

St Mary's (ASC) Limited

# Hutton Manor Care Home

## Inspection report

Crawshaw Road  
Pudsey  
LS28 7UB

Tel: 01138314176

Date of inspection visit:  
24 November 2022

Date of publication:  
02 February 2023

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Hutton Manor Care Home is a residential care home providing personal care for up to 86 people. The service provides support to older and younger people, people living with dementia, people with sensory and physical disabilities and other health related support and care needs. Hutton Manor Care Home accommodates people across three separate floors. The first floor area specialises in providing care to people living with dementia. At the time of our inspection there were 64 people using the service.

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

Care plans were person centred and detailed. Whilst records showed they were reviewed; they were not always accurate and not updated in all areas. There were inconsistencies in some care plans and we were not assured preadmission assessment were used to develop them. Risk assessments were insufficiently detailed to guide staff on how to keep people safe. We were not always assured people had been involved in the development of care plans and risk assessments. However, people told us they felt safe.

We saw evidence and staff told us they had induction and training to enable them to do the job. The necessary consent and assessments were not always carried out where people's liberties had been deprived.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

We saw evidence of the provider's planning of person centred, care and support. We saw evidence of regular audits to ensure the quality and safety of the service. However, audits did not appear to have highlighted and address inconsistencies we found.

One person had detailed cultural and communication care plans. However, we were not assured staff ensured the person had social stimulation and mitigated isolation. We have made a recommendation the provider consider current guidance on person centred care and take action to update their practice accordingly.

We saw many examples of staff being kind and thoughtful with people. Staff promoted peoples' independence in a number of ways. People and relatives told us staff were caring and respectful. One person told us, "The staff are respectful and exceptionally kind to me."

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

This service was registered with us on 10 January 2020 and this is the first inspection.

### Why we inspected

This was a planned inspection based on the date of registration.

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 COVID-19 and other infection outbreaks effectively.

### 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 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 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** ●

# Hutton Manor Care 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 Health and Social Care Act 2008.

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 carried out by 4 inspectors, 1 medicines inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Hutton Manor is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hutton Manor is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### 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, local safeguarding team and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection. 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 all this information to plan our inspection.

#### During the inspection

We reviewed a range of records. This included 10 people's care records and extracts from others. We looked at 3 staff files in relation to recruitment, training and supervision. We viewed a variety of records relating to the management of the service, including records relating to accidents, incidents and safeguarding. We also reviewed a range of policies and procedures.

We spoke with the area manager, registered manager, 2 deputy managers and 7 members of care and ancillary staff. We spoke with 7 people who used the service and 9 relatives and a person who holds power of attorney for a person, to better understand their experience of care provided at the service. A power of attorney gives legal power to one or more people, 'attorneys', to help people make decisions or make decisions on their behalf.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

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

- People were exposed to risk, whilst care plans were person centred and detailed, they were not always accurate and updated in all areas. This meant there were some inconsistencies in some care plans. Risk assessments were insufficiently detailed to guide staff on how to keep people safe.
- Monitoring the effectiveness of risk controls was done through review of daily records, monthly audits and management review. However, audits had not highlighted inconsistencies we found.
- Accidents and incidents were reported recorded, investigated and analysed. However, they and lessons learned were not routinely used to improve the quality and safety of the service.

The lack of complete information within care records put people at risk of receiving care and support which was not always safe. This placed people at risk of harm. This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Environmental risks were safely managed. Regular checks had been carried out which included water checks, equipment and fire safety.

Systems and processes to safeguard people from the risk of abuse

- The provider reported, recorded and investigated all safeguarding incidents. However, it was not always clear how the findings were used to improve the service.
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- People told us they felt safe they and this was confirmed by their relatives. One relative told us, "Yes, [relative] is safe, there are never any problems about safety."

Staffing and recruitment

- Staff were recruited safely. All staff files contained the necessary evidence including employment history and Disclosure and Barring Service checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. However, not all staff records we reviewed had evidence of an induction had taken place. We saw evidence staff had received the providers mandatory training programme.
- There were enough staff to meet people's needs. However, people told us they sometimes had to wait a long time for staff to come.

- The registered manager told us they were recruiting 2 additional activities coordinator staff and other care staff to complement the existing team.

#### Using medicines safely

- Medicines were managed safely. However, on occasion supporting information was missing from care plans for people who were both able and wished to self-administer medicines. The provider told us they would update care plans to reflect people's wishes.
- Medicines storage was secure and orderly. A new process was being implemented for ordering medicines, to help ensure adequate stocks of medicines were maintained.
- Medicine audits were carried out to ensure medicines were used safely.

#### 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 supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely. We informed the provider that we observed not all staff were wearing masks appropriately.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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 have also signposted the provider to resources to develop their approach.

#### Visiting in care homes

The provider's approach to visiting was in line with government guidance and there were no restrictions to visitors at the time of inspection. However, inspectors were not asked to follow any infection protection control approach when they arrived on site. Senior staff later clarified the procedures required.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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).

- The registered manager was aware of DoLS applications in place and the requirement to ensure these were reviewed regularly. However, as DoLS records were kept separately from electronically held care plans and we found some inconsistencies in care plans about DoLS in place, we were not assured staff were always aware who had a DoLS in place.
- We saw one person had both bed and chair sensor and another person had a room sensor and bed sensor. However, a deputy manager told us the appropriate capacity assessments had yet to be completed. This meant some people were inappropriately being deprived of their liberties.
- Healthcare professional advice was sought and recorded should the hidden (covert) administration of medicines be used. However, for one person we found that the best interest decision making had not been recorded.

People were deprived of their liberty for the purpose of receiving care or treatment without lawful authority. This was a breach of regulation 13 (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's care plans were reviewed regularly. However, records were not always updated in a timely way, this meant we could not always be sure they reflected people's current needs and preferences.
- Care records did not always include evidence of an assessment of the person's needs having been completed prior to the person being admitted to the home.

Staff support: induction, training, skills and experience

- Staff received the training and support they required. All staff completed induction training at the start of their employment. Ongoing training was also provided so staff updated their skills and knowledge. The provider used a staff training matrix to monitor staff training and ensure it was up to date.
- Staff received supervision so they could discuss their learning and development needs.

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

- People's nutritional needs were met. People were offered a wide choice of meals, drinks and snacks throughout the day. The food looked and smelt good and people said they enjoyed it.
- Eating and drinking care plans were in place when required. Care records showed food and fluid intake was recorded and monitored by staff, when needed.
- We observed staff encouraging and supporting people to eat their meals in a caring and patient manner. Where people were reluctant to eat staff tried different ways to encourage some food intake.

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

- The provider had systems and processes for referring people to external services. However, we saw on occasion records did not show if and when actions required had been done.
- We found evidence of regular conversations between the provider and other professionals to ensure the best outcomes for people.
- Instructions from healthcare professionals were recorded in people's care plans and communicated to staff through handovers and senior staff meetings.

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

- On the first floor the provider had created potential areas of interest for people, such as a costume area, a bakery, a pub and grocery.
- Accommodation was accessible and safe. There were a range of communal areas with corridors kept clear, enabling people to move freely on each floor.
- People personalised their rooms with pictures and personal items.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We saw many examples of staff approaching and responding to people in a kind and caring way. Staff engagement with people demonstrated they knew people well.
- People appeared well groomed, well cared for and appropriately dressed.
- People we spoke to told us they were treated well and staff were caring. This was supported by feedback we received from relatives. One relative told us, "The staff are lovely, always kind and caring."

Supporting people to express their views and be involved in making decisions about their care

- We observed many examples where people were supported to be involved in decisions about their care and given support to express their views.
- Care plans contained information about people's communication needs and preferences.
- During the inspection we observed a resident and relatives meeting taking place where residents and relatives were encouraged to give feedback about all aspects of their care and accommodation services provided.

Respecting and promoting people's privacy, dignity and independence

- Staff were aware of the laws regulating how companies protect confidential information. Electronic and paper care records were kept securely.
- Staff were able give us examples of how they maintained people's privacy and dignity, particularly when providing personal care. We observed staff were discrete and polite when offering people personal cares.
- We observed staff speaking to and listening to people in a polite, respectful and responsive way at all times.
- We observed staff ensuring people maintained their independence as much as possible. For example, staff brought appropriate cutlery and other equipment to ensure a person was able to eat as independently as possible. Staff then observed at a distance ready to offer help if needed.

# Is the service responsive?

## Our findings

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated 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

- People's care plans contained information about their preferences and personal histories. However, it was not always clear how people had been involved in the development and updating of care plans and risk assessments.
- Care plans were reviewed on a regular basis and were updated when needed. However, on occasion information was missing in care plans we reviewed.
- The management team ensured people's changing needs were communicated well, through daily handover and update meetings.

The lack of complete information within care records put people at risk of receiving care and support which was not always safe. This placed people at risk of harm. This was a continued breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs; 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

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager did not fully understand the requirements of the accessible information standard. However, they did tell us they could make information available to meet people's communication needs.
- Care plans detailed people's communication needs. If people required glasses or hearing aids, this was recorded in their care plan. However, we were not assured communication needs had been appropriately assessed and met for one person.
- People's social and cultural needs and preferences were documented in their care records. However, during the inspection we observed one person cared for in bed had little interaction with staff, it appeared that this was due to unmet communication needs.

We recommend the provider consider current guidance on person centred care and take action to update their practice accordingly.

- We observed many examples of activities with people on the first floor. We observed staff were present and undertaking tasks and an arts and crafts event had been organised on the ground floor at the time of inspection. However, it appeared that people on the ground and second floor mostly stayed in their rooms. The registered manager showed us a portfolio of past activities, including photographs, and told us they were recruiting more activities staff to increase activities.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. Where complaints had been raised these were investigated and responded to in line with the providers policy. The registered manager had an overview of all complaints received. However, it was not always clear how findings were used to improve the service.
- People and their relatives told us they would speak to staff or the registered manager if they had a complaint. One person told us, "I'd tell the first person that came through my door if I was not happy."

#### End of life care and support

- The provider had an end of life policy and the registered manager was able to tell us how people would be supported at the end of their lives in a caring, dignified, compassionate and pain free way.
- People's end of life wishes had been considered and there were records of what people wanted and where they declined to discuss the matter.
- Two people were in receipt of end of life care at the time of our visit.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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; Continuous learning and improving care

- Governance systems were not always effective in ensuring oversight of the safety of the service. Whilst auditing systems were in place and were carried out regularly, they did not highlight and address the inconsistencies we found on inspection.
- Lessons learnt were being captured from accidents and incidents. However they were not routinely used to improve the service.
- The registered manager had a generally good understating of regulatory requirements. However, there were inconsistencies in meeting regulatory requirements about the use of sensor equipment. This meant people may have been deprived of their liberties inappropriately.

The provider had failed to make sure that systems for auditing the safety and quality of the service were sufficiently robust to identify risks to people's safety and welfare. This was a continued breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a clear management structure in place. Managers and staff were clear about their roles and responsibilities.
- Statutory notifications were submitted as required. Statutory notifications are important because they inform us about notifiable events and help us to monitor the services we regulate.

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

- We saw many examples of person-centred care and people and their relatives we spoke to told us they liked the home. One relative told us, "Me and my [relative] have said we'll go in there. It's very clean, very tidy, always well organised even when the girls are rushing around you can always find someone, it always looks really nice. It's very friendly."
- We observed how staff worked well together to provide safe care for the people in the service. Staff told us they felt supported.
- People we spoke to said they mostly liked the home. One person said, "Its not my real home, but the staff were good to me when my [relative] passed away."

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 understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm.
- Staff were aware how to raise any concerns if they were to arise and felt confident to escalate their concerns should they need to.

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

- The registered manager told us face to face resident and relatives' meetings had been reinstated following changes to COVID-19 restrictions. We observed this meeting when we were on site. A member of the management team and a care staff member attended, and they discussed with people and relatives any concerns they were having and provided reassurance of practices or changes that would be made.
- Staff told us that there were staff meetings. They told us there was open dialogue, which helped to improve the service.
- Care plans we reviewed showed equality characteristics and cultural needs were being considered. However, on occasion, we were not assured needs were being fully met.

Working in partnership with others

- We saw examples how the provider worked in partnerships with health care professionals to ensure people's health needs were being met. One healthcare professional told us, "Relationships were good and staff would highlight concerns. However, on occasion, communication could be improved."
- We observed how health care needs were raised in a daily meeting, to ensure people's care needs were being met by other healthcare professionals, such as district nurses. One person told us how staff arranged for the district nurse to check on a particular health need.

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 13 HSCA RA Regulations 2014<br>Safeguarding service users from abuse and improper treatment<br><br>The provider's systems or processes were either not established or not operated effectively to ensure compliance with regulation.<br>13 (5) |
| Regulated activity   | Regulation  |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The provider's systems or processes were either not established or not operated effectively to ensure compliance with regulation.<br>17 (1), (2), (a), (b), (c), (f)                        |