

Mears Care Limited

Hallwood Court Extra Care Housing Scheme

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?

Good 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

An unannounced inspection took place on the 7 March 2016 and we returned with notice on the 8 March 2016.

This was the first inspection since the service was registered in April 2014.

Hallwood Extra Care Housing is purpose adapted single household accommodation that is occupied under an agreement which gives exclusive possession of a home with its own front door to the people that live there. The accommodation is located in a building that also has a day centre which the local community use. A kitchen also provides meals to the people living in the service if they so wish. The property is designed to enable and facilitate the delivery of personal care and support to people, now or when they need it in the future. The personal care service is provided by the staff based at the site and there are staff based at the scheme who can deliver care in an emergency.

There was a registered manager with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run. We were informed that the registered manager had no active management of the service and would be relinquishing this position imminently.

We found that the registered provider was not meeting legal requirements and there were a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

People said that the support they had from staff was exceptional and that they were treated with dignity, respect and compassion. They said that they received their care from a consistent group of staff who knew them well and met all their physical, emotional and social needs. However, records kept did not always clearly identify the needs of individuals.

We checked medicines management. We found that clear and accurate records were not being kept of medicines administered by care workers. Care plans and risk assessments did not support the safe handling of some people's medicines.

Although there was a registered manager, they had not active involvement in the service. There were systems in place to monitor many aspects of the service but these had not been implemented. The registered provider had failed to notify the CQC about key safeguarding events within the service. There had been no monitoring of the quality and safety of the service such as management of medicines, daily records and care plans. People had not been asked about their opinion of the service provided.

Safe recruitment procedures were followed and staff had the relevant checks from the Disclosure and

Barring Service. The service had received a number of staff transferred to them from another service. Staff had not been given regular supervision, appraisal and support. Their training needs had not been identified in order to improve their skills and competence.

People felt safe with the support they received from staff. There were safeguarding policies and procedures in place. Staff were knowledgeable about what actions they would take if abuse was suspected.

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 completely safe.

We found that clear and accurate records were not being kept of medicines administered and risks to people as result people were placed at risk of harm.

Records relating to the risks associated with health conditions were also not documented and so people may not receive the oversight that was required.

People said they felt safe and staff knew how to recognise and report any safeguarding concerns.

People were supported by staff that had been deemed of suitable character to work within the social care sector.

Requires Improvement ●

Is the service effective?

The service was not fully effective.

Staff did not receive regular supervision, appraisal or training to ensure that they were confident in their roles.

Staff were not aware of the Mental Capacity Act 2005 and the implications of this upon their day to day work.

Staff ensured that they supported people in order to meet their health needs.

Requires Improvement ●

Is the service caring?

The service was caring.

People and their relatives were complimentary about the caring nature of staff. They told us that staff promoted people's privacy and dignity.

People told us that they had the same staff team and that they were reliable. People valued the continuity of care.

Good ●

Staff were enthusiastic about the care and support that they gave to people and their desire to provide a good quality service.

Is the service responsive?

Good ●

The service was responsive.

People received they support from staff who were consistent and who knew them well. Staff provided flexible and responsive care.

Staff knew people's needs and responded when people were unwell. However, people's care plans did not always contain the information to help staff provide individualised care.

There was a complaints procedure in place but not easily accessible to individuals . Most people and relatives informed us that they had no concerns or complaints

Is the service well-led?

Inadequate ●

There was a registered manager but they did not provide any help and support to the service.

There was a quality assurance system in place but there had been no quality monitoring or oversight of the service from the registered manager or the registered provider.

Staff and people who used the service were not kept up to date with changes to the management of the service. Staff were not kept up to date with changes to policy and procedure.

Hallwood Court Extra Care Housing Scheme

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.

The inspection team consisted of an adult social care inspector. The inspection took place over two days on the 7 and 8 March 2016 and the first day was unannounced.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This 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. They did not return a PIR and we took this into account when we made the judgements in this report.

We also spoke with the commissioners of the service and the landlord to seek their views upon the service. They were complimentary about the care and support but felt that communication with the management team could be improved.

We spoke with 12 people who used the service and three relatives during the inspection. Additionally we received positive feedback from three professionals who visited people who used the service.

We looked for a variety of records which related to the management of the service such as policies, recruitment, staff supervision and training. We also viewed nine people's records relating to their care and medication

Is the service safe?

Our findings

People who lived at Hallwood Court told us that the care that they received from the staff made them feel "Safe" and "Happy knowing that someone was always at hand".

Staff had an understanding of safeguarding and what constituted abuse or neglect. The registered provider had its own safeguarding policy for staff to refer to as well as that of the local authority. Staff were also aware of the need to highlight incidents in care delivery that could be seen as lower level safeguarding concerns such as missed calls, not meeting the care plan etc.. The senior care staff member reported these on a monthly basis to the local authority.

Staff supported a number of tenants with the ordering, administration and disposal of medication. People told us that "Staff is really good at reminding me to take my tablets" and "They are like clockwork coming in to make sure I have taken everything". However, we found concerns in regards to the management of medicines.

We looked at the daily records for nine service users. These documented various levels of intervention for the same persons such as supported, prompted, or administered but these did not correlate with the support indicated in the care plans.

Some medications are prescribed to be given "as needed or as the situation arises" (PRN.) We found there was not enough information available to guide staff as to when PRN medicines should be given or offered. We found that one person had been offered and taken pain relief twice a day as the staff believed that it was PRN. However, the Medicines Administration Record (MAR) and the packaging stated that it was once a day at bedtime. Not all staff recorded where a variable dose was prescribed, how much medicine was given. It is important that this information is recorded and readily available to ensure people are given their medicines safely and consistently. Some medicines require a safe time interval between doses but if the administration and the time are not accurately recorded then the person could be placed at risk.

Medication Administration Records (MAR) were not always completed and so it was not possible to tell if service users had received their medicines as prescribed. Where medicines were given from a blister pack, staff told us that they did not record that the medication had been given and the MAR was not completed. They only recorded medication that was in the original packaging. There were missing signatures on some records and this would suggest that the person had not been given their medication on these occasions. However, because there was not always a record of the stock it was not possible to check if the medication had been given. There was a risk therefore that the person's health could be compromised as a result.

There was no evidence that the registered manager or registered provider had identified these issues and acted as a result of them. The health of people is therefore placed at unnecessary risk of harm when medicines records are inaccurate. We were informed that the registered provider was introducing new systems and processes for the management of medicines and that staff would be trained to follow these.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider had not ensured the safe care and treatment in regards to the proper management of medicines.

The registered provider had risk assessments in place for the hazards that staff could face in their day to day work. A standard risk assessment covering areas such as mobility, nutrition and safer handling was also in place to support staff in addressing a person's support needs. However, these assessments did not provide enough information for staff, who may not know a person well, to deliver care safely. They did not provide specific information in regards to the monitoring of health conditions. For example, records indicated that two persons were receiving support from staff to monitor their diabetes. Staff were able to tell us what they did to support and this involved the monitoring and recording of blood glucose levels (BM's) and the supervision of insulin administration. There was no risk assessment in place to guide staff as to what were the risk factors for someone with diabetes, the symptoms of high or low blood sugars or the actions they would take should BM's be outside of the acceptable range. A number of other people took medication that placed them at risk of excessive bleeding or bruising. Again there were no risk assessments in place to direct staff as to what precautions or actions to take. Staff were able to explain to us the actions they would take and the rationale behind these but there was no documentation in place to support this. Not all risk assessments had been updated since they were developed. We saw that a person's care records showed that they had a number of falls and their care records had not been updated to reflect this risk.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider had not ensured that processes were in place to assess, monitor and mitigate the risks relating to people who used the service. They had not ensured that the records relating to care and treatment were complete, contemporaneous and up to date.

We checked recruitment procedures at the service. The registered provider had policies in place to support safe recruitment for all new staff. Staff working within the service had transferred from another service and there had been no new starters. We saw that the registered provider had completed a new Disclosure and Barring Scheme (Police check) check when the staff transferred. We found that staff members had positive DBS checks but the registered provider had not followed its own policy and completed a risk assessment. Following the inspection, the registered provider confirmed that this had now been completed.

Staff fulfilled people's support plans in a timely manner and there were enough staff on duty. People who used the service and their relatives told us that the registered provider had reduced the number of staff hours and in their opinion there were not enough staff to provide flexible support.

Is the service effective?

Our findings

We asked people and relatives whether the service effectively met peoples needs. Comments included; "They do know what I need" and "I'm happy with all the people that have come into my house". People told us that "The staff are very experienced" and that "They know how to do their jobs well".

Some people were supported to ensure that they received adequate diet and fluid intake. If they were unable to make a meal for themselves, people purchased a meal from the kitchen during the week. The staff supported some people to ensure that they ate and that their dietary intake was good. On the days that the kitchen was not open, staff assisted or prepared a meal for someone if this was part of their personal support plan.

Staff told us that they had excellent day to day support from the senior care staff member and could go to them with any worries or concerns. The registered provider had a supervision and appraisal policy that stated that staff were to receive "Regular" supervision with a minimum of four each year. This could include staff meetings which were to be held quarterly. We looked at the staff files for eight staff and found that they had not received a formal supervision since 2014 and quarterly team meetings had not taken place. The registered manager from another service stated that they had already identified this as a shortfall and had started to provide staff with supervision and support until a new manager was in place.

The registered provider had a training programme for staff that covered all of the key aspects of the role. Staff had not received on-going refresher training but this had taken place in the last month. Staff told us that they would like the opportunity to have other training for things other than the "Basic requirements" especially where there was something of concern e.g. for monitoring diabetes. Staff informed us that they had not received an annual appraisal and had not had the opportunity to discuss their own training needs with the registered manager or registered provider.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider had failed to ensure that staff received appropriate support, training, supervision and personal development.

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. We checked how the service followed the principles of the Mental Capacity Act and its associated code of practice.

There was a policy regarding how to implement and adhere to the MCA but staff were not aware of it. Care records made no reference to people's mental capacity and a number of people had been diagnosed with conditions that could potentially impact on their mental capacity to make decisions. There was no information for staff regarding when to support people to make decisions and no information that informed staff if a

person lacked capacity or who had the legal standing to make decisions on their behalf.

The majority of people received medication from the staff and they had signed to say that they consented to this. However, each person had their medication stored in a locked cupboard to which only the staff had access. There was no evidence that they had consented to this. Staff also carried a master key to all of the apartments but there was no documented consent from the tenants. Assessments undertaken by the service prior to commencing the support did not determine if the person had given informed consent or whether to this or other decision or whether they had been made in their 'best interests'.

We saw that people were offered choice and that they consented to their care. In discussion with staff they were unclear as to how to make sure that they obtained appropriate consent for people and had not received any training in the MCA and were not aware of how this could impact upon their support and interactions with people.

We recommended that staff receive training in order to ensure that their practice complies with the MCA and its associated codes of practice.

People and relatives told us that staff contacted health and social care professionals to ensure that people's health care needs were met. We saw care plan entries which documented that staff had sought advice from external professionals. Two GP's who visited people confirmed this and one stated that "It is clear patients feel safe and cared for".

Is the service caring?

Our findings

People who used the service told us that "Staff are super", they are "Like my family". Relatives shared this view and made comments such as "This is a gold star service provided by gold star staff" and "The staff are the heart and soul of this place, without them it would be nothing". A professional who visited the service commented "I have always found the staff to be excellent. They are extremely observant, careful and kind" and another commented "The interaction between staff and patients is always positive. I think the care provided is excellent and the staff go the extra mile".

One persons who the service told us that they saw it like a "Care home with benefits". They were pleased that they had their own "Independence but the assurance that staff are here when I press my button". This view was shared by all the people and relatives that we spoke with.

People told us that they knew the staff well, they were reliable and they trusted them. One person commented: "They are always here for me". Some people had periods where, due to mental or physical frailty, they became more anxious. They told us that the staff were "Reassuring" and often popped in "Far more than they are really supposed to". People saw this as being invaluable and central to their ability to manage in their own accommodation.

All of the staff that we spoke to had worked in the service for over 12 years. They had worked for the previous provider and had transferred to the new provider when the service was re-registered. This meant that they knew the people who lived at the service well and understood their needs and their personal history.

Many people at the service did not lock their own front doors. We observed staff knocking and waiting for the person to invite them in. People told us that they were treated with dignity and respect. Care plans indicated what a person wished to be called by and staff responded accordingly. Staff were aware of the need to preserve people's dignity when providing care to people. Staff told us they took care to preserve dignity when providing personal care. They also said they closed doors, and drew curtains to ensure people's privacy was respected as many apartments overlooked the road.

On the days of the inspection a number of people came from their apartments to sit in the foyer area. Staff assisted people to do so and supported those whose mobility was poor. One person told us that "It's good to be able to come down and see others as I get lonely on my own". Another person told us that the "Staff get told off sometimes for helping us down and making us a coffee" because it is "Not in my care plan and so they are not supposed to do it". We spoke with staff about the need to demonstrate within their care plans and discussions with commissioners the need to meet people's social and emotional wellbeing.

People had been given a service user's guide when they started receiving care from the service. This contained information regarding what they could expect from the service and how they would be cared for. However, we found that this had not been replaced and updated when the registered provider revised the document.

Records relating to people were kept in their flats and a copy kept in the office of the registered provider. Records were stored securely and in a locked cabinet.

Is the service responsive?

Our findings

People told us that the staff were quick to respond and to meet their needs. They made comments such as "The staff are always checking how I am and making sure I have what I need" and "It is great know that I have regular and reliable help to come to me". A professional told us "The staff are always able to deliver a high standard of care".

People received differing levels of support with their personal care and this was decided through an assessment with the local authority social worker. People and relatives told us that they then sat down with the staff to discuss how they wanted their care to be delivered.

People told us that staff were prompt and reliable. If [on the rare occasions] they were going to be late, they told us that staff would call or pop in just to let them know that they would be back as soon as possible.

Staff were aware of people's preferences and their care package was tailored to meet those needs. However, in the care records we looked at a person centred approach was not always evident. People had a care plan that indicated at what times of the day they would receive their support, what tasks would be completed and the duration of their call. The care plan was set out laid out as a series of tasks to be accomplished and did not always take account of people's personal preferences, such as what particular food they liked to eat or what particular toiletries they preferred to use. Staff told us that people tended to tell them these things or that they already knew them well. However, staff unfamiliar with the person would not have this information.

People were not always encouraged to be independent. We saw that where people had prescribed medication, the staff always had a degree of oversight and medicines were in a locked cabinet that only staff had access to. One person told us "I suppose I could do it for myself if I had a sheet to write on but the staff offer to help and so I have let them".

Staff told us that they sometimes struggled to carry out the tasks within the time commissioned by the local authority but always ensured that a person's needs were met even if it meant additional time. One staff member said "These are people at the end of the day and they deserve a good service and more than me rushing to do everything in 15 minutes". They informed us they would request a review of the care package if someone constantly needed more time but that there was usually a delay in this happening.

Some people had their own hobbies and interests and pursued these within the community. Others liked to attend the day centre that was based within the service and staff supported them to access the facility and provide the personal care required whilst they were in attendance.

The registered provider had a complaints procedure in place but the complaints log indicated that no complaints had been made. The complaints policy was not on display within the building and people did not have a copy of this in their care plan folder. People told us that if they were unhappy that they would tell the senior member of staff or call the head office.

Is the service well-led?

Our findings

People and relatives informed us that they were generally happy with the service provided by the care staff. Comments included, "It is excellent care and would recommend them to anyone needing someone cared for"; "It is outstanding". However, people and relatives were not as happy with the management of the service. Comments included "It has gone downhill since this provider has come in" and "There has never been a proper manager here, it has been left to the staff to sort out everything".

There was a registered manager for the service but we were told by staff, people who used the service and families that she played no active role in the management of the service. None of the people we spoke with or their relatives knew who the registered manager was and told us that they had never spoken with anyone from the registered providers management team.

The Care Quality Commission had not been notified consistently about safeguarding matters relating to people who used the service. We were aware of a recent issue that the local authority had investigated under Safeguarding procedures but the registered provider had not told us about this. This meant that the registered provider had not ensured that the CQC were kept up to date with events of significance within the Home.

It was clear from discussions with people who used the service, relatives and professionals that they viewed the service very much like the residential home it once was. Many of those that used the service had raised expectations that staff would be available whenever they wanted assistance. The distinction between extra care housing and residential care was not clear to most that we spoke with. All of the people we spoke to thought that they had to commission their care from the registered provider and were not aware that they had a choice.

Staff told us that they had been introduced to many new managers –locally and regionally – but that none of them stayed very long. We were told that had become a "Standing joke" amongst the staff as to who would come next and how long they would stay for. In the last few months they had been receiving some support a day or so a week from a registered manager of another service and were very grateful for this and felt that there was the start of some leadership and direction. Staff told us that the service had been "Kept going" by the senior care worker who was the "Rock "of the service.

The registered provider had a policy in place that outlined their expectation from the registered manager in regards to the overall quality monitoring of the service. This included the auditing of service user records including communication logs, medication administration records (MAR) and financial transactions. No audits had taken place since in the twelve months leading up to the inspection. This meant that the quality of the service provision had not been monitored and issues, such as those that we highlighted in regards to medication, had not been highlighted and addressed.

There was a policy folder available for staff to refer to in order for them to ensure that they were following due process and best practice. We looked at this on the first day of the inspection and noted that most of

the policies were written in November 2010. On the second day of the inspection, the registered provider was replacing a number of policies with those dated July 2015. We were informed that the staff were not aware that these had changed and so they had been working to old guidelines. This was critical as some of the policies were in relation to key areas of service provision such as medicines management, safe recruitment and mental capacity. There was a risk that staff were not following current policy, legislative or best practice guidelines. Some of the information provided to people who used the service and kept in the care plan folder was not up to date: this included the service user guide and the statement of purpose.

People who used the service and their relatives could not recall any meetings or questionnaires that had given them the opportunity to share their opinions or to seek their views on the service provision. The service was not able to provide us with any evidence to the contrary. The registered provider had a policy that stated that the manager should convene monthly meetings for office based staff and quality meetings for all other staff. These had not taken place.

These were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider did not assess, monitor or seek to improve the quality and safety of the service provided.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider had not made sure that care and treatment was provided in a safe way and that medicines were managed appropriately. 12(1)(2)(b)(f)(g)</p> |
| Regulated activity | Regulation |
| Personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider did not have effective systems and process in place to assess, monitor and improve the service provided. They did not ensure that they held a complete and accurate record for each person receiving support. Risks to a persons health and welfare were not assessed and recorded in order to mitigate any risks. 17 (1) (2) (a) (b) (c) (e) (f)</p> |
| Regulated activity | Regulation |
| Personal care | <p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered provider did not ensure that staff were competent and skilled staff to meet peoples care and treatment needs. People employed did not receive appropriate on-going training, support, professional development, supervision and appraisal to ensure their competence was maintained 18 (1) (2) (a) (b) (c)</p> |

