Mears Care Limited

Hollymere Extra Care Housing Scheme

Inspection report

New Grosvenor Road
Ellesmere Port
Merseyside
CH65 2HH

Date of inspection visit:
14 June 2016
15 June 2016

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04 July 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

An announced inspection took place on the 14 and 15 June 2016.

This was the first inspection since the current service provider was registered at the location.

Hollymere Extra Care Housing is purpose built 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 housing provider is Avantage. The accommodation is located in a building that has facilities open to the local community such as a fitness centre, bistro, and library and meeting rooms.

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 they are available 24 hours a day, seven days a week. This enables support to be delivered at short notice and 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.

At the time of the inspection the service delivered approximately 320 hours of care to 39 people and wellbeing checks to all of the remaining occupants.

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. Incidents were reported and investigated appropriately.

People said that the support from staff was prompt, caring and reliable. They commented that they were treated with dignity, respect and compassion. Support was provided from a consistent group of staff who knew people them well and met all their physical and emotional needs.

Records kept reflected a person's preferences, wishes, routines and likes/ dislikes. This demonstrated that staff had taken the time to get to know people well and provided support that was personalised and tailored to individual needs.

Some people were supported to manage their medications. We found that clear and accurate records were being kept of the medicines administered by staff. Care plans and risk assessments supported support the safe handling of people's medications.

Safe recruitment procedures were followed and staff had the relevant checks from the Disclosure and Barring Service. This meant that people were supported by people of suitable character and skill. Staff had been given regular supervision, appraisal and support. Their developmental needs had been identified and they had undertaken training in order to improve their skills and competence.

The registered manager had active involvement in the service. People and staff were complimentary about her leadership. There were systems in place to audit aspects of the service. There had been on-going monitoring of the management of medicines, daily records, care plans, staff performance etc. These audits were used effectively to monitor the quality and effectiveness of the service and to highlight areas of further development. The registered provider had notified the CQC about key events within the service.

The registered provider had recently sent a quality questionnaire to everyone who received a service and these were in the process of being returned: to date positive feedback had been received. People had also been asked about their opinion of the service provided by the care staff in a questionnaire sent by the housing provider and this had been very positive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were safe systems in place for the management of medicines. We found that clear and accurate records were kept of medicines administered which minimised the risk of harm.

Records relating to the risks associated with health conditions were documented and so people received the monitoring and oversight they required.

People said they felt safe and staff knew how to recognise and report any safeguarding concerns. Accidents and incidents were identified and lessons learnt from them.

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

Is the service effective?

Good

The service was effective.

Staff received regular supervision, appraisal and training to ensure that they were confident in their roles.

Staff were aware of the Mental Capacity Act 2005 and the implications of this upon their day to day work. People were offered choices and consented to their support.

Staff ensured that they supported people to meet their health needs and accessed additional support where appropriate.

Is the service caring?

Good

The service was caring.

People were complimentary about the caring and supportive nature of staff.

They told us that staff promoted their privacy, dignity and always respected them. Staff protected a person's confidentiality.

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

Is the service responsive?

Good

The service was responsive.

Staff provided flexible and responsive care. Staff knew people's needs and responded quickly when people were unwell.

Care plans contained the information needed for staff to provide individualised care.

There was a complaints procedure in place and issues raised were responded to appropriately.

Is the service well-led?

Good

The service was well led.

There was a registered manager who knew the service well. Staff and people who used the service said that they were effective in their role.

There was a quality assurance system that was effective in highlighting and addressing issues.

Policies and procedures were in place to support staff in their day to day work

Hollymere 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 14 and 15 June 2016.

The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. We also asked the registered provider to seek the consent of people at the service to be contacted by the inspector.

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.

We also spoke with the commissioners of the service to seek their views. They were complimentary about the care, support and management of 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 spoke with the registered manager and five of the staff team. We viewed eight people's records relating to their care and medication and spoke with seven of them.

Good

Is the service safe?

Our findings

People who lived at Hollymere told us that they felt "Safe and assured" as they lived in an apartment complex where staff were on site all of the time. One person said "It is good to know that I can get help when I need it, as I can be a bit unpredictable at times" and another commented "I feel very safe and confident in the care of the staff". A relative had written in a letter to the service "I've never doubted for a single second that my relative has not been in safe hands".

People said that "Staff are prompt", "Never miss a call" and "Give me all the time I need". Staff fulfilled peoples support plans in a timely manner and there were enough staff on duty on the days of the inspection. Staff told us that they had enough time allocated to be able to meet a person's needs effectively.

Staff at the service had a good understanding of safeguarding and what constituted abuse or neglect. The registered provider had its own safeguarding policy and this reflected that of the local authority. These documents were readily available and accessible. There was evidence that staff had highlighted incidents in care delivery that had impacted upon a person's wellbeing such as missed calls, not meeting the care plan, medication errors etc. The registered manager reviewed these incidents so that lessons could be learnt and the service improved. These were also reported to the local authority on a monthly basis.

Safe systems were in place for managing a person's finances. This was for circumstances in which staff supported people with shopping or bill payment. People used pre-loaded cash cards which promoted a robust auditing and financial transaction trail.

Staff provided varying degrees of support to a number of people in regards to the ordering, administration and disposal of medication. People told us that this reduced their anxiety as "Staff are so good at reminding me to take my tablets or getting them for me; I have so many to remember to take". We observed that staff carefully checked a person's medication at the point that it was delivered if they were providing support. Staff vigilance on the day of the inspection noted that a person's medication had been placed incorrectly in the blister pack and therefore brought this to the attention of the pharmacy.

Staff had received training and undertaken a competency assessment to ensure that they had the skills to support a person with their medication. Where medicines were administered through a specialised technique such as eye drops; staff had received guidance and support from a health practitioner and deemed competent to deliver this intervention. Staff also received practical and written instruction on how to apply creams.

We looked at the care plans for eight people. These documented the level of intervention provided for each of the medications prescribed. It also recorded any special instructions relevant to a medication: For example: "I take my [tablet] every Thursday. This is to be taken with me sitting and on an empty stomach".

Some medications are prescribed to be given "as needed or as the situation arises" (PRN.) and these can be

in a variable dose. Staff recorded how much medicine was given and at what time where a variable dose was prescribed. However, we found there was not enough information available in the care plans to guide staff as to when PRN medicines should be given or offered. It is important that this information is recorded and readily available to ensure people are given their medicines consistently.

Staff completed a Medication Administration record sheet (MAR) that detailed the level of support given or to record situations where a person had refused to take. For example, one person required staff to "Administer tablets from a blister pack" but was "able to manage their own inhaler". Medication Administration Records (MAR) were completed and so it we were able to tell if service users had received their medicines as prescribed. There was evidence that these records were reviewed regularly and where there had been identified issues action had been taken as a result. 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.

The registered provider had a system in place for the recording of accidents and incidents which staff adhered to. The registered manager reviewed the information, ensured an investigation took place if appropriate and took actions to ensure that future harm was minimised.

Risk assessments were in place for the hazards that staff faced in their day to day work. A risk assessment was carried out to ensure that staff were working in a safe environment and that the equipment that they were using was safe and serviced. Staff were provided with personal protective equipment to ensure that they minimised the risk of cross infection whilst carrying out care and support.

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. There was specific information available to staff to assist them in the monitoring of health conditions. For example, records indicated that a person received support from staff to monitor their diabetes. Staff were able to tell us how they supported this person, what was involved the monitoring and recording of blood glucose levels (BM's) and the supervision of insulin administration. Consultation and face to face discussion had taken place with a heath practitioner. Following this a risk assessment and information sheet put in place to guide staff as to what were the risk factors for someone with diabetes, the symptoms of high or low blood glucose levels or the actions they would take should BM's outside of the acceptable range. A number of other people took medication that placed them at risk of excessive bleeding or bruising. There was a risk assessments and information sheet in place to direct staff as to what precautions or actions to take.

We checked the recruitment procedures in place for staff starting at the service. We looked at three staff files. The registered provider had policies in place to support safe recruitment for all new staff. Most of the staff had transferred from another service provider who had previously provided the support within Hollymere. We saw that the registered provider had completed a new Disclosure and Barring Scheme (Police check) check when the staff transferred. We looked at the recruitment file for a new starter and found that all the required checks had taken place prior to them commencing employment: fully completed application form, interview notes, written references and a DBS check. This meant that people received support from staff deemed of suitable character and skill.

The housing provider maintained overall responsibility for the health and safety of the premises. There was a good working relationship between them and the care provider to resolve any issues of concern. Individual care plans clearly indicated the location of the electricity supply, mains gas, and the water valves in case of an emergency. Each person also had a personal evacuation plan in place in case of fire

Good

Is the service effective?

Our findings

People commented that "The girls are really experienced ", "They learn what you need really quickly", "They are the best of the best" and "You have my backing for the staff 100%, you can take my word for it that they are excellent."

Some people were supported to ensure that they received adequate diet and fluid intake. If unable to make a meal for themselves, staff helped with preparation or assisted people to go to the bistro. Where concerns about a person's diet or fluid intake had been identified, staff kept a record to assist families and other professionals in monitoring what a person had been offered and consumed whilst supported by staff. Clear instructions were given to staff where a person's nutrition was of a concern. For example: a person had a poor appetite and diabetes which placed them at greater risk. The care plan clearly stated that sometimes the person would state that they had already had something to eat when in fact they had not. Staff were to be vigilant to this and to ensure that what the person stated they had eaten was recorded as well as what the staff had offered. Staff also supported people to ensure that their food was in date and stored appropriately.

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. Staff confirmed that they had regular one to one meetings with a senior member of staff as well as with the registered manager. In addition, direct observations of practice were also carried out. Each staff member had an annual appraisal which gave them an opportunity to review their own developmental needs. Records viewed confirmed that these had taken place.

The registered provider had a training programme for staff that covered all of the key aspects of the role. Staff had the opportunity for face to face training alongside e-learning modules. Staff said that the training supported them in providing a good service. Staff had undertaken training that the registered provider had deemed essential to their roles: such as medication administration, moving and handling, safeguarding and mental capacity. However, they also had opportunity to undertake additional training for areas of specific interest such as end of life care, dementia awareness, autism and common illnesses. The registered manager maintained a record of staff training that had been completed as well as that pending. We saw that staff were up to date with essential training.

People told us that staff contacted health and social care professionals on their behalf to ensure that they kept well. Care plan entries documented where staff had sought advice from external professionals. On the day of the inspection, we observed staff in negotiation with a local GP as they were concerned about the health and wellbeing of a person living within Hollymere.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

We found that staff had undertaken training around the principles of the Mental Capacity Act and the associated deprivation of liberty safeguards. Staff were able to tell us what capacity and consent meant for them and how this was applied to their day to day work.

People told us that staff always asked their permission and consent in decisions around their care and support. This was also evidenced in our discussions with staff. Care plans indicated what decisions a person could make for themselves. Where a person was not able, due to mental impairment, to make a choice staff had addressed this matter in line with the MCA. For example, a person did not have access to their medication due to previous concerns about its safe management. There was evidence in the person's file of a meeting with the community mental health team and the GP, where the person was deemed to lack in capacity around this specific part of their care and a best interest decision made that it should be managed on their behalf.

Some people, with assumed mental capacity, made 'unwise decisions' about their care and support: such as to refusal of medication or personal care that could place them at risk. We spoke with the registered manager about using the MCA to clearly demonstrate that the person had the mental capacity to make those choices.

Staff were aware of the legal responsibilities that could be devolved from one person to another such as lasting power of attorney. One person had a lasting power of attorney for health, welfare and finances. Staff were aware of what this meant and how it could impact upon decision making. This was clearly documented in care plans with a copy of any relevant documentation stored securely in the office.

Good

Is the service caring?

Our findings

Every person that we spoke with was very complimentary about the service they received. Comments included: "I could not wish for better carers", "I am very happy they [staff] are polite and cheery", "The carers are my heroes", and "At times I am very anxious, they [staff] are so reassuring, they are my rock and moral support everyday". A relative had written a compliment to say "We were really touched by the care shown".

People felt reassured as they received support from people that they knew well. All of the current staff had worked for the service in excess of two and a half years. People said that this was very important to them as "I get very anxious with change, and all the staff know that and keep me calm and this helps me to feel safe".

We were also told that staffs were prompt and reliable. One person said "Staff turns up like clockwork so I never have to worry about not getting my help". Another explained that "They try to be punctual but if they are running a little bit late they were always ring me and let me know so that I know that they are on their way".

People told us that it was important for them to maintain their independence as long as possible. Staff took time to assist people to do things for themselves. One person said "The staff are so kind and patient. They never rush me and help me to do things for myself" and another commented "Without their care and attention, I could not progressed as well as I have". Another person had moved into independent living after many years in residential care. They took great pleasure in talking about how staff helped and supported them to regain their independence and skills.

Some people at Hollymere did not have many friends or family to visit them on a regular basis. A number of people commented that staff "Never rush off "and "Take the time to have a little chat about the day". This was very important to them, as one person said "It is really lovely if you don't see somebody's for much of the day to have a proper conversation".

People said that staff "Work hard to make our lives a pleasant experience" and that they "Well and truly go over and above what is required". We saw this on the day of the inspection when staff had visited a person not in receipt of personal care and support; on the request of a concerned professional. They highlighted immediate concerns in regards to the person's health and wellbeing. They spent much of the afternoon [past the end of their official shift] supporting the person to ensure they were safe and referring them for an assessment of need in order to get the appropriate support.

People told us that they were treated with "The utmost care, dignity and respect". Staff spoke about people in a respectful manner and protected their confidentiality at all times. Staff recognised difference and one person commented "Sometimes we need to be careful that we don't put our own judgements and standards on people. How they choose to live their lives is up to them". Staff were fully aware that although people lived in a communal setting, they had a right over who came into their property and when. Staff were observed to knock-on somebody's front door and to wait for a person to come to open it for them. Where a person could not answer the door, staff used a fob to enter but only with expressed consent.

Records were kept securely within locked cupboard and were available only to those people that required them. People had a copy of their care plan in their homes for their own information.

Good

Is the service responsive?

Our findings

People who used the service were confident that it met their needs. One person commented "The service I get keeps me as independent as possible. The help I get is just the right level to be able to keep my energies up and cope for myself throughout the rest of the day".

Everyone who used the service at the time of our inspection had received an assessment prior to receiving a service to ascertain whether their needs could be met. We spoke to the registered manager and she confirmed that prior to people purchasing or renting their property, they would liaise with social workers about the level of care that the person needed. They would then complete an assessment of the person's needs on the day they moved into their property.

There was an effective key worker system in place. This ensured that each person had a staff member who took responsibility to ensure documentation and care delivery was accurate and reflective of individuals' needs. We looked at the paperwork in eight of the care plans and could see that an assessment of the person's needs had been carried out and that they had liaised with social care services about the level of care needed for each person. Where a person's needs changed, there was a review of their care to ensure that appropriate changes could be made. People confirmed that they read and signed their care plans to agree to the support provided.

Staff were clear each day what roles and responsibilities they had for a shift and which people they were to support. There was a clear hand over of information observed between shifts. Staff also completed a communication book which detailed key changes to a person's health, care plan, or routine. This ensured that staff were fully up to date with what a person required on that particular day.

Each person had a summary of key information and their care needs which was available to go with them should they require admission into hospital. Care plans were person centred and clearly took into account a person's needs, preferences, routines, choices and wishes. Staff told us that this was important as they needed to provide support tailored to the individual. For example a care plan stated "I would like staff to assist me with my breakfast but this needs to be of my own choice. The staff should ask me at each call what I would like to have", "I sometimes like a hot meal but on other occasions I may want a snack", "I like to have help with a bath: I like to soak in private but need assistance to get in and out", "I use a wheel frame around the building but just a stick inside my flat" and "I wear trousers not skirts and boots not shoes".

Staff told us they some people had difficulty with communication and understanding but they worked with the person to establish how best to make themselves understood. This was also clearly documented in care plans such statements as "Sometimes I have difficulty in relaying what I want to say what I actually mean. Staff are to use keywords or phrases and are not to overload me with information".

A daily log was kept of the care provided. This evidenced that what support had been offered, accepted and refused. It also recorded the times of the visits so that people were only charged for care received

People were provided with a call pendant that allowed them to call for additional help in case of an emergency. Staff also carried handset that enabled them to call each other for help should they find a person required additional help or support.

There was a policy in place for the recording and investigation of complaints. None of the people that we spoke to had had cause to raise a concern or complaint about the service. However they were aware of how to do this and told us that they would have "no hesitation in raising a concern and been assured that it will be dealt with by the manager". A recent survey carried out a person commented "a couple of times I had small issues but they had been dealt with right away". The registered manager logged both formal and informal complaints. There was evidence of these had been addressed appropriately, investigated and feedback given to those concerned.

Good

Is the service well-led?

Our findings

People were complimentary about the management of the service that they received. Everybody we spoke with knew who the registered manager was and told is that they were "Hands on", "Approachable" and "Always had time for you".
The registered manager had worked at Hollymere since 2008 and had been the registered manager for the previous care provider. She had been involved in the initial commissioning of the scheme and so knew all the staff and occupants well.

Staff told us that they were happy working at the service and that they had the "Utmost respect" for their manager. They said that she was willing to help out, always listened to them and was "The best". They commented that other scheme managers are "Always coming to her for help and advice as she knows her stuff". Staff said "This is a happy place to be and it shows" and "I love it here I really love my job". One staff said to us "Somebody visiting once asked us why is everybody here is smiling: I said because it's because we get on really well as a team, we have an excellent manager so we love coming into work every day".

The registered manager took pride in having a "Stable and long standing staff group". There was a strong sense of unity within the staff group and they worked together to resolve any issues. Team meetings were headed "Team together, everyone achieves more". Staff were provided with an agenda in advance of meetings and given the opportunity to contribute. They were well attended and covered a variety of issues regarding policies, practice, general staffing issues, training as well as discussing and any concerns about people using the service.

The registered provider had policies in place to guide and advise the staff in their day to day jobs. These had recently been revised and staff were in the process of reading these and signing to say that they were familiar with them. A policy and procedures folder was in place in the office and additional key information kept in the staff room.

There was a list on the wall that clearly directed staff to where to find information. The registered manager had also introduced a policy of the month into team meetings so that a specific policy could be bought for staff attention and discussion had about it to ensure that staff were aware of its implications for their day-to-day practice. Staff were clear about their roles, responsibilities and policies and procedures that they have to follow. For example, a staff member had recorded that a person had tried to give them money but they'd explain to them that they're not allowed to take money as they are carrying out their job.

There was a series of audits in place to monitor the overall quality and safety of the service. These were completed by the registered provider, registered manager and senior care staff. The audits were looked at demonstrated that they were effective in highlighting areas where improvement was required and there was evidence that learning had taken place. The registered provider had highlighted that the number of audits carried out had decreased in a recent period as senior staff had had to cover care shifts due to staff absences. Recruitment into vacant posts had now taken place and an audit schedule was now in place to ensure these were carried out in a timely manner.

Audits were carried out of the daily logs kept by staff when they visited a person: this included looking at starting, finish times and staff signatures. This ensured that people were not charged for care they had not received. Communication logs were reviewed to ensure that staff recorded the care that had been provided. These were effective in picking up issues such as where care staff had not recorded in detail what had occurred during the visit. Shortfalls were highlighted with the staff concerned but also addressed with the wider staff group within group supervision.

Medication audits were carried out which included a review of the records staff kept to demonstrate administration. This was effective as a number of issues will were highlighted and promptly dealt with. Issues such as the MARs not being signed, or the wrong medication administered were highlighted and dealt with immediately through investigation, staff discussion, and additional supervision where required. The outcomes of audits and the findings were analysed and actions required integrated into staff training, team meetings, personal development plans.

The housing provider held regular meetings with occupants to discuss issues with regards to Hollymere Extra Care Housing. The registered manager attended the first part of this meeting so that people were able to discuss any issues or concerns relating directly to care provision. The registered manager informed us they were also considering holding separate coffee mornings/surgeries with individuals' as an alternative way of seeking feedback.

The housing provider had recently undertaken a satisfaction survey across all of the extra care schemes. Hollymere was given 92% care provider satisfaction. A letter had been written to the registered provider complimenting them on the level of service that was provided.