

Hilbre Care Limited

Hilbre House

Inspection report

The Chalet
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an unannounced inspection of Hilbre House on 31 January 2017 and 2nd February 2017. Hilbre House is a large old style property owned by Hilbre Care Limited. The home is registered to provide accommodation for up to 20 people who require personal care. At the time of our visit the service was providing support for 18 people.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a registered manager in post, they had been registered since October 2016.

We found that the Mental Capacity Act 2005 and the Deprivation of Liberty (DoLS) 2009 legislation had been adhered to in the home. The provider told us that some people at the home lacked capacity and that a number of Deprivation of Liberty Safeguard (DoLS) applications had been submitted to the Local Authority in relation to people's care. The service had accessed support from the local authority to ensure processes were appropriately followed. We found that in applying for these safeguards, peoples' legal right to consent to and be involved in any decision making had been respected.

People told us they felt safe and we saw that staff knew how to ensure they were safe. From our observations it was clear that staff cared for the people they looked after and knew them well.

Staff told us that they felt well supported by the manager in their job roles. We saw that the manager was a visible presence in and about the home and it was obvious that they knew the people who lived in the home extremely well and the people knew who the manager was, often using their name.

Staff were recruited safely and there was evidence that staff had received a proper induction and suitable training to do their job role effectively and the staff had been supervised regularly.

Each person living in the home had a plan of care and risk assessments in place. These were specific to them and were regularly reviewed.

People had access to sufficient quantities of nutritious food and drink throughout the day and were given suitable menu choices at each mealtime. The cook had a good knowledge of the dietary requirements, likes and dislikes of the people living in the home.

People's medicines were handled safely and were given to them in accordance with their prescriptions. Other healthcare professionals were contacted for advice about people's health needs whenever necessary.

The home was clean, safe and well maintained. We saw that the provider had an infection control policy in

place to minimise the spread of infection and a good supply of personal and protective equipment. For example, hand gels, disposable aprons and gloves. We also saw the home was in the process of being updated with adaptations being carried out on bathrooms and the emergency call bell system.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Staff were recruited safely. Appropriate disciplinary and other employment policies were in place.

Medication storage and administration was safely carried out.

Appropriate risk assessments were in place to ensure people's safety.

Is the service effective?

Good ●

The service was effective

The requirements of the Mental Capacity Act (2005) had been fully implemented to protect people's rights.

People were given enough to eat and drink and a choice of suitable nutritious foods to meet their dietary needs, likes and dislikes.

The staff had received an appropriate induction and had continued to be trained according to the needs of the people they supported.

Is the service caring?

Good ●

The service was caring

Confidentiality of people's personal information was evident.

People we spoke with said the staff treated them with dignity and respect and we observed that staff were patient and caring.

Staff made every effort to ensure people's privacy and dignity was respected when care was delivered.

Is the service responsive?

Good ●

The service was responsive

Each person had a care plan that meet their individual needs and risks.

A range of social activities and outings was made available to people who lived at the home.

People had prompt access to other healthcare professionals when required.

Is the service well-led?

Good ●

The service was well-led

The service had a manager who was registered with the Care Quality Commission.

Staff said they felt supported by the manager and could approach them if they had any concerns.

There were procedures in place to monitor the quality of the service. Any issues were acted upon.

Hilbre House

Detailed findings

Background to this 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 was planned to check 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.'

This inspection took place on 31 January 2017 and 2nd February 2017 and was unannounced. The inspection was carried out by one adult social care inspector.

Prior to the inspection we asked for information from the local authority quality assurance team and we checked the website of Healthwatch Wirral for any additional information about the home. We reviewed the information we already held about the service and any feedback we had received.

During the inspection we spoke with three people who lived at Hilbre House and with three relatives. We talked with seven staff on duty including the registered manager, cook, care staff and senior care staff.

We observed staff supporting people who lived at the home during the course of our inspection. We reviewed a range of documentation including four care plans, medication records, and records for four staff members, staff training records, policies and procedures, auditing records, health and safety records and other records relating to how the home is managed.

Is the service safe?

Our findings

We spoke with three people who lived at the home and they told us they felt safe. One person told us, "Yes definitely". When we asked a relative what their opinion was of the service, they told us, "I come every day, we know all the staff". We were also told by another relative "There are no silly chances taken that could put [person] at risk".

We looked at the records relating safeguarding incidents. We saw that the manager maintained a clear audit trail of any safeguarding incidents, what action had been taken to support people who lived in the home and that they had made the required notifications to CQC. We asked staff members if they knew safeguarding processes and asked if they felt confident to know how to be able to report any type of potential abuse. All the staff we spoke with was able to show an understanding of the different types of abuse and how to report abuse. We also asked if the staff would be comfortable whistleblowing and we were told they were and that they felt that it would be dealt with in appropriate manner.

We saw the premises were safe. We looked at a variety of safety certificates that demonstrated that utilities and services, such as gas and small portable appliances had been tested and maintained. We saw that the fire alarm system had been checked regularly and there was a fire evacuation plan that had been reviewed and updated. Personal Emergency Evacuation Plans (PEEPS) had been completed for all of the people who lived in the home. These PEEPs were readily available in a file in case they were required, this was colour coded and each person's bedroom door had a small and discreet colour coded indication relating to their individual PEEP. We saw that all the risk assessments relating to the home and the equipment were in date. We saw that the electrical five year check had not been updated. This was done immediately following the inspection.

We viewed three staff recruitment files and found that all the appropriate recruitment processes had been followed and that checks on the staff member's suitability had been made prior to employment. All files contained two references, proof of identification and contained evidence to show that an appropriate criminal records check had been made on each staff member. One person told us, "Staff are so great".

We observed the medication administration round and we saw that the administration of medication was done safely. The home had its own locked clinic room and drugs trolley which ensured medications were stored securely, measures were also in place to ensure the safety of the controlled drugs cupboard.

All the medication we looked at was in date and appropriately labelled. Medication Administration Records (MARs) had been fully completed by staff when medicines had been administered. These records showed that people were receiving their medications in a timely manner. All of the home's medication was in date and appropriately labelled.

We looked at the records for accidents and incidents. We saw that appropriate action had been taken following each event, for example referrals to the falls team.

We looked at the risk assessments for four people living in the home, these were stored electronically and each staff member had the ability to access the records as needed. We saw that risks to people's safety and well-being had been identified, such as the risks associated with moving and handling, falls, pressure area care and nutrition and that plans had been put in place to minimise risk. We saw that risk assessments were specific to the person.

We saw evidence that the provider was in the process of updating the call bell system. The proposed upgrades included individual pendants for specific people living in the home as this had been identified as appropriate, by the manager and person, for the safety of the people.

We saw the daily cleaning rotas for the kitchen and for ancillary staff. We saw that the service was in the process of implementing new streamlined documentation for staff to complete when tasks had been carried out. We noted that staff had not always completed these and we brought this to the manager's attention, however we observed that home was clean with no offensive odours and we were told by everyone we spoke to how clean the home was. We saw that gloves and aprons were freely available and if needed that hand gel was available throughout the home. This indicated that there systems in place to mitigate the risk of infection.

There appeared to be enough staff on duty on the day of the inspection as all people using the service had their care needs met in a timely manner. We were told by people's relatives however that sometimes it looked like they needed more staff. When we asked staff about this, the staff told us they thought staffing levels were currently sufficient.

Is the service effective?

Our findings

When we asked people if they thought staff had the appropriate skills or knowledge to deliver an effective service, the feedback was positive. When we asked people's relatives the same question one relative said "I think they are" another relative told us "They seem quite competent in what they do".

We looked at four staff files that showed all had attended and successfully completed the provider's induction schedule within the first twelve weeks of employment. The service had implemented the Care Certificate for new staff, which was accredited by 'Skills for Care', Skills for Care provides practical tools and support to help adult social care organisations in England recruit, develop and lead their workforce. We also saw that all staff, including domestic staff had all attended training required by the provider, which included safeguarding, moving and handling, first aid, fire safety, infection control and some staff had attended training surrounding diabetes. One staff member told us that they were attending fire update training that week.

There was also evidence of a robust supervision system in place for staff Supervisions were carried out regularly and we were told by the staff we spoke with that they found these sessions helpful. Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs.

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. The application procedures for this in care homes and hospitals are 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 were being met. We looked at care files and saw that the people who lived in the home had an audit trail of capacity assessments, best interest meetings and DoLS applications where required. It was clear that the manager had a full and detailed understanding of the MCA and its application and had also accessed the local authority for additional advice. We saw that the majority of staff had received MCA and DoLS training

The entrance area was a large open space that was bright and welcoming. We were told by the manager during our tour of the building that a programme of refurbishment was in progress. This included converting bathrooms to wet rooms and we saw that work had commenced on this during our visit.

People had access to sufficient quantities of nutritious food and drink throughout the day and were given suitable menu choices at each mealtime. We spent time with the cook who was able to tell us about people's dietary needs, likes and dislikes. One relative told us how the cook would suggest different things to

encourage their loved one to eat a balanced diet.

We noted that the home had a communal dining area, we saw that people were able to choose where they wanted to sit to eat their meal. We saw staff taking food to those who wanted to stay in their bedrooms. We were told by one person that if you didn't like what was on the menu then "They'll get you what you want". We saw staff offering alternatives for desserts if a person did not like what was offered. One relative told us, "I've seen them give [person] drinks and they didn't know I was here" and a person living in the home said "You only have to ask them".

Is the service caring?

Our findings

We spoke to three people who lived at the home and three relatives. One person told us "The staff are marvellous, there's great banter" and another person told us "All the staff are lovely, they're so kind". All of the people we spoke with agreed with this. A relative told us "I wouldn't have [person] moved, everyone here is really friendly". Another relative told us "We know all the staff, they're really good". All of the relatives we spoke with told us they were pleased with the way that care was given and felt involved in decision making around their loved one's care.

Relatives told us that there was always communication between them and staff at the home. They felt they were kept informed of any issues. One relative told us "They communicate any slight concern, they let us know. They're in touch straight away".

It was clear from our observations of the service that staff knew people well. We saw that they communicated with people and met their needs in a way the person preferred. We saw that staff ensured the privacy and dignity of the people who used the service.

We observed interactions between the staff and people living in the home, we saw that the relationships were friendly and respectful. Staff were able to laugh and joke with people and we were able to see the 'banter' that had previously been mentioned. This meant that there was a caring and welcoming atmosphere in the home. This was supported by the people and relatives we spoke to.

We observed that confidential information was kept secure either in locked cupboards or on password protected computers. We saw evidence in people's care plans of their end of life choices and the home had an end of life co-ordinator who had the responsibility for ensuring people's choices were respected should their health decline.

At the front of the home there was an 'Information Board', this displayed a wide range of information that included independent advocacy service that was available, outings that were planned, safeguarding information about the Care Quality Commission. We also saw that there was a suggestion box that was available for people to have an input into the running of the home.

The manager showed us the home's service user guide which was available for people and families. This contained information about the aims of Hilbre House, the staff team and other contacts such as district nurses and G.Ps.

We asked if people felt respected and if they felt they were treated with dignity, and everyone said "Yes". One person said "Oh yes, they respect our wishes". We saw how people's privacy and dignity was maintained. We observed that staff clearly knew people well and people told us that staff asked for consent prior to carrying out any care.

Is the service responsive?

Our findings

People and their relatives told us they were happy with the way care was provided, could not fault the approach of the staff and they felt listened to. We were told "They're very open to suggestions".

We asked if people felt comfortable raising concerns or complaints. One person told us "Oh yes, they'd act on it. They're good in that respect", and another person said "I've no complaints". We looked at the complaints procedure and saw that it was clear and comprehensive and the contact information was clearly displayed.

The staff team worked very closely with people and their families and comments and minor issues were dealt with before they became a concern or complaint. One person told us how the home had replaced their bed three times to make sure they were comfortable.

We looked at four care files and saw that people had their needs assessed before they moved to the home, this included peoples like and dislikes. We saw how the service implemented a personalised care plan over a three month period from the time a person entered the home. Information had been sought from the person, their relatives, other professionals involved in their care and the observations of the staff. Care plans were reviewed by a person's keyworker on a monthly basis to ensure they were up to date. A keyworker's role includes understanding a person's particular needs and as key worker can coordinate and organise the service to meet the persons needs.

We saw that care plans in place included personal care, religious belief and cultural preferences including family involvement, communication including hearing and eyesight and medication. We saw how a person's independence had been supported following discussions on how to help them manage their continence. We saw how the home had put measures into place that had been agreed with the person.

We saw that people had prompt access to medical and other healthcare support as and when needed. This was fully documented in people's care plans and included, G.P, dentist, dietician and chiropody appointments.

We looked at people's daily monitoring information and daily logs that documented people's well-being and saw that these reflected information that was held in peoples care plans. We saw that these documents had been fully completed and was fully up to date.

The home employed an activities co-ordinator and offered a range of activities to meet people's social needs. People and relatives we spoke with were positive about the activities provided. One person told us "There's always something going on. You should have seen the party at Christmas, you couldn't have got any better".

The people we spoke with told us that visitors were welcome at any time of the day, one person said "Oh yes they can come at any time" and a relative told us "I come every day, there's no problems".

We asked the people who lived in the home if they felt listened to. All of the people we spoke with said 'Yes'. Peoples individual preferences were respected we were told by one person, "I've brought my own furniture from home". We also noted that people had their own landline telephones in their bedrooms, this was provided by the service. This gave them the opportunity to contact whomever that wished whenever they wanted and the telephones also had the function that people could ring down to the kitchen or to another part of the home if they needed support.

Is the service well-led?

Our findings

The service had a registered manager in post who had been registered with the Care Quality Commission since October 2016. The registered manager was supported by a network of senior staff including a training manager, administrative staff, an infection control lead and four senior care staff.

The registered manager understood their responsibilities in relation to the service and to registration with CQC and had updated us with notifications and other information.

It was obvious that the registered manager was well known to the people living in Hilbre House Residential Home. Through our observation we saw that the manager was known by the people who lived at the home and that the manager in turn knew people very well.. One person told us "Oh yes, we know she's there". The manager was visible throughout the day and led by example. They knew all the people they interacted with by name and were able to give us insight into the person's needs and requirements. We observed the manager as she showed us around the service, they showed patience skill and caring when dealing with people who needed their attention during the tour of the service. We spent time talking to the registered manager and they told us how committed they were to providing a quality service.

Staff told us they had a good relationship with the manager and that they were supportive. One staff member told us "Oh yes [managers] great, we were told any problems we can ring her at any time".

Records were well maintained at the service and those we asked to see were located promptly. The policies in place were current and regularly updated. These included care planning, complaints, confidentiality, whistle blowing, medication, disciplinary procedures and recruitment. The policies provided staff with up to date guidance and staff were able to tell us where the policies were so that they could access them.

Staff and managers shared information in a variety of ways, such as face to face, during handovers between shifts and in team meetings. We saw that the registered manager had listened to staff suggestions during these meetings and acted upon them where possible. For example the streamlining of documentation. Staff told us that if they were not able to attend meetings then the minutes of the meetings were always freely available.

The provider regularly monitored the quality of care at the home and there were procedures in place to monitor this. This included audits surrounding complaints, safeguarding, accident and incidents, infection control and falls. These were dated recently and identified if any action were needed. We also saw a system in place for fault reporting and repairs and we were able to see how these were actioned and completed.

We saw evidence of people who use the service being asked to complete satisfaction questionnaires. We looked at a sample of the questionnaires returned and saw that people's feedback was all positive.

The registered manager explained about improvements that had been made to the environment especially the bathrooms and en-suites being converted to wet rooms, we were also able to see the emergency call

bell system was being updated.