

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 well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Hamshaw Court is a residential care home providing accommodation and personal care for up to 45 older people who may also be living with dementia. At the time of our inspection, there were 19 people using the service.

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

People gave positive feedback about the improvements that had been made since the last inspection. The new manager and provider had worked to address concerns and reduce risks.

More detailed care plans and risk assessments were used to guide staff on how to safely support people. The manager was responsive and made further improvements where needed following our feedback.

Improvements had been made to help make sure people received their prescribed medicines when needed. We spoke with the manager in relation to recording issues for one person and made a recommendation in relation to making sure medicines were stored at the right temperature.

People were supported to have maximum choice and control over 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. Applications had been submitted to ensure people were lawfully deprived of their liberty.

Systems and processes were in place to help minimise the risks associated with COVID-19. Some environmental issues needed to be addressed to ensure all areas of the service could be kept hygienically clean.

People felt safe living at the service. Staff were safely recruited, and enough staff were deployed to safely meet people's needs. Agency staff were used where necessary to cover gaps in the rota. A system was in place to help make sure agency staff had the information and skills to safely support people. The manager was working to reduce the number of agency staff used.

Regular audits were used to help monitor the quality and safety of the service. Action plans were used to support continuous improvements. People praised the changes made, the improved communication and how management responded to feedback.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 9 November 2021) and there were multiple

breaches of regulation. At this inspection, improvements had been made and the provider was no longer in breach of regulations.

This service had been in Special Measures since 9 November 2021. During this inspection, the provider demonstrated improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced focussed inspection of this service on 30 September and 5 October 2021. Breaches of legal requirements were found.

We undertook this focused inspection to follow up on action we told the provider to take following our last inspection and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well-led, which contain those requirements.

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.

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 changed from inadequate to 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 Hamshaw Court on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 Health and Social Care Act 2008.

Inspection team

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

Service and service type

Hamshaw Court 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. Hamshaw Court 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 CQC 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 started at the service in December 2021 and they had applied to become the registered manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

We used information the provider sent us in the provider information return. 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 five people who used the service and five people's relatives about their experience of the care provided. We spoke with seven members of staff including the regional manager, manager, deputy manager, senior care workers and care workers.

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

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 inadequate. At this inspection the rating has changed to requires improvement. This meant improvements had been made. However, some aspects of the service were not always safe and there was limited assurance about safety as consistent good practice needs to be sustained over time.

Using medicines safely

At our last inspection people did not always receive their medicines when needed. This was a breach of Regulation 12(1) 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.

- People were supported to take their prescribed medicines. One person explained, "I always get my tablets; I never have to wait."
- Systems were in place to monitor people's needs and help make sure they received medicines, such as pain relief or inhalers, when required.
- Overall, there had been improvements in records relating to the management and administration of people's medicines. However, we spoke with the manager about addressing issues in relation to one person's medicines.
- Medicines had not always been stored at the right temperature in accordance with the provider's policy and the manufacturer's guidance. If medicines are not stored properly, they may not work in the way they were intended.

We recommend the provider reviews the storage of medicines.

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

At our last inspection risks were not adequately assessed and managed. This was a breach of Regulation 12(1) 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.

- People felt safe at Hamshaw Court and with the care and support staff provided. Feedback included, "The staff are good, they're helpful, friendly and they look after me. I'm happy with what they do."
- More detailed care plans and risk assessments had been put in place to help alert staff to risks and guide them on how to safely support people.
- The manager updated some care plans in response to our feedback to help make sure they contained

consistent and relevant information when people's needs changed.

- Accidents and incidents were recorded and monitored to identify any patterns or trends. Appropriate action had been taken when needed to help prevent further incidents re-occurring.
- Regular servicing and health and safety checks helped make sure the environment and any equipment used were safe.

Systems and processes to safeguard people from the risk of abuse

At our last inspection people were unlawfully deprived of their liberty. This was a breach of Regulation 13(1) 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 13.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- People's rights were protected. The service was working within the principles of the MCA and, where needed, appropriate legal authorisations were in place to deprive people of their liberty. Any conditions related to DoLS authorisations were being met.
- Staff had been trained to identify and report any safeguarding concerns. The manager understood their responsibilities and reported safeguarding concerns to the local authority when needed.

Staffing and recruitment

At our last inspection the provider had failed to make sure enough competent and skilled staff were deployed. This was a breach of Regulation 18(1) 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.

- People were supported by safely recruited staff. Appropriate checks had been completed to help make sure suitable staff were employed.
- The provider used a dependency tool to help decide how many staff should be on duty to safely meet people's needs.
- People gave generally positive feedback about staffing levels. Comments included, "They seem a bit short of staff, but we still get well looked after" and "The staff come fast when I press my buzzer."
- The provider used agency staff to cover gaps in the rota and help make sure sufficient staff were deployed.
- Systems were in place to make sure agency staff had the information they needed about the people they would be supporting.

- The manager was working to recruit new staff and reduce the number of agency staff they used.

Preventing and controlling infection

At our last inspection people were not adequately protected against the risks associated with COVID-19. This was a breach of Regulation 12(1) 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.

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider would admit people safely to the service.
- We were assured the provider was using personal protective equipment effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up-to-date.

We signposted the provider to ways they could develop their approach to monitoring and addressing environmental issues, which might impact on the ability to hygienically clean some areas of the service.

Visiting in care homes

- People were supported to safely meet with family and friends. Staff followed appropriate precautions to help minimise risks, whilst also enabling people to meet and maintain relationships that were important to them.

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 improvements had been made. However, we could not be certain leaders and the culture they created would guarantee the delivery of high-quality, person-centred care, because to do so requires consistent good practice over time.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had not adequately assessed, monitored and mitigated risks to improve the quality and safety of the service. This was a breach of Regulation 17(1) 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 17.

- The provider and manager had worked to address concerns identified at the last inspection and to ensure they were now meeting legal requirements.
- Improvements had been made in a number of areas to help keep people safe and improve their quality of life.
- The provider and manager used more regular audits (checks), including medicine audits, to help monitor the quality and safety of the service and to identify and support improvements.
- Action plans had been put in place where improvements were needed. These had been regularly reviewed and signed off as improvements were made.
- Action was needed to address some environmental issues; the provider had a continuous improvement plan in place to support the ongoing decoration and upkeep of the home environment.
- The new manager was in the process of applying to become the registered manager.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People gave positive feedback about the service and the improvements being made. Comments included, "Since new manager has come in, they are trying their best to make it better" and, "I would say it is definitely more organised now, and personally I think it's due to the new management; they take time to listen to us and everything is sorted out."
- The provider had completed surveys to gather people's feedback and to listen and learn from their experiences of using the service.
- People had been involved in decisions about how the service was decorated.

- The manager had an 'open door' policy and people and staff felt able to speak with them if there were any issues or concerns. One person said, "If we have any problems we speak to the manager and it's resolved. We are all happier now."
- Relatives praised the communication and partnership working. They told us, "I am very much kept informed and up-to-date about the care", "Communication is good now" and "The staff are very friendly and they are happy to sort things out – since the new management have come in, if you ring, they will speak to you straight away."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection the provider had not acted in an open and transparent way when things went wrong. This was a breach of Regulation 20(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was not in breach of Regulation 20.

- Evidence was not available to show an incident which occurred at the time of our last inspection, had since been dealt with appropriately under the duty of candour requirements. The provider was continuing work to address this issue.
- The provider had a policy and procedure in place setting out how they would identify and respond to any notifiable safety incident in future. No such incidents had occurred since the last inspection.
- The manager understood the importance of being open and honest with people if things went wrong.

We could not improve the rating for well-led from inadequate to good, because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.