

Mears Care Limited

Hallwood Court Extra Care Housing Scheme

Inspection report

Bridge Street
Neston
Merseyside
CH64 9UH

Tel: 01244976023

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

An unannounced inspection took place on the 15 September 2016.

Hallwood Extra Care Housing is purpose adapted single household accommodation that is occupied under an agreement which gives exclusive possession of a home with its own front door to the people that live there. The accommodation is located in a building that also has a day centre which people from the local community can also attend. A kitchen provides meals to people living in the service if they so wish. The property is designed to enable and facilitate the delivery of personal care and support to people, now or when they need it in the future. The personal care service is provided by the staff based at the site and there are staff based at the scheme 24/7 who can deliver care in an emergency.

At the time of the inspection, the registered provider was delivering around 220 hours of support to people living in 17 apartments.

There was a registered manager with the Care Quality Commission (CQC) but they intended to relinquish this position. The service now has a new manager whose application for registration has been submitted to the 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 last inspection on 7 and March 2016, we found that the registered provider was not meeting legal requirements and there were a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider sent an action plan informing us of what changes they intended to make. On this inspection, we found that most of the improvements had been achieved.

Improvements had been made to the safety of care provided to people. We found that the records kept of medicines administered by care workers had improved and that people received their medicines as prescribed. Further improvements were required to ensure that risks to people's health and safety were identified and appropriate management plans put in place.

Whilst some improvements had been made to the monitoring of the quality and safety of the service, a more robust oversight of this process was required to ensure that all shortfalls were identified and acted upon.

The registered provider had sent a quality questionnaire to everyone who received a service and the results of this were in the process of being analysed: positive feedback had been received. Meetings with people who used the service had been set up to seek their opinion and to keep them informed of any proposed changes. People knew how to make a complaint and were confident in this being responded to.

People said that the support they had from staff was excellent and that they were treated with dignity, respect and kindness. People continued to receive their care from the same consistent group of staff who

knew them well and met all their physical, emotional and social needs. People were supported to participate in social activities or to attend lunch together. Continued improvement was required to ensure that records better reflected and identified the needs of individuals.

Safe recruitment procedures were followed and staff had the relevant checks from the Disclosure and Barring Service. Staff had received, or had planned, supervision and appraisal. People had received refresher training and direct observations to ensure that they remained skilled and competent. The policies and procedures to support staff in their work had been updated and were accessible for on-going guidance.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Is the service safe?

We found that action had been taken to improve safety.

Accurate records were being kept of medicines administered and risks to people were minimised.

Information was available to staff about the risks associated with health conditions. However, this needed to be used to inform individual risk assessments and support plans.

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

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

We could not improve the rating because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service effective?

Is the service effective?

We found that action had been taken to improve the effectiveness of the service.

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

Staff were aware of the Mental Capacity Act 2005 and the manager was assisting them to understand the implications of this upon their day to day work.

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

We could not improve the rating because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection

Requires Improvement ●

Is the service caring?

Good ●

The service was caring.

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

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

Staff had a strong desire to provide a good quality service.

Is the service responsive?

Good ●

The service was responsive.

People received the support from staff who were consistent and who took time to get to know them. Staff provided flexible and responsive care.

Staff knew people's needs and responded to them as individuals. Not all care plans contained the detail of information to enable staff less familiar with a person, to provide individualised care.

There was a complaints procedure in place. People informed us that they had no concerns or complaints.

Is the service well-led?

Requires Improvement ●

We found that action had been taken to improve how the service was well led.

There was a manager to provide day to day help and support to the service.

There was an audit in place and this was used to check on the overall quality of the service. People had been asked for their opinion on the support they received.

Staff and people who used the service were kept up to date with changes to the service. Staff was kept up to date with changes to policy and procedure.

We could not improve the rating from inadequate to good because to do so requires consistent good practice over time. We will check this during our next planned comprehensive

inspection.

Hallwood Court Extra Care Housing Scheme

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection team consisted of an adult social care inspector. The inspection took place on the 15 September and was unannounced.

Before the inspection we reviewed all of the information that we held on the service including; notifications, questionnaires, safeguarding and complaints.

Prior to the inspection, we contacted the commissioners of the service and the local safeguarding unit to seek their views upon the service. We had no information of concern raised with us.

We spoke directly with seven people who received a personal care service. We viewed five people's records relating to their support and medication management.

We had the opportunity to speak with the manager, three staff members and also attended the team meeting. We looked at a variety of records which related to the management of the service such as surveys, policies, recruitment, staff supervision, training records and quality audits.

Is the service safe?

Our findings

People who lived at Hallwood Court told us that the support from the staff made them feel "Safe" and that it was "A relief to know that someone was always in the building to help in an emergency".

At the last inspection on 7 March 2016, we asked the provider to take action to make improvements to the management of medicines and this action has been partially completed.

Staff supported a number of people with the ordering, administration and disposal of medication. People commented "Staff are excellent at making sure I take all my pills" and "I could never get my cream on my back so the staff are a godsend."

Staff provided varying degrees of support to a number of people in regards to the ordering, administration and disposal of medication. There was a process in place for staff to follow to assist them to do this safely and staff were provided with an appropriate level of training.

Some medicine administration records (MAR) were handwritten but did not always record the signature of the member of staff who completed it and had not been countersigned by another member of staff. This safety check would help to assure accuracy of the information recorded.

Some medications are prescribed to be given "as needed or as the situation arises" (PRN). Previously, we found there was not enough information available to guide staff as to when PRN medicines should be given or offered. Improvement was still required. There was still not enough information available in the care plans to guide staff as to when PRN medicines should be given or offered. Where a variable dose was prescribed staff did not record in the same place how much medicine was given. Some staff wrote on the MAR whilst others recorded this in daily notes. It is important that this information is recorded consistently ensure people are given their medicines safely.

Staff documented the level of intervention required for each person and this corresponded to the support plan. The manager informed us that the support provided was being reviewed to identify whether people could be further supported to become more independent with aspects of medication management such as ordering or administration.

Records in relation to the medicines administered were kept but these were now subject to regular review to ensure the arrangements were effective. Improvements had been made to the way that Medication Administration Records (MAR) were completed and from the five records we looked at, it was clear that people had received their medicines as prescribed.

At the last inspection on 7 March 2016, we asked the provider to take action to make improvements how they assess, monitor and mitigate the risks relating to people who used the service. We found that this action was partially completed.

The registered provider had risk assessments in place for the hazards that staff could face in their day to day work. A standard risk assessment covering areas such as mobility, nutrition and safer handling and evacuation was in place to support staff in addressing a person's support needs. The registered provider was in the process of updating these to ensure that they contained sufficient information for staff, who may not know a person well, to deliver care safely.

Following the last inspection, the registered provider issued guidance notes for staff on the monitoring of health condition such as diabetes or risks associated with specific medicines. We found that these were available for staff within the person's care folder. However, this information was not reflected in their support plan and risk assessment. This meant that staff may not have considered the relevance of this information to the individual and how it may affect the support required.

The registered provider had a system in place for the recording of accidents and incidents which staff adhered to. The manager told us that this information was sent to head office and staff there reviewed the information to identify any themes and trends. We identified, from the safeguarding return sent to the local authority, that one person had sustained a number of falls. This increased risk was not reflected in their risk assessment and there was no management plan in place. Discussion with staff highlighted that the pattern and risk had been identified and appropriate action taken to mitigate the risks as far as possible.

We recommend that the registered provider ensure that risk assessments and management plans reflect the actions taken by staff.

Staff met people's assessed needs in a timely manner and there were enough staff on duty. Changes had recently been implemented in how staff were deployed throughout the day to make the best use of their time. Staff were provided with rotas that outlined what support they were to provide, to whom and at what time.

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

We checked recruitment procedures at the service during the last inspection and found that the registered provider had policies in place to support safe recruitment for all new staff. Staff working within the service had transferred from another service and there had been no new starters. We saw that the registered provider had completed a new Disclosure and Barring Scheme (Police check) check when the staff transferred. No new staff had started since the last inspection.

The housing provider was responsible and maintained overall responsibility for the health and safety of the premises. The registered provider highlighted issues of concern directly to them to ensure that the premises were maintained. Issues had been identified regarding the security of the premises, access to individual apartments and communal areas and general upkeep.

A Fire risk assessment had been carried out and the service had recently been inspected by the fire service. Some minor remedial actions had been identified which were being addressed. Each person also had a personal evacuation plan in place in case of an emergency to establish what help and support they would require to leave the building and we saw that these were reflective of a person's needs.

Is the service effective?

Our findings

People said that the service was effective in meeting their needs: and exceeded expectations. Comments included; "Staff know me well and what I need" and "I had heard the staff here were good but they are not: they are excellent".

At the last inspection on 7 March 2016, we asked the provider to take action to make improvements to how it supported staff. This action had been completed

Staff told us that they had support from the senior care staff member and could go to them with any worries or concerns. There was also a manager now in place that was available at the service. Supervisions and appraisals had taken place for the majority of staff and those outstanding were planned.

There was an induction programme for new staff that met the requirements of the Care Certificate. This is a set of fundamental standards that social care workers should adhere to in their daily working life. New staff recruited would undertake this training.

The registered provider had a training programme for staff that covered all of the key aspects of the role. Training was a combination of e-learning/ distance learning modules and face to face sessions. The registered provider maintained a record of staff training that had been completed as well as that pending; so they were aware of the requirements for all staff. 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. Staff had received refresher training in key areas but had also carried out new or additional training. It was expected that from appraisals further training needs would be identified and discussed with the manager or registered provider.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA and found they were.

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. Where people live in their own homes, in the community, applications must be made to the Court of Protection. At the time of inspection no one was being deprived of their liberty and no applications had been made to the Court of Protection.

There was a policy regarding how to implement and adhere to the MCA and staff had signed to say that they were aware of it. Staff had recently completed distance learning and work books on MCA and the manager had encouraged staff to put this into practice.

At the last inspection, the majority of people received medication from the staff and they had signed to say

that they consented to this. However, each person had their medication stored in a locked cupboard to which only the staff had access. On this inspection, we found that people had open access to their own medicines cupboard. Not all risk assessments or support plans were yet to be updated to reflect this change or the rationale behind the decision.

The manager had identified other practices that could be seen as a restriction on a person liberty, such as the bolting of outside doors at night. This had been addressed and had now ceased.

We saw that people were offered choice and that they consented to their care. People told us that staff always asked their permission and consent in decisions around their care and support. Comments included "Staff always ask me before they do anything" and "They will always check before they do something". We found that improvements were still required to ensure that records reflected a person's mental capacity and how cognitive impairment could potentially impact upon decision.

If unable to make a meal for themselves, people could purchase a meal from the kitchen or, if part of their support plan, staff assisted with this. The staff supported people to ensure that they ate and that their dietary intake was good. Following a consultation with people who used the service, the opening hours of the kitchen had been extended to include a brunch on a Saturday and a roast dinner on a Sunday. People were very pleased at this change and felt it further improved their nutritional and social needs.

People told us that staff contacted health and social care professionals to ensure their needs were met. Support 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.

Is the service caring?

Our findings

People who used the service told us that "Staff are great and don't let anyone tell you different", "They are ace" and they are "My second family".

One person told us that they had chosen Hallwood Court based upon its reputation within the village; and they were pleased with their decision. They said "I can run my life just as I want to do, have my independence but the assurance of help at hand." Another person said "The staff almost want to do too much for you; I have to remind myself that I must try to do for myself and not be lazy to let the staff do it for me!" This positive view was shared by all the people we spoke with.

People told us that staff took time to talk to them and to get to know them well. They said they were reliable and trusted them. One person commented: "They are nearly always on time but if not, I know they are in the building, and due soon. Some people had periods where, due to mental or physical frailty, they became more anxious. They told us that the staff were "Reassuring". People saw this support as being invaluable and central to their ability to manage in their own accommodation.

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

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

A lounge area had been developed for people to have a communal space aside from the foyer area. One person told us that "It's good to be able to come down and see others as I get lonely on my own". Another person said "I have friends in the building and the staff help and encourage me to go to see them".

People had been given a service user's guide when they started receiving care from the service. This contained information regarding what they could expect from the service and how they would be cared for.

Records were kept within locked cupboards and were available only to those people that required them. However, staff need to ensure that the office door is locked when it is not occupied. This is because there was a risk that personal information could be accessed by people within or visitors to the service.

Is the service responsive?

Our findings

People told us that the staff was quick to respond and to meet their needs. Comments included; "It is reassuring to know that there is regular and reliable help", "The staff are here in a flash if I call them" and "When you are not feeling well, it's good to know you can ask for more help".

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

One person told us "I cannot recall in all the years I have lived here, ever not getting the help I need." People said that the staff were prompt and reliable. If [on the rare occasion] they were going to be late, people said that staff would call or pop in just to let them know that they would be back as soon as possible

Staff were aware of people's preferences and their care package was tailored to meet those needs. Staff told us that people tended to tell them what they wanted them to do or they already knew them well. People had a support plan that indicated at what times of the day they would receive their support, what tasks would be completed and the duration of their call. The plan was set out laid out as a series of tasks to be accomplished and did not always take account of people's personal preferences or routines. These were currently under review to make them more individual so that staff, less familiar with a person, would be able to provide support required. We looked at two that had been completed and saw that improvements had been made.

The manager informed us that a review was being undertaken of all current provision. It had become evident that staff occasionally undertook tasks that were not part of a commissioned support plan; such as extra laundry, check calls or attendance at medical appointments. Staff told us that they sometimes struggled to carry out the tasks within the time commissioned by the local authority but always ensured that a person's needs were met even if it meant additional time. One staff member said "These are people at the end of the day and they deserve a good service and more than me rushing to do everything in 15 minutes". This issue was further addressed at the team meeting and staff reminded of the need to request a review of the care package if someone constantly needed more time.

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

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 formal concern or complaint about the service. However they were aware of how to do this and told us would have no hesitation in doing so.

Is the service well-led?

Our findings

People informed us that they were happy with the service provided by the care staff. Comments included, "It is excellent" and "You would not get better care anywhere else".

At the last inspection on 7 March 2016, we asked the provider to take action to make improvements how they assessed and monitored the quality and effectiveness of the service. Satisfactory progress had been made in regards to this.

On the 9 August 2016, the registered provider had carried out an overarching review of the action plan it sent to CQC following the last inspection. They identified that whilst most actions had been fully completed some had not. They requested these be done by 19 August 2016. We found that most actions from this audit were partially completed.

At the last inspection, we found that there was a registered manager for the service but they played no active role in its management. This had impacted upon the service and the support to staff. A new manager has been appointed who has experience of managing an extra care housing service. Her application for registration has been submitted to the CQC and is in the process of being considered. Staff felt positive about the current management and hoped that they would have some stability and direction in the forthcoming months.

Following the last inspection, we had discussions with the registered provider as they had been providing respite care. This was a regulated activity for which they were not registered with the CQC to provide. The registered provider subsequently made the decision stop providing that service.

There was a series of audits in place to monitor the overall quality and safety of the service. These were to be completed by the registered provider, manager and senior care staff. This included the auditing of service user records including communication logs, medication administration records (MAR) and finances. Audits had been delegated to the senior member of staff who was doing these on a monthly basis. We found that the audits were not fully effective in highlighting concerns. In some instances senior care staff were auditing their own documentation and so this was not a fully independent view. The outcome of audits and the findings were not analysed so that actions required could be integrated into staff training, team meetings and personal development plans.

We recommend that the registered provider evaluate the audits to ensure they are robust, effective and that action plans are developed as the result of any shortfalls highlighted.

No statutory notifications had been received by the CQC since the last inspection; our visit did not highlight any issues that had required reporting. From discussion, it was demonstrated that the manager was fully aware of her duty and responsibility to report key events that affected the service or the people that used it.

At the last inspection, we observed that people who used the service, relatives and professionals viewed the

service as the residential home it once was. The distinction between extra care housing and residential care was not clear to most people that we spoke to. On this inspection, we found that the manager was working with all concerned, including the staff group, to manage people's expectations of the service that could be provided.

Meetings had been set up with people to discuss the overall service provision at Hallwood Court and this included the support delivered by the staff. This opportunity had been used by the manager to reiterate to people what they could expect from the staff in terms of planned support and emergency response.

People who used the service had been given the opportunity to share their opinions and views on the service provision. The responses had not yet been analysed but the aim was to complete this as soon as a system called One Touch had been installed. We reviewed the completed questionnaires and saw that the respondents of all those submitted expressed satisfaction with the service.

Changes were being made to the provision of care as well as the overall environment. The manager was addressing the anxieties of people who used and the service and staff in regards to this. Staff acknowledged that they were apprehensive about some of the changes being made by the registered provider and how it affected them both personally and professionally.

Team meetings were in place in order for management to communicate formally with staff and to give them an opportunity to discuss matters of concern. We attended a team meeting on the day of inspection which confirmed that this was a forum of open and transparent discussion. The manager clearly set out the expectations of the registered provider within an extra care housing service.

Staff supervision and appraisal had taken place and the service was moving towards using an electronic system called "Staff plan". This would eventually allow the service to run reports including who is due supervision, appraisal or direct observation. The registered provider and manager would then be able to have a greater oversight of the matters relating to staff.

There was a policy folder available for staff to refer to in order for them to ensure that they were following due process and best practice. Following the last inspection, this folder had been updated and was accessible in the office. Time was given to allow staff to read and to sign to confirm their understanding of the registered providers policies and procedures.

The service had displayed its rating from the last inspection in line with legal requirements. The consent of the report had also been shared with those who used the service and highlighted at a meeting held for people who used the service on the 24 May 2016.