

The Abbeyfield North Mersey Society Limited

Halcyon House

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 2 November 2015 and was unannounced. Halcyon House provides accommodation and personal care for up to 31 older people. The home is owned and managed by Abbeyfield North Mersey Society Ltd, which is a charitable organisation.

There was 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.

All of the People we spoke with told us they felt safe in the home. Relatives we spoke with also told us they felt that their family member was safe living in Halcyon House.

We observed caring interactions between staff and people living at the home throughout the day.

An adult safeguarding policy was in place for the home and the local area safeguarding procedure was also available for staff to access. Staff we spoke with confirmed that they understood the policy and explained what action they would take if they felt someone was being abused.

Summary of findings

People told us their dignity was respected and protected and staff could clearly explain how they did this.

Staff had been recruited appropriately to ensure they were suitable to work with vulnerable adults. People and staff told us there were sufficient numbers of staff on duty at all times.

Staff told us they were well supported through the induction process, and had regular supervision and appraisal. They said they were up-to-date with all of the training they were required by the organisation to undertake for the role. However, when we spoke to staff they did not demonstrate an understanding of The Mental Capacity Act 2005 and DoLS. Staff told us management provided good quality training. People we spoke with and relatives felt that the staff had the right skills to support them.

Various risk assessments had been completed depending on people's individual needs. Care plans were in place and completed and they reflected people's current needs.

There were safeguards in place to ensure medicines were managed in a safe way. Medicines were administered by the registered nurse on duty. We did find a medication error during our inspection; however this was dealt with accordingly.

The building was clean, odourless and free from any clutter.

People were supported to access a range of external health care professionals when they needed to. People's care plans were personalised, and contained information such as their likes, dislikes and background.

People told us they were satisfied with the meals. The food looked appetising and tasted nice.

Some of the people we spoke with told us they were bored. However, staff and the manager told us when activities were arranged people chose not to engage. We could see some activities had been arranged in the past and continued to be offered.

The home adhered to the principles of the Mental Capacity Act (2005). Applications to deprive people of their liberty under the Mental Capacity Act (2005) had been submitted to the Local Authority when required. We did see evidence of consent being sought from people to have their photographs taken as well as other forms of consent, but no consent was documented to complete their care.

The home was being refurbished during the time of our inspection.

During this inspection we identified two breaches of The Health and Social Care Act 2008. Regulation 17 Health and Social Care Act 2008 (RA) Regulations 2014 (2) (c) Good governance. There were some gaps in people's records which had not been highlighted through quality assurance procedures. Also Regulation 9 (1) (a) (b) (c) of the Health and Social Care Act 2008 (RA) person centred care. People were not always getting care in a way which was meaningful for them.

You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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 safe.

There was adequate staffing in the home to ensure people had their needs met in a timely way.

The provider had identified risks to people's health and safety and put guidelines for staff in place to minimise the risk.

People felt safe living at the home. Staff understood their responsibilities around protecting people from harm.

Appropriate checks were completed to ensure staff were safe to work at the home.

People's medicines were managed in a safe way, and they had their medicines when they needed them.

Good



Is the service effective?

The service was not always effective.

Care staff did not demonstrate an understanding of mental capacity and DoLS and not all staff had not received the appropriate training.

Consent to care had not been documented for people who live at the home for example, permission for staff to carry out their care was not documented in peoples' files.

There was enough food and people were given choice about what they ate, although some foods such as vegetables and meat were frozen.

Requires improvement



Is the service caring?

The service was caring

Staff had developed caring relationships with people who lived in the home and had supported them for a long time.

People we spoke with were involved in their care planning and had a say in how their care was delivered.

People told us staff protected their dignity and respected them.

Good



Is the service responsive?

The service was not always responsive.

Requires improvement



Summary of findings

Five of the people we spoke with said they were bored and we could see that there was not much for them to do on a day to day basis.

People had limited choice and involvement with the décor of the home and their own bedrooms.

People told us they knew how to complain. There had been no complaints in the last 12 months.

Is the service well-led?

The service was not always well-led.

Most people knew who the registered manager was and spoke positively about them. However some people said they did not see the registered manager often.

The registered manager carried out checks to make sure people received a good quality service. However, They didn't always identify the concerns found by us.

The registered manager had a good knowledge of all of the people living in the home and the staff, the staff spoke positively about the management of the home.

Requires improvement



Halcyon 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 2 November 2015 and was unannounced.

The inspection team consisted of one adult social care inspector, a specialist advisor whose specialty was nursing care, 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. For this particular inspection the expert had experience in providing care for older people.

Before our inspection we reviewed the information we held about the home. This included a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider had submitted a PIR. We also looked at the notifications and other information the Care Quality Commission had received about the service.

During the inspection we spent time with five people who live at the home, three relatives, one member of the kitchen staff, the chairman of the board of trustees, the maintenance person, the registered manager and three members of care staff,

We looked at three staff recruitment files, five care files for the people who lived at the home and records relevant to the quality monitoring of the service. We looked around the home, including some people's bedrooms, bathrooms, dining rooms and lounge areas.

Is the service safe?

Our findings

People we spoke with told us they felt safe living in the home. One person said “You’re enclosed in a very nice environment.” Another person said “There’s no reason why I should not feel safe.” We were also told, “I’m very happy, there’s always someone regularly coming in to check, you only have to press the buzzer and they will come.”

Staff confirmed they had received adult safeguarding training. The staff we spoke with could clearly describe how they would recognise abuse and the action they would take to ensure actual or potential abuse was reported. We observed the local area contact details for reporting a possible safeguarding concern were displayed on the notice board in the office. An adult safeguarding policy was in place for the home and the local area safeguarding procedure was also available for staff to access.

We spoke to the staff about whistleblowing. All of the staff we spoke with confirmed that they understood the whistleblowing policy and would not hesitate to raise any concerns they had.

We looked at the personnel records for three members of staff. We could see that all required recruitment checks had been carried out to confirm the staff were suitable to work with vulnerable adults. Two references had been obtained for each member of staff. Interview notes were retained on the personnel records. Disclosure and Barring Service (DBS) checks had been carried out, identification was obtained from staff and we could see a record of the interview was kept on file.

We observed during the course of our inspection that there were enough staff on duty in the home. Staff were not rushed or under pressure in the home when they were supporting people. People told us there was enough staff. One person said “One or two people in here will tell you they don’t come quickly if they are short staffed, but they do their best”. Everyone else we spoke with told us there was enough staff.

We spoke to the maintenance person who works at the home. They showed us a file where all appropriate checks on the building were stored. We could see that all of the checks had recently taken place to keep people who lived at Halcyon House safe. The maintenance person told us as part of their day to day routine, they would check corridors

were clear of obstruction and any bins were emptied. This was evident when we were looking around the home as corridors were clutter free and the atmosphere was odourless.

We observed information displayed regarding the fire evacuation plan. We saw in people’s care plan a ‘Personal Emergency Evacuation Plan’ had been completed. This meant that staff had information on how to support people in the event of an emergency evacuation.

Most of the care plans contained detailed risk assessments. Staff were knowledgeable about people’s needs, and how to care for people who were distressed or at risk of harm. Risk assessments detailed the support needs, views, wishes, likes, dislikes and routines of people. Risk assessments and protocols identified the level of concern, risks and how to manage the risks. For example one person was assessed as being unsteady on their feet; the risk assessment detailed what equipment that person required and what physical support the staff must provide to ensure that the person was safe. We were told by the registered manager that in addition to the paper based care plans there were also care plans stored electronically where some of the nurses could input information straight into the system.

The procedures relating to medication were safe and storage of controlled drugs were appropriate. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs Legislation. We noticed a controlled drug error had occurred the day before our inspection by an agency nurse. We raised this with the nurse on duty and the registered manager, who informed us they had reviewed this with the pharmacist and the GP as soon as they had seen the error had occurred. This showed us the home had responded appropriately to a drug error. They then fed this back to the other staff. The medication records contained a detailed plan for each person, including what type of medication they take and what the medication is used for. Some of the people in home had PRN [give when required medicines] prescribed. We looked at PRN and found these were supported by a care plan to explain to staff in what circumstances these were to be administered.

People and staff we spoke with felt there was enough staff on duty to carry out their day to day tasks. We saw people were not waiting for long periods of time for assistance and staff were always available around the building. The

Is the service safe?

manager informed us they had to use agency nurses at present to cover some shifts. The manager informed us they were recruiting for staff and this was only a temporary measure to ensure safe staffing levels

Is the service effective?

Our findings

All of the people we spoke with told us the staff had the correct skills to carry out their roles effectively. One person said “They’re marvellous.” Someone else told us. “Ninety nine percent of the staff have the correct skills.”

Staff we spoke with explained their induction process in detail to us, and felt it supported them to be able to complete their roles effectively. We could see from the training matrix and the staff certificates that staff had completed all mandatory training, and most of the staff had either completed or were enrolled on a QCF (qualification and certificate framework) level three.

We could see that most people had mental capacity assessments which had been completed in line with the Mental Capacity Act 2005 (MCA). 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 saw that the service was working within the principles of the MCA and checked any conditions on authorisations to deprive a person of their liberty were being met. The MCA DoLS require providers to submit applications to a ‘Supervisory Body’ for authority to do so. We found the provider had followed the requirements in the DoLS as they had submitted DoLS applications to a ‘Supervisory Body’. The provider had not submitted any authorisations to the local authority as no one required it at the time of our inspection.

The registered manager had knowledge of the Mental Capacity Act (MCA) (2005) and their roles and responsibilities linked to this. We could see when looking in peoples care plans that they had consented to getting their photographs taken as well as other forms of consent. For example DNAR’s were in place for some people, and some

people had consented to the use of bedrails. However, we saw consent for care to be carried out was not documented in people’s files. Staff we spoke with were unable to clearly explain to us what the Mental Capacity Act 2005 and DoLS were. We checked the training matrix and could see only the registered manager and deputy manager had had training in the subject. The registered manager said they would rectify this.

We recommend that the provider reviews their staff training programme to include all staff in relevant updates.

Most people we spoke with told us they enjoyed the food provided by the home and they got enough to eat. One person said “I’ve no complaints; I’m very fussy about food, if I don’t like what’s being offered I’ll always find an alternative.” We ate lunch with the people who lived at the home during our inspection. We could see that people were offered choices of main course, and a vegetable and potato accompaniment. We observed that the food was presented well, and found that it looked appetising and tasted nice. The tables were laid out to a high standard with material napkins and salt and pepper shakers on each table.

There were mixed opinions with regards to the quality of the food, one of the people who lived at the home told us the vegetables and meat were fresh. Some people thought some produce was frozen. the chef confirmed some produce was frozen and other produce was delivered fresh.

None of the people who lived at the home could recall if they had been involved in planning the menus, or had input into the menus. The menu was displayed on the notice board in the hallway and we could see it was a four week rolling menu. We noticed the menu had a ‘soft choice’ highlighted on it which would be beneficial for someone who had difficulties chewing harder foods such as stringy meats or crispy potatoes.

The home was all on one level, which meant people could walk around without having to use stairs or a lift, and we observed people walking around the home, or independently using their wheelchairs.

People were supported to stay healthy. They had regular access to health care professionals such as GP’s, opticians and dieticians. We could see that referrals had, in most

Is the service effective?

cases been appropriately made. For example we saw evidence in one person's care plan they had lost a lot of weight in a six month period, we did see evidence this had been referred to dietetics and the GP had been informed.

Is the service caring?

Our findings

People we spoke with told us that the staff were caring. One person told us “I should say so.” When we asked if the staff were caring. Someone else told us “I get on with all of them, it’s sad when someone leaves.” Someone else said “On the whole, yes.” Another person said “They look after everybody.”

All of the relatives we spoke with and the people who lived in the home told us that the home had the right equipment, such as the hoists, to help look after everyone living there.

We observed staff speaking kindly to people throughout the course of our inspection, and at one stage we did see a member of staff taking the time to sit next to a person and talk to them.

Staff who we spoke with told us they loved their job and spoke very proudly about their roles within the home. One person told us, “It’s lovely, I love it.” All of the staff we spoke with had a good knowledge of the people they supported, and we could hear staff speaking to people using their preferred first names.

There was no one who was making use of advocacy services in the home, however we could see there was information provided for people with regards to where they could access advocacy services. We could see from initial assessment records decision making had been discussed with people and their families before they came to live at the home.

Most of the people who lived at the home told us they had a care plan in place and that this had been discussed with them. Other people could recall that they had a care plan but they were unsure with regards to when it was discussed. One family member told us that their relatives care plan was reviewed a month ago. We could see evidence that regular reviews were taking place when we looked at peoples care plans.

All of the people who lived at the home told us that the staff respected their dignity and privacy and we observed staff knocking on doors and waiting to be invited in before they entered people’s rooms. Staff we spoke with were able to explain to us in detail why they felt it was important to treat people with respect. One person said “Well it’s their home, isn’t it, and you wouldn’t just ask a stranger into your home.”

We looked at end of life care in the home. We could see evidence that the registered manager and deputy manager acted as link nurses for the home and attended monthly ‘end of life’ meetings at the local hospice. We could see minutes of these meetings and the registered manager informed us that the hospice worked alongside the home in the delivery of safe care and treatment in peoples last days. The model of care used was used across the north. This model was called the ‘Vigil’. We were told by the registered manager that this model is used across the north Sefton Footprint.

We could see ‘Thank you’ cards displayed from family members commending the home in their care and support in relation to their relatives who had passed.

Is the service responsive?

Our findings

Most people we spoke with told us there was not much for them to do during the day in the home. We asked people about the activities available to them and if they were ever bored. Four people said “Occasionally.” People who live at the home and the staff told us they felt there could be more activities made available for them. One person said “I find it boring here because I can’t do the things I usually do to stop me being bored.” Another person told us “I look out of the window and think about the weather.” One family member told us their relative “Just goes along with it because there is nothing that they like to do here.” Some of the staff did tell us that there had been activities scheduled in the past, but when it came to participating people chose not to get involved. A staff member said “There could be more for them to do, but we have tried in the past and no one was interested when it came to it.” Some of the people who lived in the home were watching the film.

People had mixed opinions when we asked them if the home had a person centred approach. This meant that the home were involving people and family members as much as possible in decision making about the home. One relative we spoke with said “It’s hard to say.”

The home was undergoing refurbishment at the time of our inspection. People we spoke with and their relatives told us they had been able to choose the curtains and cushions for their own rooms. We later found out that people were given a choice of two fabrics, the men mostly chose stripes and the women mostly chose florals.

This is a breach of Regulation 9 (1) (a) (b) (c) of the Health and Social Care Act 2008 (RA) person centred care.

Documentation we looked at contained personal information about each service user, their background, likes and dislikes.

The chef was able to demonstrate knowledge with regards to people’s individual dietary requirements. The registered manager and the chairman of the board of trustees told us that people and relatives were invited to see a completed room, and they could give their feedback. The registered manager informed us people could choose what belongings they had in their rooms and whether they had their names on the doors and most had chosen not to.

We looked for examples of people’s equality and diversity being respected. We noticed that the lunch was served in two separate sittings. The people who needed more physical help with eating their food were seated first and the staff were on hand to help them. The more able people who could feed themselves and required minimal help were seated secondly. The registered manager explained the idea for the two seating’s for mealtimes was taking into consideration the different levels of support required from staff to ensure people ate their meals. Some people require more help to eat than others. Therefore, a single sitting could leave people waiting for staff attention and their food may get cold.

Most of the people who we spoke with told us they knew how to complain and that the complaints procedure had been discussed with them before they entered the home. This was available for them to access if they required it. We could see there had not been any complaints in the last 12 months in the home. The registered manager told us they operate an ‘open door’ policy, and people and relatives we spoke with confirmed this was the case. One person said “The manager always says if you have any problems go to her.” One person who was a member of the residents committee told us “I would complain if I had to.” The same person told us the residents committee met often and any issues were discussed with the manager.

Is the service well-led?

Our findings

The provider, registered manager and other senior staff checked to ensure a good quality of care was being provided to people. There were records of audits to assess the safety at the home and whether the home was running as it should be. A senior manager completed a monthly report on all aspects of the home. The registered manager did a weekly audit of the building and regular care plan checks. There were audits for the safety of the building, finances, and more regular safety checks such as checking the water temperatures to negate risk of scalds. We did query why the quality assurance audits had not picked up some gaps we saw in peoples care records. We highlighted this to the registered manager at the time of our inspection who told us procedures would become more robust. We saw people were getting support with managing their nutrition and hydration. One of the care plans we looked at for example, stated that the person needed fluid via a PEG tube [Percutaneous endoscopic gastrostomy] feed every night. PEG feed is an endoscopic medical procedure in which a tube (PEG tube) is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. When we looked at this person's fluid chart, the last few night's fluid intake had not been documented as having been given.

We also saw another example where the staff had not documented hourly checks they were expected to undertake on a person who was due to have position changed during the night. The staff had not recorded when they had changed the person's position. This was important to ensure skin integrity was maintained and the person was comfortable. The care plan stated the person was due to be repositioned every two hours, however, we saw from looking at the records the staff were documenting every four hours.

We saw another example of this when looking at a person's care plan who was receiving end of life care and needed to be checked every hour. We saw gaps in the person's notes which suggested they had not been checked hourly. In one instance there was a gap of five hours. We highlighted this to the manager who accepted the records might not have been completed but insisted the person had been checked, the staff had forgotten to document it down.

This is a breach of Regulation 17 Health and Social Care Act 2008 (RA) Regulations 2014 (2) (d) Good governance.

There was a registered manager in post most and of the people we spoke with told us they knew who the registered manager was. People were mostly complimentary about the registered manager and the deputy manager. One person said "She's awfully good and pleasant." Some people however, commented that they do not see the manager often, and they did not come around to see how people were. One person said "No I only see her in the dining room." Another person said "I'd like her to come round and ask if I'm ok." Another person we spoke with did not know who the manager was.

People had mixed opinions as to whether they had been asked for their feedback with regards to their care. We could see however, that attempts were being made by the registered manager to engage people in providing feedback. There were two types of questionnaires, one was sent to the relatives and the other was given to the person who lived at the home to complete. We could see there had been a positive return in the past. The feedback for 2015 was placed on hold until after the refurbishments had taken place.

The home had policies and guidance for staff regarding safeguarding, whistle blowing, involvement, compassion, dignity, independence, respect, equality and safety. There was also a grievance and disciplinary procedure and sickness policy. Staff were aware of these policies and their roles within them. This ensured there were clear processes for staff to account for their decisions, actions, behaviours and performance.

The staff we spoke with were complimentary about the registered manager and their leadership style. One member of staff said "She's [registered manager] is lovely, she gets involved." All of the staff we spoke with confirmed they had regular supervision and appraisal. The registered manager informed us that they conduct individual group team meetings with no more than three or four members of staff at a time. The registered manager told us this was more effective than large team meetings as it ensured everyone has the opportunity to discuss any issues on a small scale. We were able to see minutes that this takes place the last meeting was October 2015

Is the service well-led?

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. We had received notifications from the registered manager in line with the regulations. This meant we could check that appropriate action had been taken. For example, we had recently received a notification informing us a person had passed away.

Staff understood what whistle blowing was and that this needed to be reported. There were clear processes in place for reporting incidents and accidents. Incidents were reviewed by the registered manager to identify any patterns that needed to be addressed and how these were being followed up. Staff told us that they met after an accident or incident, to look at the reasons they happened and ways to avoid similar occurrences happening in the future.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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
Treatment of disease, disorder or injury	The provider must ensure records relating the regulated activity are fully completed in accordance with legislation and guidance.
	(2) (c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The provider must ensure people who use the service are provided with person centred care which meets their needs, reflects their personal preference and is appropriate.
	(1) (a) (b) (c)