

Hilbre Care Limited

Hilbre House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 6 February 2018 and was unannounced.

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. Hilbre House is registered to provide accommodation and personal care for up to 22 people. At the time of the inspection there were 15 people living in the home.

We carried out an unannounced comprehensive inspection of this service on 12 and 15 December 2017. Breaches of legal requirements were found in relation to the safety of the environment, management of medicines, risk management, staffing and the management of the service. The service was rated as inadequate and placed in 'special measures.' Following the inspection, CQC used its urgent powers to keep people safe. The provider made an appeal against this action which was upheld as we found that action had been taken to minimise the risks identified at the last inspection.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the identified breaches of regulations. We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hilbre House on our website at www.cqc.org.uk.

The previous registered manager had recently left the service. A new manager had been appointed and was in the process of registering with CQC. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the service is run.

In December 2017 we found that medicines were not managed safely as they were not stored safely. During this inspection we saw that improvements had been made and medicines were now stored securely. The provider was no longer in breach of regulation regarding this.

During this inspection we found that actions had been taken and risks regarding the environment had been resolved. New window restrictors had been fitted as required to most windows, the linen cupboard had been de-cluttered and chemicals were stored securely.

A new call bell system had been fitted and was available in each person's bedroom and en-suite bathroom. This meant that people living in the home had a means of calling staff if they required support. The provider had made improvement to the safety of the environment and was no longer in breach of regulation

regarding this.

During this inspection we found that steps had been taken to begin addressing all concerns regarding risk management that we identified at our last inspection and some had been fully completed. New evacuation equipment was available and this was reflected within people's personal emergency evacuation plans. However, the new fire risk assessment and emergency evacuation procedure were not yet available.

During the last inspection concerns were raised that people had been admitted to the home with assessed nursing needs, which the provider is not registered to provide. During this inspection we found that a new admission procedure had been put into place to help ensure all people who moved into the home had their needs assessed to ensure they could be met. The provider was no longer in breach of regulation regarding this.

A staffing analysis system had been implemented to help establish how many staff were required to be on duty. As a new call bell system had also been installed, this reduced the risk of people not having their needs met in a timely way. The provider was no longer in breach of regulation regarding this.

Since the last inspection, ten staff had completed safeguarding training. This helped to ensure that staff could recognise any potential signs of abuse and report their concerns appropriately.

At the last inspection we found that identified actions for improvement were not always addressed. During this inspection we saw that recommendations from external audits had been implemented and most, although not all, concerns we identified at the last inspection had been addressed.

Systems had been implemented to ensure that staff had access to the management team out of hours should any advice be required.

Policies and procedures were in place to guide staff in their role. Regular staff meetings were also held and staff were encouraged to share their views.

Ratings from the last inspection were displayed within the home and on the provider's website as required.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Risk management systems had been improved but some actions had not been fully completed.

Steps had been taken to ensure the environment remained safe.

Medicines were managed safely.

There were sufficient staff on duty to meet people's needs.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Most issues identified through external audits had been addressed, but not all actions had been fully completed.

Systems were in place to ensure staff had management support out of hours.

Policies and procedures were in place to guide staff in their role.

Regular staff meetings were also held and staff were encouraged to share their views.

Hilbre House

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. We undertook this focused inspection to check that the registered provider had followed the plan of actions they had submitted to us to show how they would address risks identified at the previous inspection and to confirm that they now met legal requirements.

This inspection took place on 6 February 2018 and was unannounced.

The inspection team included an adult social care inspection manager and an adult social care inspector.

Prior to the inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the Local Authority and the local Clinical Commissioning Group to get their opinions of the service.

We used this information to plan how the inspection should be conducted.

During the inspection we spoke with the manager and provider. We reviewed records from one person's care file as well as three preadmission assessments for people waiting to move into the home. We looked around the home at the safety of the environment and observed interactions between staff and people living in the home.

Is the service safe?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 12 and 15 December 2017. During that inspection the provider was found to be in breach of regulations and the safe domain was rated as 'inadequate.' The breaches were in relation to staffing, the management of medicines, risk management and the safety of the environment.

During this inspection we looked to see whether improvements had been made and we found that action had been taken to address the areas of concern raised at the previous inspection.

In December 2017 we found that medicines were not managed safely as they were not stored safely. During this inspection we saw that key code locks had been fitted to two doors leading to the clinic room where medicines were stored. A lock was in the process of being fitted to the clinic room door at the time of the inspection. This meant that medicines were stored securely.

At the last inspection we found that medicines were stored in two rooms and the temperature of one of these rooms was not monitored. If medicines are not stored at the right temperature, it can affect how they work. During this inspection we found that there were no longer any medicines stored within the room that was not temperature controlled. This showed that improvements had been made and the provider was no longer in breach of regulation regarding this.

At the last inspection we saw that the environment was not always safely maintained. During this inspection we looked around the home and saw that actions had been taken and risks regarding the environment had been resolved. For example, we saw that new window restrictors had been fitted as required to some windows and others were waiting to be fitted. Those windows without restrictors were locked and required a key to open them. This meant that windows were secure and people were no longer at risk of falling from height. The manager was aware of the guidance regarding window restrictors and had created a risk assessment to establish whether people were at risk of falling from height. These were in the process of being completed. This meant that risk regarding falls from height had been minimised.

In December 2017 we found that the linen cupboard posed a fire safety risk as it was overfilled and the door was not kept locked. During this inspection we looked at the linen cupboard and found it had been de-cluttered. Linen was stored neatly on the shelves and the door was locked. A smoke detector was also installed within the room. This showed that concerns regarding this room had been addressed and risk to people had been reduced.

We also saw that risks regarding unsafe storage of chemicals had been addressed. For example, cleaning chemicals were stored in a cupboard on the first floor and we found that the cupboard had a key code lock in place and chemicals were secure. This meant that vulnerable people no longer had access to chemicals that could cause them harm.

At the last inspection we found that not all people had access to a call bell. During this inspection we saw

that a new call bell system had been fitted throughout the home. A call bell was now available in every bedroom and en-suite bathroom. Staff had pagers which alerted them which call bell had been activated to enable them to respond in a timely way. For people that were unable to use call bells due to memory difficulties, sensor mats were available. These would alert staff if a person at risk of falls mobilised in their room, enabling them to attend the room and offer support to help prevent falls. This meant that people living in the home had a means of calling staff if they required support.

The provider had made improvement to the safety of the environment and was no longer in breach of regulation regarding this.

In December 2017 we found that risk was not always assessed and managed appropriately. For example, systems in place regarding emergency evacuation of the home were not safe. During this inspection we found all concerns had been actioned, although not all had been fully completed. For instance, the manager told us they had employed the services of a qualified person to rewrite the emergency evacuation procedures and the fire risk assessment. However, these had not been completed at the time of the inspection and the manager told us they would be available within two weeks. Fire safety training had been arranged for staff and was due to be completed later this month.

Since the last inspection, the provider had purchased and put in place, equipment for staff to use to assist people to evacuate the home in the event of an emergency. For example, we saw two evacuation sledges stored on the staircases and the manager told us two more were due to be delivered. For people who spent their time in bed, emergency evacuation sheets had been fitted under their mattresses. This enabled staff to support these people to evacuate quickly if needed.

We looked at the personal emergency evacuation plans (PEEPs) in place. We saw that for one person who would require the use of evacuation equipment, this had been clearly recorded within their PEEP. This meant that staff had access to information about how to best support people in the event of an emergency.

During the last inspection concerns were raised that people had been admitted to the home with assessed nursing needs, which the provider is not registered to provide. During this inspection we found that although no people had been admitted to the home since the last inspection, the manager had completed a number of detailed and robust preadmission assessments. This showed that people's needs were identified prior to them moving into the home, to ensure they could be met safely. The showed that action had been taken to improve the service and risk had been reduced.

Improvements had been made and risk was assessed and managed well. The provider was no longer in breach of regulation regarding this.

At the last inspection, we found that there were not always enough staff on duty to meet people's needs in a timely way. During this inspection we found that the manager had reviewed the needs of people living in the home and implemented a staffing analysis system. This provided basic information as to how many staff were required each day. As a new call bell system had also been installed, this reduced the risk of people not having their needs met in a timely way. For example, at night there were two care staff on duty to support people over three floors of the home. This meant that at times, there would be no staff available on one or two of the floors. As systems were now in place to enable all people to summon staff support when they required it, this risk was reduced.

Staff knew people they were supporting well as they had worked at the home for a number of years. The manager told us that existing staff covered any sickness or holidays and they did not need to use agency

staff.

The provider was no longer in breach of regulation regarding this.

Since the last inspection, ten staff had received updated safeguarding training. This helped to ensure that staff could recognise any potential signs of abuse and report their concerns appropriately.

The provider had the same policies and procedures in place that we viewed at our last inspection, such as a whistleblowing policy. This helped to encourage staff to raise any concerns without fear of repercussions. The provider also had systems in place to help ensure people were not discriminated against regardless of their age, sex, disability, gender reassignment, marital status, race, religion or belief or pregnancy, as required under the Equality Act 2010. For example, the manager told us that a person due to move into the home did not speak English as their first language. We saw that this had been considered within their pre admission assessment, to ensure the service could meet their needs effectively.

During this inspection we saw that the provider had taken action in a timely way to address concerns that had been identified at the last inspection. This meant that risk to people had been reduced and systems had been implemented to prevent recurrence of previous issues.

The home was clean and well maintained and decorated to a high standard. We saw that personal protective equipment was available for staff to use and hand sanitiser was available for all people to use to help prevent the spread of infection.

During the last inspection we found that staff were recruited safely and accidents and incidents were managed well. We did not review these areas during this inspection.

Is the service well-led?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 12 and 15 December 2017. During that inspection the provider was found to be in breach of regulations and the well-led domain was rated as 'inadequate.' The breaches were in relation to systems in place to monitor the quality of the service.

At the last inspection we found that identified actions for improvement were not always addressed. During this inspection we saw that improvements had been made in this area. For example, recommendations from a recent fire safety inspection had been implemented and so risk to people had been reduced. We also saw that most issues raised during our last inspection had been addressed or were in the process of being addressed. For example, evacuation equipment had been purchased and locks were in the process of being fitted to the medicine room door. This showed that the provider had acted on identified concerns in order ensure the environment remained safe for people living in the home.

However, due to the amount of time passed since the last inspection, not all identified concerns had been fully actioned, although they were in process. For instance, the unsafe emergency evacuation procedures had been removed from public areas and the manager told us an experienced professional had been contracted to rewrite these, as well as the fire risk assessment; but they were not yet available. We also found that staff had still not completed fire safety training, but this had been scheduled for later in the month.

Although improvements had been made since the last inspection, further work was required to ensure all areas of concern had been fully addressed.

At the last inspection we raised concerns regarding the management system within the home. Since the last inspection the registered manager had resigned from their post. A new manager had been appointed and they were in the process of applying to register with CQC. We spoke with the new manager who was clearly aware of their responsibilities and described systems they planned to implement to help ensure they had full oversight of the quality and safety of the service. This included the development of a new schedule to ensure all audits and checks were completed on set days. This would enable all members of the management team to be aware of when audits were due which would help develop good oversight of the quality and safety of the service.

The manager also told us they would be the person on call out of hours and staff had been made aware of this. This meant that staff would know who to contact if they required support during these times.

At the last inspection we found that CQC had not been notified of all incidents and events that had occurred within the home in accordance with our statutory requirements. Since that inspection there have not been any incidents that the provider was required to inform CQC about.

The provider had policies and procedures in place to guide staff in their role and ensure they were aware of

their role and responsibilities. Regular staff meetings were also held which enabled staff the opportunity to provide feedback regarding the service and help ensure they were kept updated regarding any changes within the home.

Ratings from the last inspection were displayed within the home and on the provider's website as required. From April 2015 it is a legal requirement for providers to display their CQC rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.