

The Place Up Hanley Limited

# The Place Up Hanley

## 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

The Place Up Hanley is a residential care home providing personal care to 34 people at the time of the inspection. The service can support up to 51 people with different health and care needs, including dementia, across one single-floor adapted building.

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

At the last inspection we rated the service as good. At this inspection we found improvements were needed across the service and the provider was aware of this. We found breaches of regulation with regards to good governance and ensuring well-supported, competent staffing of the service.

There were record-keeping and person-centred planning issues across the service. The provider was open and honest about their awareness of these issues and their plans to address them. Quality checks had been completed and identified issues but had not always led to improvements. Information in care records was not always complete, consistent and well-organised to support safe and effective person-centred care. Staff did not always feel well supported and listened to. There were significant improvement needs to training and supervision. The service had gone through several changes in management and this had in parts created an unsettled culture. This was clear from some of our conversations with staff.

When we spoke with people using the service, relatives and professionals, we heard that overall people's experience of the service was positive. However, people and staff felt there were not always enough staff to meet people's needs promptly. Staff felt that while they were able to complete care tasks and keep people safe, they did not always have time to spend with people and listen to them. We made a recommendation regarding the planning of staff deployment. We observed that the hands-on care people received was person-centred and caring. There was a generally calm, relaxed atmosphere when we visited.

More regular meetings took place for people using the service, relatives and staff. We received feedback about communication issues and discussed these with the provider. We found that the service had improved activities that were on offer and these helped to positively engage and stimulate people. People also enjoyed the inclusion of community volunteers. The service connected well with other professionals and the wider community. The provider was working closely with the local authority to achieve improvements and we saw examples of planned developments. There had only been one recorded complaint in 2019. People told us that if they had issues or grievances, these were always listened to and addressed.

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 generally supported this practice. We pointed out some record-keeping issues and development needs that the provider was already addressing.

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

#### Rating at last inspection

The last rating for this service was good (published 7 February 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches at this inspection in relation to record-keeping and the effective monitoring of people's safety and care, as well as sufficient support to ensure good staffing.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 affective.

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** ●

# The Place Up Hanley

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector and one 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

The Place Up Hanley 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.

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

#### Notice of inspection

This inspection took place on 9 July 2019 and was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and two relatives about their experience of the care

provided. We walked around the service, observed interactions and activities. We spoke with 13 members of staff. This included a director who was the provider's nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the deputy manager, the provider's compliance manager, the learning and development coordinator, senior care workers, care workers, an activities coordinator, administrative and domestic staff, as well as the head chef. The registered manager was not available when we visited. We spoke with three health and social care professionals who worked together with the service.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, staff training and supervision, as well as health and safety checks and procedures were reviewed.

Following the inspection

The provider sent us additional information and evidence which we considered for our report.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Assessing risk, safety monitoring and management; Using medicines safely

- Care charts had not always been completed effectively, for example to monitor the safety of people at high risk of developing pressure sores. Information in care records, including risks to people's health and wellbeing, was not always consistent or accurate.
- Medication administration files were overall not well maintained. Records were at times missing information and had not always been completed accurately to help monitor people's safety.
- A basic overview of people's needs during an evacuation was in place, but there were no detailed, personalised plans to guide staff on how to assist individuals safely.
- Regular health and safety checks took place. Fire safety engineers were visiting on the day of our inspection. However, the service's fire risk assessment had not been reviewed and updated since 2015.

We found that systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they received their medicines on time. We checked a few people's medicines and found that stock levels matched records.
- Assessments of risk to people's health and wellbeing were being reviewed as part of the provider's improvement to people's care plans. Following our inspection, the provider confirmed a date on which the fire risk assessment would be reviewed.
- There had been issues with the boilers, but the provider had taken steps to resolve this. We discussed further repair needs and improvement plans with the provider.

Staffing and recruitment

- Staffing was in line with the provider's dependency assessment of people's needs and funding, with few gaps in staff cover. Despite a reduced bed occupancy at the service the provider had not reduced staff numbers and made efforts to ensure there was enough staff cover at busy times.
- However, people using the service and staff told us there were not always enough staff to meet people's needs promptly and at times people had to wait to be helped. This was noted particularly for mealtimes and mornings. On occasion people had not been assisted out of bed until close to lunchtime. People commented on staff appearing rushed and there was one isolated comment about staff at times turning the person's call bell off.

We recommend that the provider review their staffing level planning and deployment to ensure there is

sufficient cover to assist people safely and effectively.

- Staff continued to be recruited using appropriate checks.

Systems and processes to safeguard people from the risk of abuse

- People had some comments for improvement, but overall felt safe living at The Place Up Hanley. One person told us, "It is comfortable, staff are very nice and polite and will help you in any way if they can. I feel safe, yes – well, you have got this buzzer here if you need anything and yes I feel very safe really." Another person stated, "Yes I feel safe, it is the atmosphere of the place."

- Staff were aware of safeguarding responsibilities but were not always confident in all managers to act on concerns raised. However, staff also gave examples of how concerns they had raised had been acted on promptly.

Preventing and controlling infection

- The service overall appeared clean and hygienic and had been awarded the highest food hygiene rating at the last relevant inspection.
- Personal protective equipment, such as gloves and aprons, was available and used by staff.

Learning lessons when things go wrong

- Managers completed a basic accident and incident overview and analysis. We saw an example of this analysis leading to additional protective measures taken in consultation with the person.
- We saw some examples of learning from other inspections, for example to improve staff's fire safety awareness. A memo had been sent to each staff member individually, to inform them of evacuation procedures.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support was inconsistent.

Staff support: induction, training, skills and experience

- At the last inspection, we identified gaps in staff training, including dementia awareness. At this inspection, staff training continued to be an issue with an overall completion rate of 47%.
- Staff did not always feel well supported and listened to. There were significant gaps in staff supervision, with some staff not having had a supervision meeting since 2017.

Although steps were being taken to make improvements, the provider had not always ensured that staff were well supported and competent in their role. This is a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A learning and development coordinator was in post who had improved overall training completion from 8% in June 2018. A newly appointed senior staff member had been dedicated to complete supervisions with all staff.
- New staff were enrolled onto the Care Certificate, as well as national vocational qualifications. The Care Certificate is a recognised standard for those working in health and social care.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We saw examples of appropriate applications made to the local authority. Some information about this

was incorrect in people's care plans, which we considered as part of record-keeping issues.

- We saw examples of some completed mental capacity assessments, but further development was needed to complete them consistently and for specific decisions. The provider was addressing this.
- There was an emphasis in records on staff seeking people's consent before providing care.

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

- Detailed assessment formats were in place to find out about people's needs and backgrounds prior to admission. At times these needed to be completed more effectively.
- The service was working with people, representatives and professionals to reassess individuals' changing needs and provide the least restrictive care for as long as possible. Relatives told us staff kept them up-to-date about changing health needs.
- The provider was introducing a greater focus on Positive Behaviour Support. This is a recognised best practice model to promote people's quality of life.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- There was enough for people to eat and drink. People liked the food and were offered choices in different, supportive ways. We sampled lunch and found the food was freshly home-cooked and tasted very good.
- Kitchen staff were aware of people's specific dietary needs and any changes, as well as how to cater for them.
- Staff worked with different health professionals to promote people's wellbeing and made appropriate referrals when needed.
- We received positive feedback from community health professionals about the service's partnership working. One professional had chosen the service to work with regarding nutrition and hydration. They had found staff had engaged well with their previous projects, which was to avoid hospital admissions.

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

- Equipment was in place to make the service accessible for people. We discussed some additional equipment requirements and repair needs with the provider.
- We discussed opportunities to make the service more dementia-friendly in line with best practice, as part of the provider's plans for redevelopment.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People overall told us staff treated them with dignity, kindness and respect. People's comments included, "I have never heard anyone speak in a derogatory manner to the residents", "I think they are very nice people, I have got no complaints", "I find them very helpful and respectful" and "Yes, they are great, and understanding too".
- Relatives also felt that staff were generally caring and stated, "I cannot speak for other families but everyone seems to be caring when I come in. Friendly and approachable – they always seem caring with my [relative]."
- Although we at times heard about staff dissatisfaction issues, staff spoke very warmly about the people who used the service. It was clear from conversations and observations how much staff cared about people's welfare and dignity and put it first. People felt staff knew them well.
- We had positive feedback from professionals about the caring nature of the service. They told us staff acted immediately on any concerns they may have.

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

- People, their families or legal representatives were involved in decisions over and planning of care. We heard examples of this and also noted completed consent forms.
- There were examples of people, their families or representatives being involved in care planning through writing life stories. The service was further developing involvement in reviews as part of their care plan improvement.
- Some people had independent advocates to speak up on their behalf. The service had information to signpost people to such independent services, should they need them.

Respecting and promoting people's privacy, dignity and independence

- People's confidential records were generally kept in locked rooms or cupboards. We pointed out some oversights on the day of inspection but were satisfied this was not usually an issue.
- The service worked in consultation with people to support and maintain their independence and positive risk-taking as much as possible. This included going out into the community with as little support as possible, but also agreeing risk management plans after incidents.
- Some staff raised concerns with us over aspects of people's personal care. We discussed this with managers and the provider and they evidenced that relevant discussions had taken place to protect people's best interests, safety and dignity.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's personalised care plans were in development as the provider was aware of the issues with these. Although basic information to guide staff was included, this was not always accurate or fully completed. Care plans needed structuring to be more organised and easy to follow for all staff. We considered this as part of record-keeping issues.
- Care plans contained information about people's life stories and these had been contributed to by people or relatives.
- A basic monthly summary review of people's needs had been completed.
- Some staff commented that while they were able to meet people's basic needs and complete care tasks, they did not always have enough time to spend with people to listen to or chat with them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Since the last inspection the service had focused on improving the activities on offer for people. We observed person-centred engagement of people and a lot of participation.
- Trips out took place for people. This was often on a more individual basis, such as going to the shops. The service had also arranged bigger trips for everyone, for example to Llandudno, and people told us they enjoyed these.
- A relative praised the improvements in activities, "[Name]'s activities are an improvement – and now there is music therapy and that is really good, too. I also like the serenity room, too."
- There were two activities coordinators in post who worked Monday to Friday. They made arrangements for things to do for people at weekends. This was an area for further development.
- The service was supported by several volunteers, which provided a positive link between people and the community. People told us they very much enjoyed working with the volunteers.

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

- Important information for people, such as the welcome pack and complaints procedure, was available in larger print. We discussed with the provider how this could be made available in different formats, to make it easier for people to read and understand.
- We discussed with the provider that as part of developing people's care plans information about how to

best support their individual communication needs could be detailed further.

- People we spoke with knew how to make a complaint. Some told us they had had no reason to complain, others felt they did not want to "complain too much". People told us that usually small grievances or issues were always listened to and addressed. There had only been recorded complaint in 2019 and this had been addressed promptly.

End of life care and support

- The service was working with a local hospice to develop their end of life care and planning ahead. We saw some examples of care plans that gave basic information about people's needs and wishes at the end of their life.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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; Working in partnership with others

- We found issues regarding record-keeping, as well as safety and quality monitoring, across the service as noted elsewhere in the report. Records were not always well maintained and organised, accurate or completed effectively to promote safe, effective and person-centred care.
- A variety of quality checks and audits had been completed and had identified some of these issues, but not led to effective actions in good time to achieve improvements.
- We also considered that the service had not made sufficient improvements to training issues raised at the last inspection. The provider had also noted improvements to be made in their Provider Information Return in August 2018, but these had not all been implemented.

The lack of robustness of governance systems at achieving improvements was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The compliance manager and nominated individual were transparent about the improvement needs of the service. They were working through an action plan based on local authority monitoring, as well as Care Quality Commission (CQC) inspection findings at other services that were part of the group.
- A registered manager was in post, but unavailable when we visited. The service had notified CQC of specific events and displayed ratings from our last inspection, in line with legal obligations.
- Feedback from commissioners was that the service was making improvements, but very slowly. However, commissioners also told us they had confidence in the registered manager and compliance manager to develop and improve the service.
- Other professionals told us they had a positive working relationship with the service, enjoyed working in partnership with its staff and had seen some improvements.

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

- People's feedback about the atmosphere of the service was slightly mixed, as one summarised, "It is ups and downs really, sometimes good, sometimes not." Others felt the atmosphere was usually "alright". When we visited, there was a calm, relaxed atmosphere.
- There had been frequent changes to the management of the service since our last inspection. Not all of

the people we spoke with knew who the manager was and named different members of staff. The at times unsettled and dissatisfied culture this had caused was clear from the rather mixed feedback we received from staff about the service's leadership. We discussed this with the provider.

- Staff mostly felt they worked well together to provide good care for people. However, not all staff felt well supported or listened to, especially when they had concerns.
- We heard examples of how the service supported people's religious faiths. This included the introduction of a reflection room, as well as catering for related diet requirements. The provider had also developed assessments to explore people's equality and diversity needs further.

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

- Meetings for people using the service, relatives and staff took place regularly. The provider noted that this had much improved under the new registered manager.
- The service connected with the wider community in different ways. This included the involvement of volunteers or engaging the neighbourhood in events, such as afternoon teas.
- Newsletters were sent out regularly to provide information about events. Meetings were advertised in different ways.
- We received mixed feedback regarding effective communication within the service. This was also mentioned in relation to meetings, which we discussed with the provider.
- A family survey had been completed in April 2019. We found that out of the eight responses, the majority were good or very good. Surveys for people using the service and relatives were planned for the summer. The provider also planned a survey for staff, to particularly help explore issues highlighted by the team.

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 17 HSCA RA Regulations 2014 Good governance  Care and safety records were not always well maintained, up-to-date, accurate and consistent.  Quality monitoring processes were not always effective at achieving improvements.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff were not always well supported. Staff did not always feel listened to and there were gaps in training and staff supervisions.