

# Heltcorp Limited

# Goole Hall

## Inspection report

Swinefleet Road  
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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 well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Goole Hall is a residential care home which is registered to provide personal care and accommodation for up to 28 older people, some of whom may be living with dementia. At the time of the inspection, 15 people were using the service. The building has three floors and a lift which operated between all levels.

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

Records did not always support staff to administer people's medicines when they needed them. The provider had reviewed and updated their quality assurance systems, though they had not identified all shortfalls found during the inspection.

Systems were in place and staff understood how to keep people safe from harm and abuse, though staff were not always sure where to find safeguarding information. We have made a recommendation about safeguarding. Risks to people's safety and wellbeing had been identified and were monitored and managed by staff. Accidents and incidents were monitored to support learning from them and reduce the risk of them happening again, though systems required further improvement.

Staffing levels were safe and enabled staff to support people in a timely manner. People took part in meaningful activities. Recruitment processes supported the safe recruitment of staff, though records did not show gaps in employment history had been explored. We have made a recommendation about recruitment.

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.

People were appropriately supported to eat and drink and people had access to a varied diet. We have made a recommendation about fluid monitoring systems. Staff worked with relevant healthcare professionals to meet people's needs. Staff had the required skills and knowledge to support people.

The senior management team were supporting the service and we received positive feedback regarding the new manager.

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

### Rating at last inspection and update

The last rating for this service was requires improvement (published 07 July 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found that although some improvements had been made the provider remained in breach of

regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last two inspections.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 25 February and 01 March 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, need for consent, staffing and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Goole Hall on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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.

#### Enforcement and Recommendations

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 monitor the service and will take further action if needed.

We have identified breaches in relation to medicines and quality assurance at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Goole 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 completed by two inspectors on the first day, and one inspector on the second day.

#### Service and service type

Goole 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. Goole Hall 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. A new manager had been recruited but had not yet registered.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We contacted the local authority safeguarding and commissioning teams and the local infection control team for feedback. We also looked at information sent to us since the last inspection. This included information the provider is required to send about incidents at the service. 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 two people who used the service and three relatives. We also spoke with two care staff, the manager, the senior management team and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked around the home to review the facilities available for people and the cleanliness of the service. We also looked at a range of documentation including two people's care files and medication administration records. We looked at three staff files and reviewed documentation relating to the management and running of the service.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, care records, policies and other records relating to the management of the service.

# Is the service safe?

## Our findings

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

At 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 that people could be harmed.

### 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 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although we found some improvements, not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- We could not always be assured that people received their medicines as directed as handwritten medicine records did not always include full instructions how to administer medicines. For example, one person was prescribed aspirin and lansoprazole which should not be administered at the same time. However, medicine records did not contain complete administration instructions which placed people at risk of their medicines not being administered as prescribed.
- Records relating to 'as and when required' pain relief were not completed to show when these medicines were offered. We could not be assured peoples pain relief was managed effectively.
- Protocols for 'as and when required' medicines continued to lack information and were not always in place. For example, one person did not have a protocol in place for a medicine to help manage their agitation and behaviours. This meant there was limited information to enable staff to consistently administer this medicine.
- Records were not always updated following changes to people's medicines. Care plans and daily records did not accurately reflect the medicines people were prescribed as per their medicine administration records.

Whilst we found no evidence people had been harmed, people were placed at risk of harm by the failure to ensure the proper and safe management of medicines. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received training and competency checks for the administration of medicines.

### Staffing and recruitment

- Staffing numbers were appropriate to meet people's needs. We observed staff supporting people in a timely manner.
- Agency staff were used to support safe staffing levels. Agency staff completed an induction when they started at the service to ensure they understood safety processes such as fire procedures.

- An activities co-ordinator was employed who had time to engage people in meaningful activities such as exercises, quizzes and knitting.
- Recruitment checks were completed to help ensure staff were appropriate to work with vulnerable people. However, the provider had not always followed their own policy. We identified gaps in employment history were not always explored and interview records did not show how the provider had determined applicants were suitable for the role.

We recommend the provider reviews their recruitment policy and procedure to ensure processes are consistently followed.

Systems and processes to safeguard people from the risk of abuse

- The provider's safeguarding records were not an accurate record of all concerns and referrals. We found three concerns had been appropriately referred but were not recorded, which meant it was difficult for the provider to monitor and review safeguarding issues.
- Staff were trained in safeguarding. Existing staff had completed safeguarding training and new staff had been booked onto relevant training.
- Staff were able to identify signs and types of abuse and understood how to report concerns internally. Staff were aware they could report concerns to external organisations but did not always know where to find this information.

We recommend the provider reviews their safeguarding policies and procedures to ensure safeguarding processes are robust.

Preventing and controlling infection

At our last inspection the provider had failed to assess and manage the risk and spread of infection. This was a breach of regulation 12 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 this element of regulation 12.

- 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 somewhat 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 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.
- People were supported to have visits from their families and friends in line with government guidance. In the event of an outbreak of COVID-19, alternative arrangements were in place to support people to maintain their important relationships.

We have also signposted the provider to resources to develop their approach.

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



At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 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 12.

- The provider was in the process of updating all care plans to ensure they supported staff to manage risks to people's safety and wellbeing. From the care plans we reviewed, risks were clearly identified, risk assessments were thorough and supported staff to identify and manage risks to people's safety and wellbeing.
- Staff understood risks to people's safety, health and wellbeing and how to manage them.
- The provider maintained the safety of the building and equipment through regular checks, servicing and maintenance.
- Appropriate action was taken following accidents and incidents. Systems were in place to monitor and review accidents and incidents to support learning. However, we could not always be assured that this system was effective as we identified some concerns within the accident auditing system. We have reported on this in the well-led section.

# 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;  
Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection the provider had failed to ensure documentation to monitor people's dietary concerns was effective to assess, monitor and mitigate risk. This was a breach of regulation 17 (Good Governance) 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 this element of regulation 17.

- People were positive regarding the quality of the meals available. A menu was available for people to choose from and they were offered other options if they did not want what was on the menu.
- Where people required support with meals and drinks, staff supported them appropriately.
- Referrals were made to relevant healthcare professionals if there were concerns about people's weight or ability to swallow.
- Care plans viewed contained detailed and person-centred information which supported staff to meet people's dietary needs in line with their preferences.
- Care plans, risk assessments and records were being monitored and reviewed to ensure the effective management of the risk of dehydration. Though we found some fluid records did not always show people had drunk enough to keep them well.

We recommend the provider reviews their processes to ensure fluid monitoring systems show people's hydration needs are met.

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

- Care plans were being updated to ensure they contained appropriate information to support staff to meet people's needs. However, care plans waiting to be reviewed did not always contain required information. For example, one person's records did not contain information how to support them with their behaviours before considering administering prescribed medicine.
- Staff worked with and sought advice from healthcare professionals. Referrals had been made to the GP, Falls Team, Speech and Language Team and the Frailty Team for those who needed them. However, some records of healthcare professional involvement were inconsistently completed.

- Most relatives told us communication from the service had improved since a new manager was in post and they were updated with important information about their relative's health and wellbeing.

We recommend the provider reviews systems and processes to ensure communications between health professionals and staff are effective and consistent.

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

At our last inspection the provider had failed to follow the principles of the Mental Capacity Act 2005 (MCA) and people's consent to care was not sought in line with the MCA. This was a breach of regulation 11 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 (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).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff sought people's consent and respected people's right to refuse support. If someone declined support staff returned at other times in the day to offer support again, to see if the person would be willing to accept the support later.
- Staff supported people to make their own decisions where possible. Staff gave people choices about their care in a way they could understand.
- Where people lacked capacity, decisions were made in their best interests with the involvement of their family.
- Restrictions on people's liberty were recognised and application to deprive people of their liberty had been made. Systems were in place to monitor DoLS applications and authorisations.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to have suitably qualified, supported and competent staff 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.

- Processes were in place to ensure staff had the required skills and knowledge. Staff completed training and received supervision. Some competency checks were in place for staff, though the provider was reviewing

their processes and planned to introduce a wider range of competency checks.

- Induction processes were in place to ensure staff had the correct skills and knowledge for their role. New staff completed an induction and spent time shadowing experienced staff to learn their role.
- Staff were positive regarding support from the management team and the advice and guidance given. A staff member told us, "Support seems good, it's positive. [Manager's name] and [Senior carer's name] are both approachable."

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

- A range of activities were held to promote people's wellbeing. We observed the activities co-ordinator encouraging people to participate in group activities and engaging positively with people in a group or on an individual basis.
- People could spend their time where they chose around the service. People had their own bedrooms and access to communal lounges, a dining room and an indoor area which had been decorated to look like a shopping street.

# 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 inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection the provider had failed to ensure systems were in place, effective and robust enough to demonstrate the service was effectively managed. This was a breach of the regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had made some improvements. However, not enough improvement had been made and the provider was still in breach of regulation 17.

- The provider had reviewed and updated their quality assurance systems and was in the process of embedding them. Although the issues we found with medicines, recruitment records and safeguarding records had not always been identified or addressed.
- Systems were in place to support learning from accidents and incidents. However, information was not always correctly collated and analysed which reduced the provider's ability to identify patterns and trends in order to reduce the risk of them happening again.
- The provider had not consistently followed their own policies to ensure the safe recruitment of staff.
- The provider closely monitored care records, though they continued to not accurately reflect the support people received.
- There was no evidence of feedback being sought from people and their relatives. Though the provider was in the process of sending questionnaires to staff to gather their feedback.

The failure to have effective systems, accurate records and seek feedback from relevant people placed people at risk of receiving a poor-quality service. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service was closely monitored by the senior management team, who were often on site and supported staff with providing care for people when necessary. Though at times this had resulted in difficulties completing all audits in a timely manner.
- Care plans and risk assessments were being reviewed and updated. Care plan audits effectively identified shortfalls and drove improvements. Action plans showed how and when issues were addressed.
- A new manager was in post and we received positive feedback from staff and people's relatives since they

have been employed.

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

- Staff enjoyed their roles and were positive about support from the management team.
- There was a caring culture at the service. Staff understood people's needs and worked hard to support them. We observed positive interactions between staff and people who used the service. A staff member told us, "I think we do the best we can, we care about people, their welfare and safety. It's sad when people pass away as they're like family."

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 had a policy and procedure in place regarding the duty of candour, to ensure people are informed if something goes wrong.

Working in partnership with others

- Referrals were made to relevant professionals when required. The management team and staff engaged with healthcare professionals about people's needs to promote good outcomes. The provider had received positive feedback from healthcare professionals.

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 ensure the safe administration of medicines. Regulation 12 (2)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to ensure compliance with the regulations, improve the quality of the service, maintain accurate records and seek an act on feedback about the service. Regulation 17(1)(2)(a)(c)(e)