

Making Space

Harpers Green

Inspection report

The Reception, Harpers Green
Harpers Road, Padgate
Warrington
WA2 0AA

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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

Harpers Green is an extra care service consisting of 97 apartments, accommodating people within a large purpose-built building. The service also offers a hairdressing salon, bistro and free laundry service. At the time of our inspection there were 14 people receiving regulated activities.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
Medicines management had not always been robust enough and instances of medicines administration mistakes had occurred. The registered manager had identified these issues prior to the inspection and had started to address this.

Care records were mostly up to date and reflected what care and support people required. However, we did identify that some care records did not have sufficient information about people's life history or background.

People and their relatives benefitted from caring staff which meant they experienced continuity of care. Staff reported the culture of the service as open and positive.

Care workers spoke highly about working for the service. People told us staff were caring and kind. Staff had a good understanding of how to support people in a way that promoted their privacy, dignity and independence.

Staffing levels were monitored, and we received positive feedback about the timekeeping of staff and call duration times. The registered manager discussed about having the appropriate staffing and on-going recruitment processes in place.

Staff were familiar with accident, incident, and safeguarding reporting procedures. The provider ensured that all such incidents were investigated and follow up actions / lessons learnt were acknowledged.

Infection prevention and control (IPC) and COVID-19 procedures were in place. Staff received IPC training and were provided with the personal protective equipment (PPE).

Pre-employment recruitment checks were conducted; people received care and support by staff who had been safely recruited. Staff stated they were supported by the management team and received regular supervision and supported with learning and development opportunities.

People and staff told us they thought the registered manager was doing a good job. They told us they were

approachable, responsive, and keen to make improvements.

The provider and registered manager followed governance systems which provided effective oversight and monitoring of the service. These governance systems and processes were becoming embedded in the service and identified areas of improvements were needed.

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

Rating at last inspection

This service was registered with us on 4 February 2021, and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Recommendations

We have made two recommendations to improve medicines management and the quality and consistency of records.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Harpers Green

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 carried out by one inspector.

Service and service type

This service provides care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at the information we held about the service. This information included statutory notifications the provider had sent to CQC. A notification is information about important events which the service is

required to send us by law. 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 4 people who used the service and 2 relatives about their experience of the care provided. We spoke with 8 staff including the registered manager, deputy, regional head of operations and care workers.

We looked at a range of records. These included 4 people's records related to their care and support, medicines records, four staff recruitment records, staffing rotas and records related to the auditing and monitoring 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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were overall safe.
- People told us they received their medicines as prescribed. One person told us, "I have a lot of medication and they explain all the meds to me and make sure I get the right ones at the right time."
- The registered manager was aware of the challenges regarding the safe management of medicines was proactive prior to our inspection. We saw staff received refresher medication training and regular competency assessments.
- Medicines training compliance at the time of inspection was at 86%.

We recommend the provider continues to review people's medicines management and safe administration procedure for continuous improvements in the service.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were safeguarded from the risk of abuse.
- People we spoke with consistently felt they were safe. Comments included, "I feel safe and very secure and in here" and "I feel so safe with all of them, and they always think of me. They ask me how I am and if I have any worries."
- Staff received safeguarding training and had a good understanding of how to keep people safe from abuse. Staff told us they felt confident about raising concerns and that the registered manager acted on them promptly. Safeguarding training compliance was at 90% at the time of inspection.
- The provider ensured there were robust accident, incidents, and safeguarding procedures in place. A system was in place for staff to complete reports, and investigations took place when necessary and lessons were learnt.
- Reviews of all incidents were carried out by the registered manager and support was offered to staff for further learning and support.
- Safety monitoring, assessment and management of risk was established and regularly reviewed.
- Risk assessments were completed, and care plans provided specific guidance on how to safely manage risk to the person. For example, detailed assessments were in place to manage environmental and moving and handling risks.

Staffing and recruitment

- There were enough safely recruited staff to ensure people received safe care and support to meet their needs.

- People received flexible support and staff told us there was always enough of them to support people as they wished.
- People told us that there was enough staff and one person told us, "I feel like they have been overworked during COVID but there are more girls [staff] now so that helps everyone."
- Staff told us about the challenges of the past 12 months with staffing numbers but were now confident they had the appropriate numbers.
- The registered manager worked attentively to ensure they had ongoing recruitment of staff to fill any vacancies and provide consistent care.
- The recruitment process included a range of pre-employment checks including obtaining references, proof of identify and right to work as well as a Disclosure and Barring Service (DBS) check for each candidate. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions

Preventing and controlling infection

- Infection prevention and control was well managed.
- Staff showed a good understanding of infection control processes.
- Compliance for infection and prevention training was 100%.
- We saw that staff wore appropriate personal protective (PPE) equipment when delivering care and when people asked for staff to wear extra PPE, they were more than happy oblige.
- Staff told us they felt supported by the provider to maintain good standards and up to date knowledge of infection control. One person told us, "[Name] shares with us updated guidance and these will also appear in the staff room for us to read."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People and their relatives consistently told us they were happy with the care and support provided. One relative told us, "I can always approach them, and they are always there. They are very pleasant and especially doing a job like this. They work so hard and know [Name] so well."
- People's needs were assessed prior to being supported by the service. People told us the registered manager and deputy spent time with them getting to know their needs and how they wanted to be cared for.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People told us staff provided support where necessary to help make sure they had enough to eat and drink. One person told us, "They have just helped me get dressed and take my medication and they asked me what I would like for my lunch. They made me a wonderful lunch and spent time talking to me. They always do this, and I really appreciate everything they do for me."
- People's care records contained relevant, up to date nutrition and hydration information.
- People had access to other healthcare services, ensuring appropriate care was provided. We saw evidence of GP involvement in some of the care packages we reviewed.
- Staff worked effectively with other agencies to ensure that people received effective care and support. We saw examples of when effective communication with other agencies had led to improvements in people's care and support.

Staff support: induction, training, skills and experience

- Staff received regular support, were fully inducted into their roles and encouraged to enhance their skills, knowledge and experience. Staff were confident in asking for extra support or training if they felt they needed it.
- Staff told us that the registered manager would listen to them when they wanted to learn new skills or re-establish their knowledge. One staff member said, "[Name] is really good and I was off for a bit but when I came back, they really helped me get my confidence back up."
- The provider had a training programme which covered a range of core topics. Overall training compliance was currently at 91%.
- Staff had supervision meetings with a senior member of staff, attended periodic team meetings and there was a system in place for annual appraisals.

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

- The service referred people to health and social care professionals where appropriate.
- People and their relatives told us staff contacted the GP or district nurse when required.
- Care plans documented how staff needed to work with other agencies and services to meet people's needs. Care plans included guidance provided by other professionals and care records and risk assessments were updated to ensure they received required and appropriate 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 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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. We checked whether the service was working within the principles of the MCA.

- Staff had received training in the Mental Capacity Act 2005 and training compliance was 90%.
- The registered manager had a good understanding of the Mental Capacity Act 2005.
- People told us that staff always sought their consent before providing care.
- Consent for people's care was sought and recorded and along with their consent to recording information about them to enable them to be cared for effectively.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; Respecting and promoting people's privacy, dignity and independence

- People told us that they were treated with the upmost respect. One person told us, "They are lovely, and they are so helpful" Another person told us, "Any worries and I will speak to girls [staff] and this place is best thing I ever did moving here. Everyone looks after me and I feel this was the best thing moving here three years ago."
- The provider worked hard to ensure people received care from a consistent team of staff. Staff were knowledgeable about people's care and support needs and their preferences on how they were to be met.
- Staff respected people's privacy, provided dignified care and independence was promoted. A relative told us, "They treat him with respect, and they love helping him. The girls [staff] try their hardest to get him to do things himself but it isn't always easy sometimes, but they are wonderful in how hard they try."
- Care plans reflected people's cultural faith, wishes and needs. Equality and any specific support needs were recorded and updated during initial assessments and ongoing reviews. The registered manager told us they would support people to attend places of worship if they asked.

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

- People and relatives told us staff treated them with dignity and respect and provided care in a way that made them feel comfortable.
- People told us they were involved in regular reviews of their care with the registered manager or deputy. One person told us, "[Name] and [Name] are always available and visit me regularly to ask about how I am getting on. Just this morning they helped me with a doctor's appointment" and a relative told us, "We are always been asked about how we like things and even small things like getting hair done or how warm we like the apartment. They really do listen and know [Name] and me so well."
- Care reviews took place regularly and quality assurance surveys were circulated. These assisted the provider to maintain a good level of care and make improvements where necessary.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Care plans did not always include personalised information about people's life histories, previous occupations, and hobbies. This included a lack of background information to understand the person and generate conversations of interest.
- We shared this feedback on inspection and saw that the provider was aware of this shortfall and was working towards each care plan to becoming more individualised.
- Staff we spoke to knew the people they supported well.
- Each person had a person-centred care plan which contained specific information about them such as, mobility, health, communication, diet and other support needs.
- Staff provided care and support that met people's individual needs.

We recommend the provider continues to review people's care plans to improve the level of detail to know more about the people supported.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans contained information about people's communication needs which were established through the initial assessment and ongoing reviews by the registered manager and deputy.
- Each person's care plan contained information on how they communicated their care and support needs.
- People received information in a variety of ways, including in writing, by email and in person during visits from staff, the registered manager and deputy. People could also access their own care records and see any updates if they wished to do so.

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

- People were supported and encouraged to maintain links with family and friends. Where possible and when requested calls were planned to help people attend social and cultural events.
- We observed meaningful interactions between staff and people and staff made every effort to ensure people had access to activities. Staff told us they enjoyed chatting to the people they cared for, and this

helped people avoid social isolation.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure which was consistently followed.
- Staff told us the service had a culture of open and honest discussions, so any issues were dealt with immediately. Staff told us, "If I had concerns, I would speak to [Name] and other colleagues. I have built relationships with all the staff and feel I can raise anything that I think needs looking at" and another said, "The manager and [Name] are so good at supporting us and will fully support us with any issues and that reassures me so much."

End of life care and support

- The service worked alongside other agencies to ensure people's needs were met at this stage of their life to enable them to remain comfortable and pain free.
- Discussions had taken place with some people around their preferences and wishes for end of life care and this was recorded in their care plans.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider worked hard to create a culture that was open and inclusive. People were supported to make decisions about the level of care they received.
- People gave positive feedback about the service. One person said, "I have never met carers as good as they are here, and they are friends and I really see them like that."
- Staff told us they could approach the registered manager or deputy about any issues or ideas and they would be listened to.
- The provider was committed to continuous learning and improvement.
- We saw that the recommendations made in this report in relation to medicines and care planning had already been identified by the provider and meetings and conversations between management and staff had taken place and plans had already been put in place to make improvements.
- We saw that the registered manager completed regular checks on the quality and safety of the service. Action was taken when a need to improve was identified.
- Spot checks were completed on staff as a way of monitoring their performance.
- When incidents occurred, lessons were learnt, and actions implemented in a timely manner. These lessons were effectively shared with staff to support their development.

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

- Quality assurance systems and processes were effective. The provider had identified shortfalls in medicine administration. The provider acted before the inspection took place and had been taking appropriate steps to improve the service.
- Management understood their regulatory responsibilities and the need to be open and honest. There were clear roles and responsibilities within the organisation.
- Open and honest relationships had been developed, people and relatives told us there were effective methods of communication in place.

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

- People were asked their views about the quality of the service. Regular conversations between the

registered manager and people that use the service took place.

- The provider used systems to gather people's views about the service. They asked people to complete a satisfaction survey to share their views of the service they received. People were also asked for their feedback during review meetings.

Working in partnership with others

- There was regular contact with people and relevant others to ensure consistency of care for people.
- The provider worked with external health and social care professionals such as GPs, district nurses and social workers. They told us this collaborated working benefitted people.