

The Place Up Hanley Limited

# The Place Up Hanley

## Inspection report

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Date of inspection visit:  
06 April 2022  
22 April 2022

Date of publication:  
06 June 2022

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

The Place Up Hanley is a care home providing personal care. The home is registered to support up to 51 people. At the time of the inspection there were 30 people living there. The home supported younger and older people, some of the people were living with dementia or other mental health support needs. Some people may also have had physical or sensory disabilities.

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

New quality assurance systems were being introduced however we could not be sure these would always be effective and as they were not yet embedded. The registered manager was honest that the systems were a work in progress. Medicines processes had improved, but some improvements were still needed. Some care plans did not contain enough detail, particularly after incidents had occurred. Some people needed extra support due to their needs and it would be beneficial if more in depth training was offered to staff. Two people did not have the necessary assessments in place regarding their decision-specific capacity, however other people did have this in place. The registered manager was open to feedback and acted on omissions we identified.

People were protected from the risk of infection and were supported to have visitors in line with government guidance. We observed enough staff to support people, although there was some mixed feedback about this. Staff were recruited safely. People were protected from abuse; staff understood their responsibilities and referrals had been made when necessary. Staff received training to be effective in their role and they felt confident. There was mixed feedback about food, however people had sufficient amounts to eat and drink and had a choice. People had access to other health professionals. The home was clean and adapted to meet the needs of those living there.

The provider was receiving support from an external consultant to help the service improve. The registered manager was aware of their duty of candour, although there was some mixed feedback about communication within the service from relatives. Relatives and staff were positive about the registered manager, they felt the service had improved and staff felt more supported. People were supported with their individual needs. The registered manager worked in partnership with other organisations and had responded to local authority feedback in order to make improvements.

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 and update

The last rating for this service was requires improvement (published 12 April 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, effective and well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection these were inspected at to calculate the overall rating. The overall rating for the service has remained requires improvement, however there are no longer any breaches of regulations.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Place Up Hanley on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. We will work alongside the provider and local authority to monitor progress.

## 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 effective.

Details are in our effective findings below.

**Good** ●

### 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 following concerns being raised by the local authority. 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

The Place Up Hanley is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

#### Notice of inspection

The inspection 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. The local authority shared feedback about their visit to the home with us. 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 also asked Healthwatch if they had any information to share. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They did not have any feedback to share. We used all of this information to plan our inspection.

#### During the inspection

We were unable to have detailed conversations with people who used the service due to their needs. We made observations in communal areas to help us understand the experience of people who could not talk with us. We spoke with six members of staff including care staff and senior staff. In addition to this, we also spoke with the registered manager and deputy manager. We also spoke with two visiting health professionals.

We reviewed a range of records. This included four people's care records and multiple medication records. A variety of records relating to the management of the service, including audits and building safety records were reviewed. We looked at two staff files in relation to recruitment.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at policies and procedures, training records and quality assurance records. We also had an interview with the registered manager using a video calling application.

We also spoke with six relatives over the phone to gain their views.

# 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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety.

### Using medicines safely

At the last inspection there were concerns regarding the management of medicines so there was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, some improvements had been made so the provider was no longer in breach, however further improvements were needed.

- Guidance for 'when required' medicine was not always in place or did not contain enough detail. For example, one person was not able to say when they were in pain, however there was no protocol in place to guide staff to recognise when the person could be in pain. In another example, a person had a protocol in place for medicines which helped them go to the toilet. There was good information about what action to take if the person had not been to the toilet. However, it did not detail how they displayed they were in discomfort and staff relied on a family member to recognise this. This should be recorded so staff would also be able to recognise these signs.
- One person needed liquid pain relief medicine. The manufacturers guidance said it should be disposed of after being open for two months. There was no opening date on the bottle and there was a risk it had been open for longer than two months. This could make the medicine less effective. However, it had not been administered to the person recently, so they had not come to harm. Another person also had liquid medicine and there was no opening date on the bottle so there was a risk this could also become less effective.
- One person's care records made reference to them having an allergy to a particular medicine, however this was not recorded on their MAR (Medication Administration Record). This increased the risk of being given a medicine which could impact their allergy.
- Following our feedback, the registered manager took swift action to rectify these concerns and provided us with evidence of this.
- Stock levels of medicines matched MARs which showed recording was effective.
- Medicines were being stored at appropriate temperatures and this was being checked.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At the last inspection there were concerns regarding managing risks to people which was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, some improvements had been made so the provider was no longer in breach, however further improvements were needed.

- People were supported to remain safe and staff knew people well; however, improvements were needed when incidents had occurred to ensure they were learned from.
- One professional said, "Evidence is not documented in care plans [about distressed behaviours]. Not always enough detail in care plans" and they went on to say, "They [staff] really try their best, they just need to step it up."
- Professionals had fed back following their reviews of some people that staff needed to improve recording about when people experienced distressed behaviours. This feedback had not been fully acted upon as we found recording had not been made in more detail and professionals had to repeat their feedback.
- Staff had received some dementia training, but some people using the service had complex needs; one professional felt more detailed training in relation to dementia and supporting people when they became distressed would be beneficial. There was some poor recording we found in records at times which also suggested further training was required.
- Records which documented people had been distressed had not always been reviewed and there was no evidence learning from these incidents had been incorporated into people's care plans.
- In another example, one person had a fall in the home, yet their falls or mobility care plans and risk assessments had not been reviewed or updated.
- Another person had initially moved in on a temporary basis but had decided to remain living in the home. Detailed care plans and risk assessments had not been put in place, despite them living there for months. This meant there was limited guidance for staff to follow.
- There was a system in place to monitor any trends in relation to accidents and incidents.
- Training for staff had been arranged in relation to care planning to improve practice in the home.
- The safety of the building was checked such as electrical and fire safety. The provider had received feedback from the local fire service which needed acting upon. The registered manager provided us evidence these had been completed.

#### Staffing and recruitment

- There were enough staff to support people, so they did not have to wait long for support, although there was some mixed feedback about this. We observed staff were available in communal areas.
- One relative said, "Yes there's enough staff, if I'm visiting, my relative is ready. [However] There can be a delay when pressing the buzzer [in relative's room]. There are some new staff, lots of changes." Another relative said, "There could always be more [staff], but it is what it is. Staff there are great, some lovely ones really look after my relative." Another comment was, "There seems to be enough staff. When we ask for help, we don't wait."
- The registered manager explained new staff had been employed and they had reduced their need to use agency staff. One staff member said, "[Registered manager] has recruited new staff, staff pick up shifts when we're short, we use less agency staff." Another staff member said, "They [staffing levels] can vary, sometimes fine and week after it's terrible. We make do."
- Staff had their suitability to support people who used the service checked, such as checks on their identity and criminal records.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the

premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The service was facilitating visits to the service in line with guidance.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. One staff member said, "If there's an incident, report it – I am happy to report any concerns to the manager, I think the carers here are very good, I don't have any concerns, we're a good team."
- Staff knew about the different types of abuse, how to recognise these and understood their responsibility to report concerns.
- The service had reported safeguarding concerns to the local safeguarding authority as necessary.

# 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 changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At the last inspection there were concerns regarding assessing people's mental capacity which was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, some improvements had been made so the provider was no longer in breach.

- Two people were receiving their medicine covertly, which meant they may not always know they are taking the medicine. One of those people had clear capacity assessments and guidance in place about this. However, the other person did not have this in place. It was discussed the person without the necessary capacity assessment in place was having their medicine given covertly as a trial. However, the person was still being deprived of their right to refuse medicine and their ability to make decisions about this had not been assessed. The registered manager took action to address this.
- Other people did have decision-specific capacity assessments in place and many improvements had taken place since the last inspection as these assessments were more consistently completed.
- Relatives told us people weren't restricted. One relative said, "My relative walks around, from what I've gleaned they [staff] don't restrict."
- Staff were aware of what mental capacity meant and were aware of DoLS procedures.

Supporting people to eat and drink enough to maintain a balanced diet

- People had enough to eat and drink and had choices at mealtimes, although there was some mixed feedback about the food.
- One relative said, "The food is not good quality. It is not well presented, didn't look very appetising." Whereas another relative told us, "My relative seems to enjoy it, they say the food is fantastic, although they can't always remember what they've had. My relative is always eating. I think there is a choice"
- People were shown food choices to help them decide. One person was shown two meal choices but they couldn't decide and were reluctant to go and have their lunch, staff were supportive and said, "Shall we make it a surprise?" the person responded well to this and then went to have their lunch.
- We observed a person who was unable to eat independently, a staff member stayed with them to support them, gently encouraging and helping the person to eat in a kind manner.
- People's dietary requirements were recorded in people's care plans and staff knew people's needs in this area.

Staff support: induction, training, skills and experience

- The registered manager had acknowledged there were some gaps in training, but a plan was in place to ensure staff received updated training. The gaps were due to staff having their training expire all in one go, meaning they had to complete a number of courses all at a similar time.
- Despite this, staff told us they received training and felt supported in their role. One staff member said, "I am checked and supported by existing staff. If I needed any more or extra training, they would help me."
- Staff were knowledgeable about people and were able to discuss different areas with us such as safeguarding, mental capacity, infection control and fire safety training. We also saw staff supported people with their moving and handling needs appropriately.
- Whilst there were gaps in training, this was being regularly monitored and there continued to be improvements each month.
- Staff felt supported in their role. A new manager had started since the last inspection and staff felt positively about them. One staff member said, "I had a supervision last month, it keeps on top of things - if I have any problems or concerns with residents or staff. I find it valuable, it's sort of rewarding – it makes you feel valued."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access other health professionals when needed. One professional told us, "Referrals to us are appropriate, it's always for good reason. The staff are really good – if we have a question, they can answer, they seem to know people really well." Another professional said, "They are trying, they do engage, they call regularly. Referrals are appropriate. They follow professional advice."
- There were regular reviews involving health professionals to ensure concerns were dealt with in a timely manner. There were a range of professionals involved with the service such as social workers, district nurses, advanced nurse practitioners, GP, opticians and community psychiatric nurses.

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

- The environment was clean and without malodour. There had been redecoration to improve the quality of the environment and people had access to a range of communal spaces such as a large open-plan dining and lounge area, a coffee-shop style seating area and a pub.
- There was signage available to assist people in orienting themselves. Radiators had covers on them so people would not burn themselves if they fell against one and windows had restrictors on to reduce risk to people.

- Equipment was in place for people with moving and handling needs.

# 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 requires improvement. At this inspection this key question has remained the same. 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

At the last inspection there were concerns regarding the robustness of governance systems and there was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvements had been made, so the provider was no longer in breach of regulation 17, however further improvements were needed.

- Whilst there continued to be some omissions in relation to medicines and some mental capacity assessments for two people, there had been improvements overall in how these areas were managed. There were also omissions in the details of some care plans, however work was ongoing to update plans to make them more person-centred.
- Mental capacity assessments were more consistently in place than the last inspection, however we still found some improvements were needed. One person did not have their decision specific capacity assessed prior to a DoLS application being made. Therefore, the person's ability to consent to living in the home and receiving care or any restrictions had not been checked. The registered manager provided evidence following our feedback that these were rectified.
- The provider had engaged the support from an external consultant who was supporting the home, carrying out audits and supporting the registered manager to make improvements. There was more structured monitoring in place, including regular registered manager meetings, clear reporting lines were being put in place and deadlines were set to ensure goals were achieved.
- The registered manager was open and honest about the quality assurance systems which had been recently introduced and their use had not been fully successful or fully embedded yet. However, the registered manager explained they were working with the consultant and other registered managers who also worked for the same company, to support in trialling ways of monitoring the quality and safety of the service.
- The level of training compliance needed improving, but this was being closely monitored and work was ongoing to improve this.

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

- There was some mixed feedback about communication in the service. One relative said, "I don't know

what's going on half the time." They explained there had been an incident and went on to say, "I did ask what happened, I don't know who I spoke to, they told me they didn't know why [there was an incident]." Another relative commented, "I don't get any communication" but they went on to say they had had discussions with the registered manager but felt things had not yet been fully addressed.

- Whereas another relatives said, "I'm happy with the care, they usually ring me about medicines changes, they are good like that."
- Staff were being engaged in the service. There had been recent staff meetings which had been led by the external consultant so staff could be honest about their feelings about the home. Staff were having supervisions so they could discuss areas they felt they needed to.
- Relatives and staff had also been offered a questionnaire to feedback.
- One staff member said, "Very much more supported now – the registered manager has approached staff members to say if they have concerns come and tell them, that speaks volumes." Another staff member said, "Questionnaires are given to us – it's good to see they are acting on staffing concerns."
- People were supported in relation to their spiritual, cultural needs and their identity. The registered manager was aware they should support people, where possible, in line with their needs.

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

- At the time of the last inspection, we were considering if duty of candour had been followed by the provider in response to an incident which had occurred in the service, as concerns had been raised with us. We decided no further action was required.
- The registered manager was aware of their duty of candour. They said, "I am always honest, I'm not willing to risk something by not telling someone something. I don't want to hide when things go wrong. I want to show we are learning." They also said, "It's not a blame culture. Let's review what we've done, why it went wrong, how did it go wrong. I honestly believe we are succeeding."
- The registered manager had notified us of incidents they needed to tell us about. The previous inspection rating was being displayed in the home and on their website, which was a requirement.

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

- Relatives felt able to go to the registered manager if needed. One relative said, "I think I could talk to [registered manager], they are amenable, they will listen. I'm happy with the registered manager, they are very approachable." The relative also said, "I feel the atmosphere is good in the home." Another relative commented, "The atmosphere is definitely positive and friendly."
- Staff morale had improved in the service since the registered manager had started in their role. One staff member commented, "It really is a better place to work, it feels calmer for the residents." Another staff member said, "I am happy to go to the registered manager. I feel confident I would be listened to. I feel very comfortable here"
- Staff felt supported and positive about the registered manager. One staff member said, "The registered manager is very approachable, they are just dead nice. They are one of the best managers we've had, it's a nicer place to be since they came." Another staff member said, "[Registered manager is] very approachable, one of most friendly managers I've ever met. I am happy to speak up, it's a big difference, I didn't feel able to at [previous employment]."

Working in partnership with others

- The registered manager worked in partnership with other organisations, such as clinicians and social care. The provider had also sought support from an external consultant as they had recognised this would be beneficial.

- The local authority had continued to visit the home to monitor the service and the provider had engaged with this process; the local authority had noted improvements were being made.