

Minster Care Management Limited

# Hamshaw Court

## Inspection report

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## Ratings

Overall rating for this service

Inadequate 

Is the service safe?

**Inadequate** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

### About the service

Hamshaw Court is a residential care home providing personal care for up to 45 older people, including people living with dementia. At the time of our inspection 29 people were receiving personal care in one adapted building.

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

People who lived at the service did not receive a safe and well led service. Standards of cleanliness were poor, and staff did not follow infection control guidance. Aspects of the service including standards of redecoration, refurbishment and maintenance and were not always effectively monitored by the provider and improvements were needed.

This was the fifth consecutive inspection where the provider had failed to meet all regulatory requirements and improve their rating to Good. They had not identified the issues we found during inspection and we identified two continued breaches of regulation.

People's care plans were not always person-centred. We have made a recommendation about person-centred care.

Staff had not consistently gained consent before carrying out tasks such as placing clothes protectors on people. However, people were supported to have maximum choice and control of their lives where possible and staff supported them in the least restrictive way; the policies and systems in the service supported this practice. We have made a recommendation about consent.

Staff received appropriate training for their roles. Supervision and appraisals systems were in place but some staff told us they had not received regular supervision. The provider had a safe system of staff recruitment. The use of high numbers of agency staff had reduced and they now received inductions to the service.

Since our last inspection the provider had introduced a number of checks to monitor the safety and quality of the service and some improvements were evident. A new area manager was in post and they spoke with us about their plans to improve people's experience at Hamshaw Court.

There were positive comments about the care staff approach but there were also comments from relatives that this could be improved to be more caring and consistent. We observed positive interactions between staff and people throughout the inspection and people praised the kind and caring nature of staff.

Improvements had been made to the way staff managed individual risks to people and the completion of records. Guidance was now available to staff about how to minimise harm, but for some people further detail was required.

Medicines were managed safely. People's nutritional needs were met, and menus provided them with choices for the main meals.

For more details, please see the full report which is on the Care Quality Commission's website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was inadequate (published 5 August 2020). The provider completed an action plans after the last inspection to show what they would do and by when they would improve. At this inspection not enough improvement had been made and the provider was still in breach of regulations.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 6 and 8 October 2020. Breaches of legal requirements were found. This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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.

#### 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 infection control, the environment and governance. Immediately after the inspection we wrote to the provider and requested they provided us with an action plan telling us of the improvements they were making. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

#### Special Measures:

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## 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 safe.

Details are in our safe findings below.

**Inadequate** ●

### 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 not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

**Inadequate** ●

# Hamshaw Court

## 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 carried out by three inspectors on the first day of inspection and two inspectors on the second day.

#### Service and service type

Hamshaw Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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 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 all of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service about their experience of the care provided. We spoke with eight members of staff including the area manager, registered manager, deputy manager, senior care worker, care workers, head housekeeper and the cook. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with six relatives following the inspection.

# 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 inadequate. At this inspection this key question has remained the same. This means people were at risk of avoidable harm.

Assessing risk and safety monitoring and management; learning lessons when things go wrong.

At our last inspection the provider had failed to assess and manage risks to ensure the health, safety and well-being of people. This was a breach of Regulation 12 (Safe Care and Treatment) 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 12.

- People were at risk of avoidable harm because the provider and registered manager had not completed thorough checks of the environment.
- Checks of water temperatures were not carried out as thermometers were not available within the service.
- All areas of the kitchen were dirty, including; old spills on the walls, dirty pipe work, shelves, shutters on the servery, door frames deep fat fryer and left-over food from the previous day were left in equipment used to reheat food.

### Preventing and controlling infection

- People were at risk of infection. There were ineffective systems in place to ensure good standards of cleanliness were maintained and to prevent and control infection. For example, dirty laundry stored in the clean area of the laundry, two bedrooms with strong urine odours and soiled bed pans stored on shelving.
- At this inspection we found equipment to be dirty and poorly maintained. For example, bed rail protectors and crash mats that were split and dirty and dirty wheelchairs.
- Cleaning schedules did not include all cleaning duties and were poorly completed.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were somewhat assured that the provider's infection prevention and control policy was up to date.

The provider responded immediately during and after the inspection. They provided an action plan with timescales for work to be completed.

We found no evidence that people had been harmed. However, systems were either not in place or were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Using medicines safely

At our last inspection the provider had failed to ensure the safe management of medicines. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst the provider had made improvements in relation to the management of medicines, they remained in breach of Regulation 12 due to concerns we identified in other areas of safe care and treatment.

- Information to support the safe administration of 'as required' medicines' was in place. Medicines audits were completed and provided assurance for processes in the service.
- Staff followed the correct procedure for the safe handling of medicines.
- There were safe systems in place to acquire, store, administer, monitor and dispose of medicines.
- Staff received training in medicines and had competency checks completed. Staff told us, " Yes we have received competency checks and feedback from our manager."

### Staffing and recruitment

At our last inspection the provider had failed to ensure systems were in place to ensure sufficient numbers of suitably skilled and experienced staff were employed to meet the needs of people using the service. Large numbers of agency staff were used and not provided with inductions. This was a breach of Regulation 18 (Staffing) 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 18.

- The use of agency hours had reduced since our last inspection in June 2020. All agency staff working at the service now received an induction.
- The registered manager followed safe recruitment processes.
- We observed enough staff on duty and deployed throughout the home to meet people's needs and time to engage with them in a meaningful way.
- People told us they liked the staff.
- The registered manager used a dependency tool to calculate the number of staff needed to keep people safe.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from avoidable harm and abuse.
- Staff received safeguarding training relevant to their role and were aware of their responsibilities to prevent and report abuse.

- The providers safeguarding policy outlined local procedures and the registered manager kept a log of safeguarding concerns.

# 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 inadequate. At this inspection this key question has now improved to 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

At our last inspection in the provider had failed to maintain appropriate documentation around people's capacity to consent to care and the failure to review meant people were at risk of receiving care without their consent or having a restricted lifestyle without appropriate authorisation. This was a breach of Regulation 11 (Need for consent) 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 11.

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.

- Care planning records reflected the application of the MCA. People with capacity were asked to sign to confirm they consented to their care plan.
- Some people were encouraged to make their own choices and this choice was respected.
- Records of recent consultation with people and other relevant parties about moving to new rooms, were not available.

We recommend the provider review their systems to ensure appropriate records are maintained of all discussions with people.

Supporting people to eat and drink and maintain a balanced diet

At our last inspection in the provider had failed to ensure people received adequate hydration and nutrition to sustain good health. This was a breach of Regulation 14 (Meeting nutritional and hydration needs) 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 14.

- People's nutritional needs were met, and they were provided with the correct equipment to maintain their independence. There were menu choices and alternatives provided. Choices for people requiring pureed diets was more limited.
- During the inspection we observed an agency staff member attempting to support a person to eat whilst lying flat in bed. Inspectors intervened and obtained support. The area manager told us they would organise a meeting with all staff to discuss and address this and the deployment of agency staff.
- People told us the quality of meals had improved and they were involved in the planning of menus. They told us they had enough to eat and we observed snacks being offered to people throughout the day between meals.
- People's weights were monitored, and action taken when concerns were raised for example referral to dieticians.

Staff working with other agencies to provide consistent, effective, timely care; Adapting service, design, decoration to meet people's needs; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection the provider had failed to ensure people's needs were assessed and provide person-centred care. This was a breach of Regulation 9 (Person-centred care) 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 9.

- People had assessments of their needs and care plans were developed from this assessment which generally contained enough information to guide staff. Care plans were in the process of being reviewed and updated and those seen were more comprehensive and person centred.
- The personalisation of people's rooms was inconsistent. Some were very personalised while others were not. The area manager told us they would take action to address the issues we found.
- Dementia friendly signage had started to be introduced into the service including personalised memory boxes outside each person's bedroom.
- Areas of the service required refurbishment. For example, we found damaged kitchen units in people's flats and bedroom doors which required re-painting.

Following our inspection, the provider shared an action plan with us for the refurbishment of the service with identified timescales for the completion of the outstanding work.

Staff support: induction, training, skills and experience

- Not all staff had received supervision. The registered manager was aware of this and had oversight of supervision within the service.
- The service had experienced a high turnover of staff and used agency staff to ensure staffing levels were safe. Inductions were completed by agency staff so they were aware of people's needs and preferences.

- The provider ensured staff had sufficient skills, training and experience to provide safe and effective support for people.

Supporting people to live healthier lives, access healthcare services and support;

- People had access to a range of healthcare professionals. A visiting healthcare professional we spoke with told us, "The service was much improved, 100% better than two months ago." They told us staff were polite and followed their instructions.
- Staff were effective in identifying people's changing needs. For example, where people had experienced an increase in falls appropriate referrals and actions had been taken to address this.
- People's hospital passports were in the process of being reviewed and updated. We discussed with the registered manager the need to include more detailed information about people's preferred types of communication.
- Previous concerns had been raised that staff could have been more proactive in identifying a deterioration in people's health. Following this, National Early Warning Signs training has been provided for staff. Staff spoken with were able to identify the signs of people becoming unwell.

# 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.

At the last inspection in this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

At our last inspection the provider had failed to provide person centred care and treatment that was appropriate to meet their needs and reflect their personal preferences. This was a breach of Regulation 9 (Person-centred care) 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 9.

- People told us that staff were caring and during the COVID-19 lockdown had supported them with personal shopping and treated them well.
- People who had asked to move to more independent living accommodation at our last inspection had been supported to do so.
- Staff communicated with people in a caring and compassionate way. They gave people time to respond.
- People could spend time in their rooms in private when they wanted to.

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

- People had developed good working relationships with staff. Interactions between people and staff were relaxed.
- People confirmed that staff involved them in making decisions about their care. We received mixed responses from relatives with some confirming they were closely involved, while others felt they weren't.
- Residents meetings were held to give people an opportunity to raise concerns or offer suggestions as to how their experiences could be improved.

Respecting and promoting people's privacy, dignity and independence

- People were treated with compassion, dignity and respect. We observed staff addressed people by their preferred name, offered eye contact when conversing with them and were polite and respectful when in their company.
- People had dignity boards outside of their bedrooms that could be used when care was being delivered or people wanted to spend time alone. People were well presented.
- Staff promoted people's independence through providing encouragement and appropriate support when needed.

# Is the service responsive?

## Our findings

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

At the last inspection in this key question was rated as requires improvement. At this inspection this key question has now remained the same. 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

At our last inspection the provider had failed to provide person centred care and treatment that was appropriate to meet their needs and reflect their personal preferences. This was a breach of Regulation 9 (Person-centred care) 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 9.

- People's care plans had been updated to reflect their current needs.
- Not all care plans contained information about people's life histories, important events and people who were important to them. People's preferred gender of staff to support them were not always detailed.
- Work had been completed to ensure people's needs were assessed or reviewed.
- Staff told us that the information in care plans had improved and updates of information was shared with them.
- Relatives told us when they visited their relatives, overall, they had seen an improvement in their personal care and appearance.

We recommend the provider consider best practice guidance in relation to documenting person centred care and their wishes for end of life care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The manager understood their responsibility to comply with the AIS and could provide information about the service in different formats to meet people's diverse needs.
- Pictorial aids were available throughout the service including easy read activities programme and menus. People also had communication aids to promote their communication with staff. However, care records required further work to ensure they included information about people's communication needs.
- A dignity board was on display outlining what people should expect from their care. This was also displayed in pictorial format.

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

- A new activities coordinator had been appointed and provided an extensive range of both group and individual activities for people based on their preferences. This included, cinema afternoons, baking, theme days where food and activities were based on countries, VE day celebrations, craft sessions, reminiscence, celebrating national days and choir practice.
- People were consulted about what they wanted to do, and this was displayed on a board outlining what people has requested and how this had been responded to. For example, some people had requested a cooked breakfast, and this had been put in place. Other people told us they had asked to help with jobs in the home and were involved in helping to set tables at mealtimes, fold clean laundry and help with gardening activities.

Improving care quality in response to complaints or concerns

- We received mixed responses from relatives we spoke with in relation to how complaints were dealt with. Some were happy with the way their concerns had been dealt with and acted on, while others felt the need to raise further concerns before they were addressed.
- People told us they knew how to make complaints and said they were listened to

End of life care and support

- At the time of inspection no one was receiving end of life care.
- People's care plans were inconsistent in recording information about their wishes for their care and treatment at the end of their life, whilst others had more detailed information.

# 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 inadequate. At this inspection this key question has now remained the same. This meant there were widespread and significant shortfalls in service. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection the provider had failed to embed robust quality assurance systems and operate effectively the systems for maintaining accurate records. 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.

- Shortfalls identified at this inspection, in relation to infection control and poor maintenance had not been identified by the provider's quality assurance system.
- Management staff had not effectively identified and managed risk therefore, people were placed at risk of avoidable harm.
- There were shortfalls in the quality of recording information. Evaluation records of people's care did not consistently evidence what people had experienced in the previous month.

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

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 provider did not have adequate systems in place to ensure all people received person centred care. The shortfalls we identified during the inspection related to record keeping which had not been fully addressed following our last inspection.
- There were basic communication shortfalls which impacted on care delivery.
- Feedback from people and their relatives about the quality of the care provided was mixed, with some relatives feeling care delivery had improved, whilst others were consistently negative. This included staff turnover, the high use of agency staff and the lack of opportunity to be involved in their care.

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

outcomes for people.

- The registered manager and area manager worked responsively during the inspection to address the issues we found.
- Supervision systems were in place, but not all staff had received supervision which meant staff were not always fully supported in their roles.
- Staff morale in the home was improving. The service was near to achieving a full complement of staff and more consistency for people.

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

- Staff and resident's meetings were held.
- The provider had not offered regular meetings to relatives or consulted with them through surveys or other means to gather their views and experiences of the service to drive improvement.
- Not all relatives spoken with felt they would be listened to by the registered manager.

Continuous learning and improving care; Working in partnership with others

- A culture of high quality, person-centred care which valued and respected people's rights was not embedded within the service. Records of consultation with people when they were asked to move rooms were not available.
- Systems to monitor and learn from accidents and incidents and reduce reoccurrences needed further embedding and analysis to identify emerging trends.
- The management team worked in partnership with commissioners, health and social care professionals. For example, physiotherapists and district nurses.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Failure to effectively assess and mitigate risk and ensure appropriate standards of hygiene and robust infection, prevention and control procedures were in place put people at increased risk of harm.</p> <p>Regulation 12(2)(a)(b)(d)(h)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance and record keeping processes were ineffective in monitoring and improving quality and safety of the service, maintaining a safe environment and assessing and mitigating risks to people who used the service.</p> <p>The provider failed to ensure that accurate and contemporaneous records in respect of each service user were maintained, and seek and act on feedback from relevant persons.</p> <p>Regulation 17(1)(2)(a)(b)(c)(e)</p>