

HC-One Limited

Snapethorpe Hall

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Snapethorpe Hall is a residential care home providing accommodation for persons who require personal care for up to 62 people. The service provides support to people who have physical health needs and conditions such as dementia. At the time of our inspection there were 47 people using the service.

The home is set out across 2 floors, each of which has adapted facilities. Each bedroom has an en-suite facility. One floor focused on providing care to people living with dementia.

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

People and their relatives mostly told us they felt people were safe. We found people were at risk of harm as medicines were not managed safely and risks to people were not always well-managed. Risk assessments and care records for people were not always up to date and reflective of people's current support needs and we found staff were not always following risk assessments in place.

Recruitment for permanent staff was managed safely; however, assurances in respect of agency staff were not always robust. The provider was actively recruiting more permanent staff.

People, relatives and staff raised concerns about staffing levels and consistency of staff. Staff were trained in safeguarding and knew the procedure to follow if they suspected people were at risk of harm.

During the inspection, the service had an infection outbreak. We found staff had not been appropriately deployed and the outbreak management was not robust. We saw some positive interactions between staff and people, however there were not enough staff available on one unit to respond quickly when people needed care, support or reassurance.

Governance processes were in place but were not being used effectively to identify shortfalls and drive service improvement. The registered manager required support around governance processes but the governance and delegation process was not always clear. Feedback from staff was mostly negative about the culture of the service and the management team. However, we found the provider challenged poor practice in the service.

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.

The service had recently had a refurbishment and the home was very well maintained, providing luxurious and spacious accommodation for people. Most people spoke positively about the care provided by care staff.

The regional management team were responsive to our inspection findings and responded after the inspection. We received updates about what action they were taking, including an action plan in respect of medicines management. The registered manager was new in post and was being supported by the area director to effectively communicate and respond to their regulatory responsibilities.

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 9 April 2020) and there were breaches of regulation. At this inspection we found the provider remained in breach of regulations and the rating remains requires improvement. This service has been rated requires improvement for the last 2 consecutive inspections.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We received concerns in relation to medicines management, appropriate staffing and management practice and oversight. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. The provider has taken action to mitigate some of the risks identified at this inspection. Please see the safe and well-led sections of this full report.

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 the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Snapethorpe Hall on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to the safe management of medicines, staffing and governance. We issued warning notices against the registered manager and provider relating to the breach of regulation 17. The provider and registered manager did not submit an appeal or representations against the warning notices.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Snapethorpe Hall

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 3 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Snapethorpe Hall 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. Snapethorpe Hall is a care home with nursing care, however they do not currently provide nursing care to people. 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 CQC 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 on both visits.

What we did before the inspection

We reviewed all the information we had received about this service since its last inspection in 2020. We requested feedback from stakeholders, including local safeguarding, infection control and commissioning teams. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service and 3 relatives about their experience of care provided. We gathered feedback from 15 staff members including the registered manager, the regional support team, the area director, the deputy manager, activities staff and care staff. We looked around the building and observed people being supported in communal areas.

We reviewed a range of records including 5 people's care plans and risk assessments. We reviewed 25 people's medicines records. We looked at 4 staff files in relation to recruitment and several agency staff profiles. We reviewed a variety of records relating to the management of the service, including policies, quality assurance records and training records.

Following the site visits, we reviewed further information and evidence from the provider including action plans, incident and accident records, complaints and staffing dependencies. We had meetings with the registered manager and area director after the inspection visits to discuss our concerns in relation to medicines, staffing and governance.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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 people could be harmed.

Using medicines safely

At our last inspection the provider had failed to implement systems that were effective in ensuring people received their medicines safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- 19 people had missed some doses of their prescribed medicines in the previous 30 days because the system for ordering medicines failed to ensure the medicines stock arrived in a timely manner.
- People were not always fully supervised when they were given their medicines which meant some people were at risk of not taking their prescribed medicines.
- People were not always given their medicines safely. Some people were given doses of Paracetamol too close together on several occasions. The electronic system gave a warning it was too soon to give the next dose, but staff chose to ignore the warning. One person was not given their Warfarin as prescribed and another person was given a medicine which was not prescribed for them. We found no evidence of harm.
- Records about medicines were sometimes inaccurate and unreliable. No records were made to show where analgesic patches had been applied so it was not possible for staff to know where to apply the next patches to prevent people's skin being irritated or too much medicine being absorbed. Staff made electronic records and paper records about the administration of controlled drugs such as Morphine, but the recorded times did not match each other.
- When people's medicines were prescribed to be given "when required" there was a lack of information to guide staff how to give these medicines safely, especially when people could not explain to staff if they needed pain relief.
- Medicines were not always stored safely. The fridge temperature on the day of inspection showed insulin had been stored outside the recommended temperatures. The keys for the locked medicines cupboards were not kept safely. Waste medicines were not stored safely in line with best practice guidance.

People's medicines were not managed in a safe way. This placed people at risk of harm. This was a continued breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

We made safeguarding referrals relating to people at risk. The provider had not identified all the concerns

we found and responded to us after the inspection with an action plan to mitigate future risk to people. The provider was investigating the staff responsible for medication errors and acknowledged the registered manager needed to improve their oversight and understanding of the medicines system in place.

Staffing and recruitment

At our last inspection the provider had failed to effectively deploy staff. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Staffing).

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- Most people, relatives and staff told us they were concerned about staffing levels and said there was not enough time or staff to meet people's needs appropriately. One staff member said, "We are burnt out, staff are coming to harm."
- We observed more than one occasion where care staff were not present in communal areas and on one occasion people living with dementia were observed as visibly distressed and voicing their anxiety. One staff member, once located, was unable to effectively reassure four people who needed staff support. Other staff were supporting people in their bedrooms.
- One person was found in their bedroom voicing distress about being hungry an hour after lunch was due to be served. Staff were busy supporting other residents with their lunch.
- Assurances obtained for agency staff to check they were suitable to work at the service were not always robust, and the registered manager was not always aware of which agency staff were arriving at the service and whether they had been inducted.

There were not always sufficient numbers of suitably qualified staff. This placed people at risk of harm. This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Staffing).

- Staffing was not always effectively deployed. We found this to be more prominent during infection outbreaks as contingency plans were not appropriately reviewed by the registered manager. Please refer to the well-led section of this report for action we have taken.
- The provider had robust recruitment systems in place. However, staffing levels had been impacted by difficulties recruiting staff and the provider had relied on using agency staff regularly.

We made safeguarding referrals relating to people at risk. The registered manager acknowledged the infection outbreak had impacted the effectiveness of staff deployment during our inspection and this would be reviewed effectively moving forward.

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

- Risks to people were assessed. However, we found people's risk assessments were not always reviewed, updated and reflective of people's current needs. We found no evidence of harm to people. The provider began a review of records during our inspection.
- Staff knew the risks associated with people's care, but we found risk assessments were not always followed and poor record keeping meant it was unclear if risks were appropriately managed. For example, one staff member told us they had completed manual handling procedures without the relevant training. The provider said this should not have happened.
- Accidents and incidents were recorded and reviewed with actions recorded.

- The service had a staff member dedicated to maintenance and we found routine safety and environmental checks were in place.
- Staff were aware how to report any incidents to the management team. Lessons learnt were not always recorded or shared with staff. Organisational learning audits were being conducted by the registered manager, but we found these to have continued themes of similar concerns. This suggests the provider was not taking enough action to learn lessons and prevent similar concerns occurring again.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt the care provided was safe. One person said, "I do feel safe, they do look after me."
- Staff received safeguarding training and knew what procedures to follow if they had concerns about people's safety. One staff member said, "We protect residents, we make sure they are safe."
- The provider had a safeguarding and whistleblowing policy which was accessible to staff.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were somewhat assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were not assured the provider was making sure infection outbreaks could be effectively prevented or managed. We signposted the provider to resources to develop their approach.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider's approach to visitors in the care home was in line with current government guidance and people were supported to have visitors. Visitors were encouraged to wear face masks.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained 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

At our last inspection the provider did not have robust governance systems in place. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance).

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

- The processes in place to monitor the quality of the service were not being used effectively by the registered manager or provider. Audits did not always identify concerns. The service was not effectively learning and improving care.
- People's care records and service records were not always accurate and reliable which meant staff did not have clear guidance about the care required. The registered manager did not have appropriate oversight of delegation of tasks, including reviewing care records and dependency assessments.
- The registered manager was being supported with governance oversight. However, the action plans completed by the registered manager did not align with action plans reviewed by the provider. We found actions signed off as complete which had not been completed. The provider acknowledged they needed a more robust governance process.
- The registered manager was new in post and could not always demonstrate their regulatory responsibilities and communicate effectively with the regulator. The provider had been supporting the registered manager and acknowledged additional support needed to be implemented following the inspection.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance) as governance systems were not robust and regulatory responsibilities were not met.

The provider responded to our feedback after the inspection and confirmed they would implement more support mechanisms for the registered manager and clearer governance processes to improve their oversight of the service.

- Daily 'flash' meetings were taking place in the home and provided opportunity for information to be shared amongst heads of departments. Walkarounds were completed by the registered manager and out of hours visits had taken place.

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 majority of care staff we spoke to provided negative feedback about the management team. Three staff members told us their mental health was being affected by work resulting in sickness. The provider told us this was due to challenging poor practice in the service and multiple staff members being performance managed.
- The service had an activities co-ordinator who focused on providing a range of person-centred activities.
- The registered manager notified CQC of incidents in the service, so we could monitor events happening.
- The provider understood its responsibilities in relation to duty of candour and notified families when things went wrong.

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

- Staff had opportunity to raise concerns through supervisions and meetings but not all staff felt comfortable doing so. The provider told us they were reviewing their staff meeting agenda to include lessons learnt in a way staff would understand.
- People and their relatives mostly knew who the registered manager was. The provider held regular resident and relatives' meetings so people could share their feedback about the service. However, we found where negative feedback was given in meetings, actions or lessons learnt were not always recorded or followed up.
- Relative's had been given the opportunity to complete a survey about the service. The results of the recent survey were mostly positive. However, we received mixed feedback from relatives about the effectiveness of the communication in the service.

Working in partnership with others

- We found on occasions external professionals had highlighted concerns about people's needs being met but the registered manager and provider had not used their assurance processes to pick up these concerns.
- Professional advice was not always recorded which meant it appeared advice had not been followed. We spoke with the registered manager and found professional advice had been followed.
- The registered manager worked with local partners and health and social care professionals to seek advice on best practice in the service.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to implement systems that were effective in ensuring people received their medicines safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to effectively deploy staff.

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	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to have robust governance systems in place.

The enforcement action we took:

We are issuing a warning notice against both the provider and registered manager.