

Hamilton Care Limited

St Helens

Inspection report

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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 well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

St Helens is a residential care home providing personal and nursing care to older people some of whom are living with a dementia or mental health condition. The service can support up to 28 people in one adapted building. At the time of this inspection, 16 people were using the service.

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

The quality assurance processes in place were not robust to ensure all areas of the service were monitored. When concerns were identified, timely action had not always been taken to address the issues.

There had been some delays with safety checks of equipment due to COVID 19. Regular checks of areas such as water temperatures and fire equipment had not been completed. The manager took action to address this.

People felt safe. Safeguarding concerns had been reported appropriately and risks assessments were in place. Good infection prevention and control practices were in place. We have signposted the manager to appropriate guidance in relation to assessing risk around COVID 19.

A safe recruitment process was operated. Medicines were managed safely; staff had been trained and their competency regularly checked to make sure people received their prescribed medicines. Appropriate guidance was not always in place for medicines prescribed 'as and when required.' We have made a recommendation about medicine records.

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.

Improvements had been made to training provided to staff although COVID 19 had caused some delays. Staff told us they felt supported in their role.

People and staff spoke positively of the manager. The manager was passionate about ensuring people received the support they required. People were encouraged to provide feedback on the service provided.

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 (published 20 May 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 5 March 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.

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 and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed. 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 St Helens 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 effective quality assurance process and record keeping at this inspection.

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 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

St Helens

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 prevention and control 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 site visit was conducted by one inspector. A further two inspectors contacted people who used the service, relatives and staff following the site visit to gather their views.

Service and service type

St Helens 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 did not have 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. An acting manager was in post and we refer to them as 'the manager' throughout this report.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This enabled us to understand the risks in relation to COVID-19 and ensure those risks were managed.

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. The provider was not asked to

complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used this information to plan our inspection.

During the inspection

We reviewed a range of records in relation to people and the support they received. We also looked at the recruitment, supervision and training records for four members of staff, as well as records relating to the management of the service, including servicing of equipment and monitoring of accidents and incidents.

After the inspection

We continued to seek clarification from the nominated individual and manager to validate evidence found. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at training data, quality assurance records, staff rotas and risk assessments. We spoke with three people who used the service, two relatives and five care staff via telephone to gather their views on the service.



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 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.

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

At our last inspection the provider had failed to do all that was reasonably practicable to mitigate risks. 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 regulation 12, although further improvements were needed.

- Risks to people were assessed and regularly reviewed to ensure they remained up to date.
- Accidents and incidents were appropriately recorded. Action had been taken to mitigate risks wherever possible.
- Regular checks had not always been completed to ensure any equipment used was safe. When issues had been found, timely action had not been taken to address the concerns. For example, it was identified in June 2020 that a window restrictor was not at the recommended height. Action was not taken to address this until September 2020.
- The provider explained there had been delays with servicing and maintenance checks due to COVID 19. Action was taken following the inspection to ensure this was addressed.

Using medicines safely

- Improvements had been made to the management of medicines. People told us they received their medicines as prescribed.
- Staff completed regular medicines training and had their competencies assessed.
- Where people were prescribed 'as and when required medicine', appropriate protocols were not always in place to guide staff on when to administer. The manager took action to address this.

We recommend the provider considers current best practice guidance in relation to medicines and updates their practice accordingly.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and avoidable harm.
- Appropriate referrals had been made to the local authority safeguarding team when any concerns were raised.
- Staff had good a good understanding of safeguarding, although not all had up to date training in this area.

The provider explained there had been a delay sourcing training due to COVID-19, but plans were now in place for training in all areas to be completed.

Staffing and recruitment

- Safe recruitment processes were in place although interviews were not always recorded. The manager told us this would be addressed.
- A safe number of staff were on duty. Staff were visible throughout the inspection and responded to people's needs in a timely manner.
- People told us there was enough staff. Comments included, "Staff have the time for a good chat" and "I never have to wait longer than a couple of minutes when I ring my call bell."

Preventing and controlling infection

- 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 was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.
- We have signposted the provider to resources to develop their approach in relation to assessing risks relating to COVID 19.

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 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 outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff felt supported in their role. The manager had adapted their approach to staff support during COVID 19 providing staff with regular updates and the opportunity for one to one discussions; these discussions were not always recorded.
- Improvements had been made to training provided to staff. There had been delays sourcing some training due to COVID 19, but this was being addressed.
- New staff received an induction. This ensured they were familiar with the provider's policies and procedures, the environment and people they would be supporting.

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

- The service ensured they could meet people's needs. Pre-admission assessments were completed by a competent member of staff before a person was admitted to the service.
- Professional advice and guidance had been considered when planning how best to meet people's needs.

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

- People were supported to eat and drink regularly and had access to a varied and balanced diet.
- People enjoyed the meals on offer. Comments included, "The food is very nice. We get offered lots of snacks. It is a very good service."
- People's weights were monitored. Any concerns were reported to relevant professionals and the guidance they provided was followed by staff.

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

- People were supported to stay healthy; staff supported people with medical appointments when required. One person said, "I have been to hospital a few times and staff always stay with me."
- Staff worked with other professionals to ensure people's needs were met.

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

- The environment was warm and welcoming. Signage was available to help people navigate their way around the building.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The principles of the MCA had been followed.
- Applications had been made when necessary to deprive a person of their liberty. Any applications for renewals were requested in a timely manner.
- Where people lacked capacity, decisions had been made in people's best interests.

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 did not have sufficient systems in place to identify issues effectively. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Audits were completed to monitor the quality and safety of the service and had been effective in highlighting shortfalls. However, timely action had not been taken to address concerns appropriately. Audits had not been completed in areas such as weights and pressure area care.
- The provider visited the service on a regular basis. However, the audits they completed were not thorough and did not demonstrate they checked all areas of the service to ensure they were delivering good quality care.
- Record keeping needed further improvement. We found examples where thorough records had not been kept in relation to recruitment and COVID risk assessments.
- There was no registered manager in post. This is a ratings limiter for the well-led domain.

Failure to operate an effective quality assurance system and maintain accurate, complete and contemporaneous records was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 service had a positive culture. One staff member said, "It's a very friendly atmosphere and we all work as a team."
- Staff were encouraged to share their views and contribute to decisions about changes. The manager had introduced regular newsletters to ensure all staff were involved in any changes and decision making. Comments included "Name [The manager] listens to suggestions and acts on them."
- The provider was responsive to issues and concerns; they understood their responsibility to be open,

honest, and apologise to people if things went wrong.

- Statutory notifications the provider is legally required to send to CQC had been submitted as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People felt listened to and involved in the service and spoke highly of the manager.
- The manager worked hard to ensure they kept up to date with good practice guidance that was then shared with staff.
- The manager worked to develop their team so that staff at all levels understood their roles and responsibilities. Any lessons learnt were discussed and shared with all staff.

The manager was responsive to the feedback provided following the inspection. They were committed to making further improvements to the service.

Working in partnership with others

- Staff shared good relationships with professionals and worked with them collaboratively to implement good practice guidance.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider failed to operate an effective quality assurance system and maintain accurate, complete and contemporaneous records. 17(2)(a)(b)(c)