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



Hope Green Residential 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 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

This inspection was carried out by one inspector.

Service and service type

Hope Green 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.

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. 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 three people who used the service and seven relatives about their experience of the care provided. We spoke with fifteen members of staff including the registered manager, service manager, quality manager, domestic staff, senior care workers, care workers and the chef. We observed support being delivered and we also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included eleven 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 looked at training data and quality assurance records. We also sought further information regarding the reporting of incidents from the local authority safeguarding team.

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 deteriorated 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.

Staffing and recruitment

- The registered manager was in the process of recruiting new staff and utilising temporary agency workers to ensure safe staffing levels were maintained. We reviewed the recruitment checks which were required to ensure those workers were suitable and had the required experience. We found these checks were absent or incomplete.
- One temporary worker told us they were working at another location at the same time as working at Hope Green. This was raised with the registered manager as this was not in line with national guidance during the Covid-19 pandemic. The registered manager told us this was not their usual practice and they would raise with the agency who had supplied the worker.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure agency staff were appropriately assessed for their suitability and experience before working at Hope Green. This placed people at risk of harm. This was a breach of regulation 19 (Fit and Proper Person Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the inspection, the registered provider has assured us they have taken measures to improve the checks made on temporary workers.

- All other staff working at Hope Green were safely recruited and appropriate checks had been made before being offered employment.
- Some relatives told us it could be difficult to get through to the service via telephone outside of office hours. We discussed this with the registered manager and regional director who explained additional cordless phones had been purchased which has been placed around the home to improve this.

Assessing risk, safety monitoring and management; Using medicines safely

- Risk assessments were in place and the support required was identified in care plans. However, some daily recording records to monitor risk to people's health were incomplete and there was a lack of review or oversight by senior staff.
- For example, there were gaps in records of people who required prescribed creams. There were also gaps in regular weight monitoring. This meant we couldn't be assured the safe management of pressure care was being monitored.
- A number of people had significant gaps in records where they required support to ensure adequate hydration.
- People we spoke with confirmed they could access a bath when they chose, however some staff told us

ensuring people had access to regular bathing could be difficult. A significant number of people lived with dementia and records maintained failed to demonstrate people had regular access to bathing or showering. This was raised with the registered manager who told us they would address record keeping with care staff.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed through the completion of records. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Routine checks on the environment and equipment were up to date and certificates were in place to demonstrate this.
- All other aspects of medication were found to be managed safely. Medicines were only administered by staff who were suitably trained.

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 using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Relatives told us they felt their loved ones were safe and thought their loved ones were happy living at Hope Green. One person living at Hope Green confirmed this and told us, "I am perfectly happy, comfortable and well fed."
- Staff had completed safeguarding training and were aware of how to raise concerns. Referrals had been made appropriately to the local safeguarding team. We did become aware of one incident which hadn't been reported to the local authority. This was raised with the registered manager who assured us this would be reported straightaway.
- A whistleblowing policy was in place and staff were aware of the procedures to follow. one staff told us they had used this process and felt their issue was, "taken seriously and I was listened to."
- A system was in place to record accidents and incidents. They were reviewed regularly by the registered manager to look for any trends and identify whether future incidents could be prevented.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- During the inspection we observed people's needs were not always met in a timely manner. We observed a number of people requiring physical assistance waiting a significant time after their lunchtime meal to be assisted to their area of choice.
- Care plans were written in a generic way and were task focused. Although there were some details about personal preferences and histories, this was not evident for new residents. This meant new residents who were isolating in line with government guidance during the Covid-19 pandemic did not have their interests or emotional support needs identified.
- Care plans did not describe how people had been consulted with or chose to keep in touch with families and friends during the pandemic. Although people we spoke with confirmed they could use the telephone, make video calls or have window visits; this had not always been documented in care plans.
- Care plans were also inconsistent in identifying people's personal care preferences. We identified some residents did not have a shower available for use due to the layout of the building so choice was limited to a bath. One person told us, "I don't get in the bath, too much rigmarole. I would prefer a shower but there isn't one."

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate consistent person centred care was being effectively delivered. This placed people at risk of harm. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also recommend the registered manager reviews how staff are deployed within Hope Green at mealtimes to ensure people's needs are met in a timely manner.

- Although we identified a breach in regulation; we did observe interactions which were positive. Staff knew people's individual likes and dislikes. We also observed genuine friendships had been formed between people living at Hope Green.
- A dedicated staff member was employed to encourage people to engage in activities to avoid social isolation. We observed small groups of people making cards for Christmas which people appeared to enjoy. The activity worker was aware of one person's favourite music and when this was put on in the background, the individual was visibly moved and told us how they appreciated the gesture.

Meeting people's communication needs

- Communication needs were identified in care plans. For example, care plans identified where a person experienced hearing or sight loss and the support needs around this.
- Signage around the home supported people living with dementia to find their way around their home. We did observe menus were not displayed to assist people to understand what food choices were on offer to assist decision making. This was raised with the registered manager who explained the menus were being re-printed and would soon be made available again.

Improving care quality in response to complaints or concerns

- People we spoke with confirmed they knew who to speak to if they were unhappy and wanted to make a complaint or raise a concern. Some people commented that there could be some delay in receiving a response to any concerns, however felt issues were appropriately dealt with.

End of life care and support

- We reviewed care plans for people receiving care at the end of their lives and these plans were sensitively written, demonstrating people had been involved in decision making.
- Where appropriate, Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) orders were placed prominently in care files. Handover records also contained this information for ease of reference.
- One relative was very complimentary about the end of life care their loved one had received by staff working at Hope Green.

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 has now deteriorated to 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.

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

- The registered manager was unable to consistently demonstrate how good outcomes were achieved for people. For example, audits and regular checks to review the quality of care being delivered were not always effective in identifying and addressing shortfalls. Care plan audits did not evidence how actions had been followed through.
- A number of people lived with dementia and clear and accurate records were essential to ensure health needs were being met. We found checks on care monitoring documentation were inconsistent; we were not able to see how people's hydration, weight monitoring or personal care needs were being effectively monitored.
- Other systems to demonstrate ongoing continuous improvement were also not always effective. One identified action to report incidents to the CQC had not been followed through or met.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate quality care was effectively monitored. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- During the inspection we identified the registered manager and the registered provider had failed to notify the CQC of a number of incidents which had occurred at the home. This was a potential breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We will follow this up outside of the inspection process.
- Relatives spoke positively about the care their loved ones received and told us they were informed when incidents or accidents occurred. One relative described Hope Green as, "a home from home."
- The rating from the last inspection was displayed in the main reception area and on company website.

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

- Staff confirmed team meetings were held at Hope Green. Records demonstrated this was an opportunity

for staff to share their views.

- The registered provider had sought the views of residents and relatives through satisfaction surveys. These survey results supported feedback we received about the service from relatives who felt communication could be improved. We raised this with the registered manager and senior leadership team who told us this was a key focus area of improvement.
- We were told meetings with residents and relatives had not been able to happen due to difficulties ensuring social distancing during the Covid-19 pandemic. The registered manager kept people updated through emails and phone calls.
- Information contained within care plans demonstrated the staff at Hope Green worked in partnership with other agencies. We observed external medical professionals visiting people during our inspection.

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 9 HSCA RA Regulations 2014 Person-centred care How the regulation was not being met: Systems were either not in place or robust enough to demonstrate consistent person centred care was being effectively delivered. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance How the regulation was not being met: Systems were either not in place or robust enough to demonstrate safety was effectively managed through the completion of records. Systems were not robust enough to demonstrate how quality of care was effectively monitored. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed How the regulation was not being met: Systems were either not in place or robust enough to ensure agency staff were appropriately assessed for their suitability and experience before working at Hope Green |

