

Hilbre Care Limited

Hilbre House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Hilbre House is a residential care home providing personal care and accommodation for up to 20 people. At the time of the inspection 17 people were using the service. The home is a detached building, in a residential area with a coastal location and views over Liverpool Bay.

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

This home is required to have a registered manager as a condition of its registration. A registered manager along with the provider is legally responsible for how the service is run and for the quality and safety of the care provided. Hilbre House has not had a manager registered with the Care Quality Commission (CQC) since January 2018. This is a breach of the conditions of registration for this service, which will be considered separately to the inspection.

People told us that they felt the staff were respectful and caring towards them. One person told us, "They are wonderful here." People's relatives told us they thought staff at the home were caring. We saw many positive, warm and caring interactions between people and staff members. People appeared relaxed and comfortable at the home. Staff spoke with people respectfully and made good use of questions and humour when supporting people.

The home was safe, clean, well maintained and decorated in a homely style. There were different places to sit and relax for people who preferred quiet and busier environments and there were different bathrooms and shower rooms to meet people's needs and preferences.

We saw that people's opinions, choices and preferences were sought throughout the day and people were involved in decisions about their care. There was evidence that this was imbedded into the culture of the home, in everyday as well as significant decisions. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Each person individualised care plan included important information on people's care needs, background and preferences. Each person also had an activities profile which contained information on people's preferences and the support they may need to be involved in social activities. People's families told us that they thought the social activities available were responsive to people's needs. One family member told us, "I like that there seems to be things going on at the home and people are interacting. To see my dad getting involved is fantastic."

People's care plans contained a record of what the person was able to and wished to do for themselves independently. This dignified people and encouraged them to remain as independent as possible. We also saw that people were provided with information and communicated with in a variety of ways that was meaningful to them. Any risks that may arise when caring for a person were individually assessed and

guidance for staff on how to reduce these risks was in people's care plans.

The home manager had overseen a series of improvements at the home; they ensured that staff were clear about their roles and were communicating effectively. They had completed a series of regular audits and checks of the safety and quality of the service provided for people and had built relationships with outside agencies. People and their family members also told us they felt listened to, consulted with and engaged by the home manager and other staff. This all helped to ensure people received responsive care and support that met their needs.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 16 October 2018) and there were multiple 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 those regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive 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 ●

Hilbre House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was completed by two inspectors.

Service and service type

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

The service had a manager in place, however they were not registered with the Care Quality Commission. When a manager is registered they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and we sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and two people's relatives about their experience of the care

provided. We spoke with six members of staff including the home manager, administrator, senior care workers, care workers and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with three visiting health and social care professionals about the quality of the service provided for people.

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

After the inspection

We continued to seek clarification from the provider regarding staff training data.

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 now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure that the home's environment was always safe and that everybody's medication was stored and administered safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Any identified risks were individually assessed and formed part of people's care file. Risk assessments were regularly reviewed and guidance for staff on how to reduce these risks were in people's care plans.
- The home had a new call bell system that people used to gain assistance from staff members. The system stored information on who used the call bell and how staff responded. The call bell system also recorded when staff made visits to people in their rooms to check on their wellbeing. The home manager told us they used this information, particularly from night time to look for trends and patterns to help ensure people were receiving care that was safely meeting their needs.
- The environment of the home was safe. There was an environmental risk assessment in place for each person's room and the equipment and services in the building had been regularly checked and serviced. Staff had training on and there were plans and equipment in place on how to keep people safe in the event of an emergency. Each person had a detailed personal emergency evacuation plan.
- One of the fire exits was not alarmed and could be used by a person to leave the premises without staff knowledge. For some people this could have placed them at risk of harm. We spoke with the home manager about this and the door was alarmed straight away.

Learning lessons when things go wrong

- A record was made of any accident and incident that happened at the home. We saw these were reviewed on an individual basis and any learning was added to people's care plans. Staff told us they had made changes to people's care and support when things had gone wrong. These records were also reviewed by the home manager to look for trends or patterns within the home. This meant lessons were learnt, and the service improved when things went wrong.

Using medicines safely

- People received their medication safely and as prescribed by designated staff who had received appropriate training. People's medication stocks were safely managed and regularly checked and audited.
- People's as and when required medication (PRN) was safely administered. Staff reviewed people's symptoms, feedback and preferences alongside information and guidance on their medication to ensure it

was used safely and effectively.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and were knowledgeable about protecting people from the risk of abuse; they knew what actions they would take if they had reason to believe that a person may be at risk of abuse. Some staff we spoke with had shared information with the local safeguarding team to help ensure a person was safe. This showed an open culture that helped people remain safe.
- The home had a safeguarding policy in place. This had been read by staff along with a record of any safeguarding concerns the actions taken to ensure people are safe.

Staffing and recruitment

- During recruitment, candidates had their identification, background, work history and conduct in previous health and social care roles checked. There had been recent improvements in the interview process, which helped the home manager review people's suitability for specific job roles.
- There were enough care staff at the home, to meet people's needs in a timely way. Rotas showed appropriate staffing levels were in place. These staff were supported by a chef, housekeeping staff, administrator and the home manager. People told us they did not have to wait for staff. One person said, "Ninety nine percent of the time they come very quickly." One family member told us they usually see the same consistent staff at the home.
- The home manager was in the process of recruiting additional members of staff. In the meantime, they maintained staffing levels with bank staff and by using staff from the providers other homes.

Preventing and controlling infection

- The home was clean. The home manager had introduced a cleaning schedule, audit tool and cyclical deep cleaning of people's rooms.
- The kitchen was clean, it had been awarded the highest score of five from the local authority for food safety. The home's laundry service was effective and safe.

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 now improved 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 any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection the provider had failed to ensure that people's rights had been legally protected when they were unable to consent to their care and accommodation. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- The home manager had a register of everybody who had the protection of a DoLS and people's care plans reflected this level of support.
- When a significant decision was made on a person's behalf, the home manager had ensured this was in their best interests and the least restrictive option. To do this, they had worked with people's families and other professionals. However, this best interest decision making process was not always clearly documented in people's records. During our inspection the home manager changed their system, so that in future this will be clearly documented.

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

- We saw that an assessment of people's needs, and choices was made when they came to the home. This assessment of care was renewed periodically as part of people's care plan reviews. One person's family member told us they had been involved in this assessment process.

Staff support: induction, training, skills and experience

- Staff told us they were supported in their roles. One staff member told us, "I like it here. I feel well supported." Another staff member said, "We are looked after, and we have the support to look after people well."
- Staff received training to help them to be effective in their roles, along with regular staff meetings and one to one supervision meetings. The home manager reviewed each staff file. Staff received support they needed with appraisals of their performance, training and supervision was tailored around their support needs.

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

- People told us they enjoyed the food and the dining experience at the home. One person told us, "The food is brilliant. It always comes out smiling." Another person said, "The food is fabulous." One person's relative told us, "Lunchtime is a big event here."
- We saw people's food was served in an attractive and appetising manner, in a way they could help themselves to as much as they liked. People were encouraged to eat a good diet. People at risk of malnutrition had their food intake and weight regularly recorded and if appropriate referrals made.
- The chef was knowledgeable about people's health, religious and cultural needs along with their preferences. This included small and specific details that were important to people. They used this information along with feedback from people to plan and adapt the menu. This ensured people always had a suitable choice of food available to them.

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

- Staff worked closely with and made appropriate referrals to other health care professionals to help ensure people received appropriate healthcare. We saw examples of when staff adapted and changed people's care and support to help them gain the maximum benefit from the input from outside healthcare professionals.
- The home manager had developed relationships with and was working alongside organisations to help them to be as effective as possible in supporting people. We spoke with one healthcare professional who told us, "They [home manager and staff] have been really on the ball; asking for the support to make sure they are as effective as possible. They have welcomed the support and are asking the right questions and are responding to everything we ask them to do."

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

- The home was well maintained and decorated in a homely style. There were different places to sit and relax with various points of interest around the home, such as bookshelves, magazines, newspapers, a fish tank, piano and retro style ornaments and radio.
- The home had different sitting areas for people who preferred quiet and busier places. Also, the home had bathrooms and shower rooms to meet people's needs and preferences.
- People had been supported to individualise their rooms and to keep them clean and tidy. One person told us, "I'm very proud of my room; the view is fabulous." The home had a cat, people told us they enjoyed spending time with the cat and it added to a homely atmosphere.
- The home manager told us there are improvements planned for the outside space; as not much of it was accessible to people living at the home.

Supporting people to live healthier lives, access healthcare services and support

- We saw staff worked closely with people's GP's and other healthcare services to help ensure they received appropriate healthcare. Including (when appropriate) a review of people's medication.
- Any recommendations from health professionals had been recorded and when necessary formed part of people's care plans.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they felt the staff were respectful and caring towards them. One person told us, "They are wonderful here. This is the best place you can find." Another person told us, "It's not good; it's the best." People's relatives told us they thought staff were caring. One person's family member told us, "I like the attitude of the staff. Everybody is approachable... with a friendly and concerned approach."
- We saw many positive, warm and caring interactions between people and staff members. People appeared relaxed and comfortable at the home; we saw people chatting and laughing during mealtimes with each other and staff. Staff spoke with people respectfully and made good use of questions and humour when supporting people. Care plans gave staff guidance on what emotional support people may need.
- People's religious and cultural needs and preferences were tactfully sought, respected and acted upon by staff. We saw that people's food had been adapted to meet their religious and cultural needs. Staff were knowledgeable about people's culture and had a knowledge of people's first languages and dialects. Some staff had learnt key words in the persons language.
- Staff told us they worked alongside people's families to help meet their cultural needs. We saw one person's TV had a variety of channels in their first language and their room contained a calendar and other items in their first language.

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

- We saw that people's opinions, choices and preferences were sought throughout the day. There was evidence this was imbedded into the culture of the home, in everyday as well as significant decisions. For example, feedback had been sought on the porridge served at the home as it was not to some people's taste. Staff had arranged for several recipes and preparation methods to be tried to see which one people preferred. There had also been changes made to the cushions and what was available for supper based upon listening to people's views.
- People were involved in decisions about their care. For instance, one person who received care from their bed decided (with staff) to start accessing the communal areas to be able to socialise with people. Another person expressed a dislike for the equipment used when they were supported with personal care. They were supported to explore other types of support and after changes had been made told staff, "That was the best shower I have ever had."

Respecting and promoting people's privacy, dignity and independence

- People's care plans contained a record of what the person was able to and wished to do for themselves

independently. This dignified people and encouraged them to remain as independent as possible.

- People's privacy and personal confidential information was treated with respect.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Each person had an individualised care plan which included a 'This is me' document. This contained important information on people's background and preferences. Examples included the person's preferred name, closest friends and important relationships, places they have visited, their food likes and dislikes, faith and religious support needs and their hobbies and interests.
- Care plans also contained specific details that helped staff ensure people's needs and preferences were met as much as possible. For example, one person's care plan stated they liked to watch documentaries, history programmes and murder mystery shows on the television.
- If people have a specific support need there was a specific care plan to help staff be responsive to the person's needs. For example, one person had a 'long- and short-term memory' care plan.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were provided with information and communicated with in a variety of ways that were meaningful to them. We saw that some information was provided in a picture format, for other people staff explained information to them on an individual basis. Some people whose first language is not English were provided information by staff who had some knowledge of the person's language.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Each person had an activities profile which contained information on people's preferences, likes and enjoyments. People's families told us they thought the social activities available were responsive to people's needs. One family member told us, "I like that there seems to be things going on at the home and people are interacting. To see my dad getting involved is fantastic."
- Activities that supported people to maintain relationships included, visiting the cinema, evening drinks and board games, listening to visiting entertainers and interacting with entertainers, karaoke and quiz nights and getting involved in arts and crafts. In good weather people made use of the providers vehicles to visit local places. Some people also had individualised support to get involved in some activities.
- The home manager arranged for people to keep in touch with their families by video calls. Others went to a local church to participate in religious services and sing hymns and have lunch with others.
- The activities lead recorded what activities people enjoyed and which ones they chose to join in. This helped them plan future activities and to ensure all people's social needs and preferences were met as

much as possible.

Improving care quality in response to complaints or concerns

- Information was displayed on a notice board on how to raise a complaint with the provider. The home manager kept a record of any complaints and compliments received and their response to these.
- The home manager was responsive to people's complaints and concerns. We saw examples of changes at the home and to individual people's care and support resulting from complaints or concerns raised by people.

End of life care and support

- The home manager told us they worked alongside other healthcare agencies to provide responsive care for people at the end of their life. This helped prevent the need for people to move during this time, so they could be supported by staff familiar to them, if this was their preference.
- People were asked if they had any specific wishes for their end of life care. Also, when a person was nearing the end of their life an action plan was put in place to ensure they received appropriate care in line with their wishes.

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 service had not had a registered manager since January 2018.

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

At our last inspection the provider had failed to ensure that the systems in place to monitor the quality and safety of the service were robust and effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- This home is required to have a registered manager as a condition of its registration. A registered manager along with the provider is legally responsible for how the service is run and for the quality and safety of the care provided. Hilbre House has not had a manager registered with the Care Quality Commission since January 2018. This is a breach of the conditions of registration for this service, which will be considered separately to the inspection.
- The home manager told us they were intending to apply for registration with the CQC. They said that they had been supported by the provider since becoming the manager of Hilbre House.
- The home manager had overseen a series of improvements and had ensured staff were clear about their roles and were communicating effectively. We saw that communication among the staff team had resulted in effective and timely actions being taken.
- The home manager had completed a series of regular audits and checks of the safety and quality of the service provided for people. This included a documented manager's daily walk around which recorded issues identified and actions taken. These had been effective in ensuring improvements were made.
- The home manager held a series of meetings with staff; from which areas to improve were identified, recorded and action plans completed to help ensure improvements were made.

Continuous learning and improving care

- There were action plans which outlined areas the home manager was currently focusing on; this included areas of care planning, the environment and how staff were supported in their roles.

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

- The home manager had positive relationships with people and knew them well. They asked people about their families, knew personal details about people and engaged them in conversation. One person told us about the home manager, "She understands me." One person's relative told us, "The new manager always

has time for us."

- Staff told us the home had benefitted from the leadership of the new manager. One staff member told us, "They are good. We feel like we have a leader now. Any concerns, even simple things we can go to them. They are very approachable and always listen to us."

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

- The home manager and other staff were candid and honest about times when improvements needed to be made. They had been open and shared appropriate information as needed to help improve outcomes for people.

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

- People and their family members told us they felt listened to, consulted with and engaged by the home manager and other staff. One family member told us, "I am kept up to date with what is happening in my dad's care."
- There were regular residents and family meetings with a good attendance from people's family members. Feedback given by people and family members had led to changes being made at the home.
- People's opinions and those of their relatives and other visitors were also sought using satisfaction questionnaires. The feedback was mostly complimentary of the service provided. Any comments about improvements and themes were looked at by the home manager and acted upon.

Working in partnership with others

- The home manager worked collaboratively and built relationships with outside agencies to help them ensure people received responsive care and support that met their needs.