

Kay Care Services Ltd

# Hepscott Care Centre

## Inspection report

Choppington Road  
Morpeth  
Northumberland  
NE61 6NX

Tel: 01670519773

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service responsive?

**Inspected but not rated**

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 25 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

Infection control processes at the home were not robust. Staff did not always follow the national guidance on the use of personal protective equipment (PPE) and practices to minimise infection risk. Medicines were managed safely, and records were up to date. Processes to safeguard people from abuse were in place and risks, other than infection control matters, were reviewed and maintained. Staff recruitment was undertaken safely and there were sufficient staff to support people's care needs.

The home had worked hard to support people with activities during the current Covid-19 pandemic. A visiting pod had been installed to support people to have regular contact with their relatives.

Systems to monitor quality and safety at the home were not always robust. Specific checks and audits around infection control were limited. People were supported to be involved in care decisions as much as possible. Staff said they were well supported by the registered 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](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good. (31 May 2018)

### Why we inspected

The inspection was prompted in part due to concerns received about the delivery of care, staff use of PPE and the safe management of medicines. A decision was made for us to inspect and examine those areas of risk.

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 have found evidence that the provider needs to make 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 has changed from good to 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](http://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 the service response to infection control and the need to follow government guidance on the use of PPE. We have also identified that management processes to check staff at the home were working safely were not always detailed.

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. 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?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### 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.

#### Notice of inspection

We gave a short period 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 four members of staff including the registered manager, deputy manager, a senior care worker and a care worker.

We reviewed a range of records. This included one person's care record and multiple medication records. We looked at four 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 spoke with two professionals who regularly visit 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 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.

### Preventing and controlling infection

- Systems were not in place to ensure there were effective and robust infection control practices at the home.
- Staff did not always wear personal protective equipment (PPE) correctly and did not follow current Government guidance when supporting people. Staff failed to wear the recommended PPE when closely assisting people to move around the home or during mealtimes.
- National guidance, and the provider's own infection control policy, states that staff should wear gloves and aprons when touching or within two meters of people, whether they display symptoms of Covid-19 or not. We witnessed not all staff conformed to this guidance.
- Staff did not always wash or sanitize their hands before putting on PPE at meal times.

This meant people were not always protected from the risk of infection because staff were not following official guidance. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. We have taken action outside the inspection process on this matter and will publish the outcome of this action once it has been concluded.

- Overall the home was clean and tidy. The registered manager had established some additional cleaning routines to support infection control, such as extra cleaning of frequently touched areas.
- Staff had access to adequate supplies of PPE and were able to describe how they would put on and remove PPE safely. The home had designated areas for staff to don and doff PPE.

### 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 concerns.

### Assessing risk, safety monitoring and management

- Systems were in place to effectively assess and monitor day to day risks. Monthly checks were undertaken of fire equipment and 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

- 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.

- Staff told us there were enough staff at the home to provide for people's care needs. We observed that staff supported people in a calm and unhurried manner.

#### Using medicines safely

- Systems were in place to safely and effectively manage medicines.
- Medicines were stored safely and recording systems were up to date.
- We observed staff supporting people to take their medicines and saw this was done appropriately and compassionately.

#### Learning lessons when things go wrong

- The registered manager told us that following a number of incidents regarding the management of medicines at the home, an independent practitioner had been invited to the home to review systems. Following this review, improvements in practice and the management of medicines had been established.



# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about. This meant people's needs were not always met.

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 the last inspection we made a recommendation for the provider to review the activities at the home.
- At this inspection we noted that, despite the limitations presented by the pandemic, attempts had been made to provide a range of activities. People had been asked what type of activities they enjoyed, and efforts made to support these.
- Staff told us the activities co-ordinator tried hard to provide a range of activities people could participate in. They told us that during the summer months entertainers had still visited the home, performing in the garden to people through the patio doors.
- The home had established a visiting pod in the activities room. This allowed people to meet safely with their relatives, without direct contact, and assist them to maintain relationships and support their mental wellbeing.

# 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.

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

- Systems to monitor and manage the quality and safety of the service were not robust or had not been established.
- The registered manager told us they had not established any formal audits or checks specifically around the demands of the Covid-19 pandemic, although said they checked informally around the home.
- They had not established any competency or safety checks to ensure staff were able to use PPE correctly and were following national guidance on infection control during the pandemic. The registered manager had failed to identify that staff were not conforming to PPE guidance when supporting people closely.
- The home's monthly infection control audit had not been updated to take account of the demands of the Covid-19 pandemic and failed to regularly assess particular issues associated with the situation.
- The home infection control policy had only been updated on the 17 December 2020 and so for the majority of that year did not reflect any of the aspects and challenges presented by the Covid-19 pandemic. The registered manager could not assure us staff had seen and read the updated infection control policy.
- A Covid-19 risk assessment had been undertaken in October 2020 and reviewed monthly, but the areas highlighted had not been developed in to practice.

This meant systems for monitoring the quality of the service and ensuring people and staff were kept safe were not always robust and had not identified obvious short falls in practice. This was a 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

- Staff told us the registered manager and the deputy manager were both approachable and helpful. They said they felt safe in raising any concerns or issues if they needed to.
- There were regular staff meetings at which a range of issues were discussed including safety matters and individual concerns about people living at the home.

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

- The registered manager was open with us about the current levels of training. They told us training in some areas had low completion rates because face to face training had been cancelled due to the pandemic. They were aware of the issue and were looking how to address that issue in a different way.

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

- The registered manager had put in place processes to engage people in the running of the service, as far as practicable.
- There were monthly meetings with people who lived at the home. People had been asked their opinion about the service and were able to make suggestions about any improvements or particular activities they would like to participate in.

Continuous learning and improving care

- Staff told us they were well supported to develop their roles and understanding of care. One staff member spoke about the range of training and development opportunities they had been afforded since starting work at the home.

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. We observed a member of staff actively engaging and supporting a health professional who was attending the home to provide care for a person.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were not in place to assess, monitor and improve the quality and safety of the service. Risks related to maintaining the safety and wellbeing of service users were not robustly assessed or mitigated against. Regulation 17(1)(2)(a)(b).</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems were not in place to assess, prevent or control the risk of spreading infections. Staff were not following government guidance introduced to prevent the spread of infection during the Covid-19 pandemic. Regulation 12(1)(2)(h).</p>

### **The enforcement action we took:**

We imposed an urgent condition on the provider to ensure the service followed current infection control practices.