

Minster Care Management Limited

Hamshaw Court

Inspection report

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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: Hamshaw Court is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Hamshaw Court provided personal care to 33 adults at the time of the inspection in one adapted building. Some of these may have been living with dementia.

People's experience of using this service: People continued to experience unsafe administration of their medicines.

People did not always have their rights protected regarding when they lacked capacity to make decisions. People were not supported to have maximum choice and control of their lives and staff did not support this practice.

People and relatives continued to experience unsuitable management of their complaints.

The provider's governance systems were ineffective and lessons were not always learnt when things went wrong. At times details were missing from support plans and staff did not carry out what was written down. Staff responsibilities were not clear and so support to people was sometimes missed. These and other shortfalls were not always picked up on audits.

The provider did not consistently carry out supervision and appraisal for staff, which meant people's care was not always well directed. We made a recommendation about this.

People were not always monitored regarding a healthy intake of food and fluid or given their meals as advised by dieticians and speech and language therapists. We made a recommendation about this.

Systems used to safeguard people from abuse showed there was some improvement with a reduction in accidents, but further improvement was needed, as allegations of abuse were still higher than would be expected from a service of this size.

Risks that people faced were safely managed. Staffing numbers were safe and recruitment procedures were robust. Safe infection control measures were practiced in the service.

The registered manager and staff worked well with other agencies. The premises were suitable for older people and those living with dementia. People were well supported with their healthcare.

People expressed their views and also had effective opportunities to make these known on how the service was run. The provider respected their privacy, dignity and independence. People were supported at the end of their lives.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: Requires Improvement. This service has been rated requires improvement at the last two inspections. (The last report was published 09 March 2018.)

Why we inspected: This was a planned inspection based on the previous rating.

We identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 around safe care and treatment, need for consent, receiving and acting on complaints and good governance. Details of action we have asked the provider to take can be found at the end of this report.

Follow up: We shall be asking the provider to meet with us to discuss the continued rating and to look at their action plan for improvement. We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 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 ●

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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: Two inspectors and one inspection manager carried out this inspection.

Service and service type: The service is a 'care home' that provides personal care and support to a maximum of 45 older people who may be living with dementia. At the time of the inspection there were 33 people using the service and another four beds were directly commissioned by a local 'Rapid Response Team' for providing people with residential care and support in an emergency.

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.

What we did: Before the inspection information had been gathered from notifications sent to us since the last inspection. Notifications are used to inform us about certain changes, events or incidents that occur. We received feedback from local authorities that contracted services with Hamshaw Court and reviewed other information from people who made their views known to us. We used information the provider sent to us in the Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well and improvements they plan to make. This information helps support our inspections.

During the inspection we spoke with 15 people, three relatives, the registered manager, an area manager, a visiting health care professional and five staff. We looked at care files belonging to eight people who used the service and recruitment files and training records for five staff. We viewed records and documentation relating to the running and monitoring of the service and looked at records of complaints and compliments. We conducted a tour of the premises to check for safety.

Is the service safe?

Our findings

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

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.

Using medicines safely.

At the last inspection, the provider was in breach of the regulation on safe care and treatment regarding the safe management of medicines. At this inspection we found while some improvement had been made, there were still risks for people that used the service.

- People did not always receive their medicines as prescribed. Relevant national guidelines about administering and storing medicines were not always followed. Records showed there had been errors in administering medicines.
- Controlled drugs were not given as prescribed. Some people's pain relieving patches were changed before they were due to be changed. Another person experienced a delay in having their pain patch changed.
- Documentation was not in place to support the safe use of variable use medicines.
- Medicine records were not always accurately maintained. Changes to the medication administration records sheets meant it was not always clear why medicines had not been given.
- The provider did not always manage stock control, which led to some anticipatory medicines for two people being recorded as received and returned to the pharmacy but the records were not dated. Other anticipatory medicines were returned but still showed in the stock record as numbering nine.

These errors in administering medicines, recording them and maintaining sufficient stock controls did not ensure the proper and safe management of medicines. This was a continued breach of regulation 12: Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the end of this report.

Learning lessons when things go wrong.

- We found that staff had not always learnt lessons when things went wrong. For example, with making sure medicine stocks were available and ready to use.
- The staff had not learnt from an earlier error with administering and recording pain patches, despite having implemented new auditing systems.
- Evidence of lessons being learnt regarding falls management was seen. A group staff supervision recorded how changes in staff presence in certain areas of the service and at certain times of the day resulted in fewer falls occurring.

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

At the last inspection the provider was recommended to seek guidance on safeguarding people from neglect following accidents and illness and when assessing risk. At this inspection we found there had been some improvement with a reduction of accidents.

- The provider's systems protected people from abuse, but incidents in the service were high.
- Systems were in place to manage safeguarding incidents and staff demonstrated knowledge of their safeguarding responsibilities.
- Notifications were sent to us of events and incidents the provider was legally required to send. The overall number of reportable incidents was still higher than would be expected from a service of this size.

Assessing risk, safety monitoring and management.

- The provider protected people from risk and monitored their support needs
- We saw the premises were safely maintained and documentation supported this.
- People had risk assessments in place to prevent them being harmed. These were reviewed monthly or sooner when required.

Staffing and recruitment.

- The provider operated a safe recruitment system so people were protected from unsuitable staff.
- There were enough staff deployed to support people.
- Rotas and documentation held on recruiting and deploying staff were appropriately maintained.

Preventing and controlling infection.

- People were protected from the risks of harm by staff operating good infection control and prevention practices and following good food hygiene guidelines.
- The premises were clean and hygienic and this was maintained by a team of ancillary and housekeeping staff.
- Documents were available to show the premises and equipment had been regularly cleaned.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider was not always meeting the requirements of the MCA when capacity assessments had been carried out.
- Best interest decisions had not always been made by a multi-disciplinary team of professionals.
- Mental capacity assessments were not always in place for specific decisions. One person at risk of choking refused food health care professionals advised them to eat. They were deemed to have capacity and knew the risks. This was recorded in their support plan, but there was no mental capacity assessment to show how their capacity had been assessed.
- All people with capacity were asked if they wanted to sign a consent form to pass over responsibility for opening their mail to the registered manager, which did not encourage their independence or exercise their right.

The lack of appropriate documents around people's capacity to consent to care and the failure to review this 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.

You can see what action we told the provider to take at the end of this report.

- Several people were supported with DoLS in place. The registered manager kept up-to-date records of these and requested reviews for continuing to use them when they reached their expiry date.
- People only experienced restrictions on their liberty to make sure they were safe and following 'best

interest' decisions.

- Some people, without capacity and no formal advocacy service, had a court appointed deputy to deal with their finances. Funds for their use had to be requested through the court.

Staff support: induction, training, skills and experience.

- Staff were ineffectively supervised and appraised.
- Staff received individual and group supervisions, but records showed these meetings were inconsistently held. Some staff only had group supervisions and others had no supervision in the last six months. The lack of regular supervision and appraisal of staff did not make sure their competence was maintained.

We recommend the provider improves the systems for on-going periodic staff supervision and professional development.

- Staff training was much improved from the last inspection.
- A new staff induction had been implemented in the last two months. Staff confirmed they were keeping a record in a work booklet, which covered a 12-week period.

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

- People received sufficient nourishment to maintain a balanced diet. However, people were not always protected from malnutrition or the risk of choking.
- One person's food and fluid charts and daily diary notes did not always contain the same information, but it was clear from the information their diet was low in protein. There was no evidence to show whether action had been taken with this to refer the person to a dietician for further support with a healthy balanced diet.
- We saw one person at risk of choking being given uncut finger food, although they had been advised by a healthcare professional to eat food cut-up small.

We recommend the provider seeks and follows guidance from a reputable source on people eating healthy balanced meals and food prepared in the way professionals have advised.

- Other people's documentation showed accurate records for nutritional intake and evidence of referral to healthcare professional support.
- During the inspection we found people's nutritional needs were met with a variety of foods on offer and people being supported to eat.

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

- The provider met people's needs around choices and strove to improve standards.
- People had a comprehensive assessment of their needs carried out, which also incorporated any risks.
- People with diverse needs were supported in a way that made sure they were not discriminated against. Religious beliefs were respected and people with physical disabilities were supported to lead active lives. People's choices were made known to staff through support plans.

Staff working with other agencies to provide consistent, effective, timely care.

- The provider and staff were consistently working to offer effective and timely care to people that used the service.
- Staff worked well with other agencies, health care professionals and social service officers. Work was being done to make sure people were supported with health, social care needs and improving their quality of life.

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

- The provider met people's needs around service design and adaptation.
- Hamshaw Court was a purpose-built care home. It had been adapted over the years to provide a dementia-friendly environment.

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

- The provider met people's needs around healthcare support.
- Staff supported people to maintain healthy lifestyles and attend health appointments.
- Services of healthcare professionals were accessed as required. People saw consultants, doctors or district nurses, as well as therapists, dentists and opticians. Staff maintained good working relationships with healthcare professionals for the benefit of people they supported.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- We saw staff were caring and treated people well. Comments we received from people and relatives were all positive. People said, "Staff are friendly, caring and supportive" and "My family member has been treated very well here."
- Staff were seen to be attentive to people and addressed their needs as they were made known.
- Staff felt the provider demonstrated a positive approach to their welfare.

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

- The provider and staff encouraged people to say what they thought and how they wanted to be supported.
- People expressed their likes or dislikes for foods and being occupied and staff respected these.
- The registered manager was aware of the Accessible Information Standard to meet people's information communication needs. Examples of people being given information in an appropriate format included one person without hearing being given messages on a note pad. Others with impaired sight had large print documents.

Respecting and promoting people's privacy, dignity and independence.

- We saw people's privacy, dignity and independence was respected. Some comments in surveys in October 2018 showed this was not so then, but action to address this was on-going.
- People were encouraged to receive support, especially personal care in the privacy of their bedroom or the bathroom.
- Relatives confirmed people were encouraged to be as independent as possible and their privacy and dignity were maintained.

Is the service responsive?

Our findings

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

People's needs were not always met.

Improving care quality in response to complaints or concerns.

At the last inspection we recommended the provider sought advice and guidance from a reputable source about the management of and learning from complaints. At this inspection we found some improvement had been made in recording complaints. However, further improvement with investigating and responding to complaints would benefit the delivery of care to people.

- The organisational complaint procedure was not effectively followed. It did not take advantage of other personnel external to Hamshaw Court to investigate concerns. Letters of response were not uniform, nor followed a specific format.
- There was no evidence to show whether people were satisfied with outcomes.

Failure to manage complaints effectively was a breach of Regulation 16: Receiving and acting on complaints of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the end of this report.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's support needs were planned according to their preferences and interests, to give them choice and control. However, care records lacked detail and staff did not always follow guidance in support plans. For example, one person needed more detail about their catheter care. Another two people's files stated weekly weight checks were to be done, but this was only done monthly.
- The use of monitoring charts, such as continence monitoring charts, was not robust.
- Support plans were not always updated.
- Support for people to engage in pastimes and activities was inconsistent. On the first day we visited an activities coordinator provided some interests in the lounge for people to take part in. We saw them encouraging people to build a dignity tree from paper, which stimulated conversation on what dignity meant to people. However, the television was on loudly, music was playing in the corridor outside and voices had to be raised to hear one another. This did not make for a relaxed atmosphere. The second day we visited the coordinator was on leave and we saw no activity take place.

End of life care and support.

- End of life support was effective at making sure people received a comfortable and pain free death. This was after improvements had been made in end of life support plans.
- Advice from relevant healthcare professionals was sought to support the delivery of end of life care.

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At the last inspection we recommended the provider sought advice and guidance from a reputable source about effective quality assurance systems. At this inspection we found insufficient improvement had been made in identifying issues and acting upon them.

- We found organisationally the provider was already aware of some of the problems identified throughout the service and the changes needed to meet people's changing needs.
- The registered manager received regular supervision from the provider to ensure they sustained progress towards set goals. However, there was a lack of follow up to making sure issues were addressed and action was taken by everyone concerned to effect the changes for people. There was no sharing of knowledge or driving improvement once a concern had been identified and resolved.
- Audits were not effective at following through with action needed to address the shortfalls identified.
- The results we saw from the internal audit of the service did not reflect issues we found with the service.
- The culture within the service over the last three to four years had been inconsistent. There was a steady and continuous turnover of staff. The registered manager had also left and returned to manage the service.
- Staff were not always well organised when carrying out their duties to support people. They were unsure who was responsible for making changes needed to people's support when these had been identified and so sometimes support to people was missed and tasks did not get done.

The failings we identified: to make changes in meeting people's needs, manage people's rights around capacity, supervise staff, manage complaints, use audits effectively and maintain accurate records, did not evidence that the service was well-led. This was a breach of Regulation 17: Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the end of this report.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The provider and staff did not meet the responsibilities of the duty of candour.
- They did not always achieve their aim of providing high-quality, person-centred support to people. One survey comments stated, 'I wish staff would spend more time when giving me personal care'.
- Problems arose when staff did not always give high-quality care. For example, mistakes were made with medicine administration and giving vital personal care.
- The registered manager and provider understood their responsibilities to meet the requirements of their

registrations.

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

- Satisfaction surveys were issued at certain times of the year. The results from the October and November 2018 survey showed mixed responses with seven out of ten relatives being satisfied. The negative comments covered views about odours, staff appearance and attitude, not being made welcome, no refreshments offered, no updates on people's wellbeing and the registered manager not being approachable.
- Staff satisfaction surveys noted concerns about staffing numbers, equipment, linen and a need for better engagement with the registered manager.
- People's surveys showed they wanted staff to respect their privacy and dignity more (knock on bedroom doors and speak more respectfully to them), help them meet their needs more often, for the registered manager to be more approachable and not to be rushed when receiving support. Action to address these views was on-going.
- People also commented on surveys, 'I don't know the manager, as I've never met her' and 'Those with dementia could do with more staff to help'. One positive comment stated, 'Meals are fine'. We were told by the registered manager and area manager that new surveys were soon to be issued, as they both felt improvements had been made since the last ones came back.

Continuous learning and improving care.

- The provider and staff continuously learned about service delivery and had improved the care given to people at Hamshaw Court over the last year. There was further improvement required.
- A scheme to have a 'resident of the day' was now in place to help staff improve their understanding of people's preferences and review their care.
- Some staff showed an enthusiasm for continuously learning and improving their skills for the benefit of people that used the service.

Working in partnership with others.

- The provider built links with the local community, supporting people to access shops and businesses in the area.
- The provider had other service locations in the area with registered managers in place, but we were told they did not regularly meet up for supporting each other or sharing good practice. This might be an area to develop.

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 11 HSCA RA Regulations 2014 Need for consent People did not always have their rights protected when they lacked capacity to make decisions because the provider did not always act in accordance with the Mental Capacity Act. Regulation 11(3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure medicines were managed safely. Regulation 12(1) and (2)(f)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider failed to operate effectively the system for handling and responding to complaints. Regulation 16(2).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to evaluate and improve their practice and operate effectively the systems for maintaining accurate records. Regulation 17(2)(a) and (c).

