

Hickam Healthcare Ltd

# Messenger House

## Inspection report

73 Messenger Road  
Smethwick  
Birmingham  
West Midlands  
B66 3EB

Date of inspection visit:  
13 November 2019

Date of publication:  
20 December 2019

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

Messenger House is a residential care home providing accommodation and personal care for up to four people. At the time of the inspection three people were receiving support. The home supports people with various needs including learning disabilities or autistic spectrum disorder.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives.

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

The systems in place to monitor the service were not always effective and had not always identified where improvements were needed. Recruitment processes were not always effective in ensuring staff were suitable for the roles. Medicines audits had not identified where the stock count was incorrect.

People felt safe. Staff had good knowledge of safeguarding processes. Care plans and risk assessments were up to date and reviewed regularly. Staff had good knowledge of people's care and support needs.

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.

People were treated with kindness and compassion. People felt well supported and listened too. People were treated with dignity and respect.

People's communication needs were met. People were supported to take part in activities they enjoyed. People's personal preferences were identified in their care plans. People were supported and encouraged to be part of the community.

People and staff had confidence in the registered manager. There was good involvement with community professionals. People were involved in decisions about their care.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 27/11/2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service 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** ●

# Messenger 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

The inspection was carried out by one inspector.

#### Service and service type

Messenger 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who lived at the home and used different methods to gather experiences of what it was like to live at the home. We observed care to help us understand the experience of people who could not talk with us. We spoke with four members of staff including the registered manager, clinical lead, and care workers.

We reviewed a range of records. This included three people's care records and two people's medication records. We looked at three staff files in relation to recruitment, 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 to validate evidence found. We looked at training data and action plans.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Recruitment processes were not always effective in ensuring staff were suitable for the roles prior to commencing their employment. Staff's disclosure and barring checks (DBS) had come from previous employers and the registered manager was not able to demonstrate they had assessed any potential risk this may cause. We discussed this with the registered manager. They confirmed all staff had been asked to apply for a new DBS, just prior to the inspection. There were gaps in employment history that did not have an explanation, this meant the registered manager had not explored why people may have been unemployed. After the inspection the registered manager told us all staff had now disclosed a full working history and sent us an action plan showing they were working through staff files to ensure all the relevant information was present.
- People told us there were enough staff to meet their needs, one person said, "There is always the right [number of] staff and [registered manager] is here if we need her." We observed plenty of staff on the day of inspection and the staff team did not raise any concerns over staffing levels.

### Using medicines safely

- We checked the balance of medicines stored in boxes. We found one example where the stock of tablets did not balance with what should have been left. We discussed this with the registered manager, and after the inspection they told us they were able to identify extra stock had come into the home but had not been recorded on the medicine administration sheet. They concluded there had been no administration errors.
- People knew what medicines they were taking and said they were managed in a way that suited them. One person said, "I have medicine I can take to help me when I am upset. I will ask for it if I need it. Sometimes staff ask if I need it and I decide."
- The registered manager and clinical lead were the only staff who administered people's medicines. Some staff had undertaken medicines training in their previous roles and were undergoing refresher training while other staff were completing medicines training. The registered manager and clinical lead were on site every day to give people their medicines and available out of hours if someone needed 'as required' medicines. Written guidance was in place to make sure people received 'as required' medicines when they needed them and in a safe way.
- There had been one occasion where the registered manager had dispensed someone's medicines then gone off site and allowed a staff member to give the person their medicines at a later time. This is not in line with good practice guidance and could lead to errors in administration. We discussed this with the registered manager who said this was a one-off incident.
- Medicines were reviewed with relevant health professionals where needed. The registered manager had identified a change of need for one person and requested their medicine be reviewed. This had resulted in a

change to the person's prescribed medicine.

- We observed good practice when people were given their medicines. For example, asking people if they were ready for their medicines, and ensuring people had a drink to take their tablets.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and staff supported people to stay safe in the home. People said, "Yes I feel safe" and, "I definitely feel safe here."
- People were protected from potential abuse and avoidable harm by staff that had regular safeguarding training.
- Staff knew what signs of abuse to look out for and could tell us their responsibilities and the correct procedure to report concerns. A staff member said, "I would report any concerns to my manager or to you, the regulator."

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce risks, for example choking risks and distressed behaviours. Care plans and risk assessments contained guidance for staff to follow to keep people safe.
- Fire safety checks had been carried out and regular checks of equipment were in place. Emergency plans outlined the support people would need to evacuate the building in an emergency and staff and people knew what to do in an emergency. One person said, "We have fire alarms. If there was a fire, I'd leave."
- Systems were in place for all accidents and incidents to be reviewed. The registered manager identified any patterns and trends to ensure people were safe and any future risk was reduced.

Preventing and controlling infection

- Staff had received training in infection control and were able to tell us what equipment they needed. Staff were observed using personal protective equipment and we saw adequate stock was in the home. This prevented infections from spreading.

Learning lessons when things go wrong

- The registered manager told us people had only moved into home very recently, so they were still lots to learn. They were able to give us an example of situations where a person had become unexpectedly upset, due to a new situation and environments. The registered manager told us they had then learnt from this and discussed with the person and staff team how to prevent this happening again in the future.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to them moving into the home. People told us they had a transition period where they could visit the home and meet the staff. One person said, "I came for a couple of weeks to see if I liked it. I did day visits and stayed overnight then moved in. It was good for me." This ensured people's needs could be met before they moved in.
- Care records showed people's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.

Staff support: induction, training, skills and experience

- People's needs, and preferences were met by staff who knew them well. One person said the staff were "really really good".
- Training records showed staff had completed, or were currently working through, training relevant to their role. This ensured they had the relevant knowledge and skills to meet the needs of the people they supported.
- Staff were inducted in to the home. One staff member said, "I was inducted. I got to know the building layout, fire plans, and care plans. I feel this was enough and I feel confident."

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

- People were encouraged to eat a healthy and balanced diet. A staff member told us, "I'm really proud of everyone here, people often choose chips but yesterday we suggested cooking pasta and meatballs together and people really enjoyed it. It was great."
- People were encouraged to be involved in planning their meals, shopping and cooking. One person told us they had not had the opportunity to do this before, they said, "I choose what food I want ... I never used to do anything in the kitchen as it was locked [where I used to live]. I'm getting used to doing things for myself."
- Where people had undergone assessments from health professionals in relation to their food and fluids, we saw staff were following the guidelines.

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

- We saw some people had discussed, as part of their assessment and care planning, what type of environment would benefit them and support their sensory needs. We observed Messenger House met these needs.
- The communal areas of the home were spacious and enabled people to have time alone or socialise

together.

- People's bedrooms were personalised with their own items to reflect their own personal choices.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to manage their health needs and supported them to access the necessary healthcare services. People told us they were supported to visit their GP and other health professionals where needed. This ensured people's day to day health and wellbeing needs were met.
- People told us, and records showed, there was involvement from a variety of different professionals which included; podiatrist, psychiatry, psychology, and speech and language.
- People were new to the home so hadn't yet visited the dentist. People told us they were planning to do this. One person said, "I haven't been yet but I'm planning to go. [Registered manager] has talked to me about it because I'm scared. We have decided that I won't know I'm going until the day [this will help me]."
- Oral health care plans required more detail about what support people needed to maintain good oral health. However, staff understood what support people required and could tell us how they supported and encouraged people.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us they made their own day to day decisions. One person said, "I decide each day what I do" and, "I don't have to do anything I don't want to." We observed staff offering people choices and respecting their decisions.
- DoLS applications had been made for people who required them. There was information in people's care plans around likes, dislikes and choices.
- Staff had a good knowledge of the MCA and we saw staff received training in this area.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 were treated with kindness and compassion by the staff. One person said, "The staff are lovely" another person said, "I had flu and [registered manager] went out and got me a burger to make me feel better, I like burgers." We observed positive interactions between staff and people throughout the day and people seemed relaxed with staff.
- People were made to feel like they mattered by the staff. One person said, "They listen to you when you are upset." This showed the staff were promoting compassionate, empathetic respectful care.
- People's records included details of life histories, religious beliefs and wishes and preferences. This enabled staff to use this information to provide personalised care.

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

- People felt well supported and listened to. One person said, "They sit with you and they listen to you" and, "There is never anything they do that I don't like."
- People were encouraged to express their views make day to day decisions, for example, what they ate, what they wore and what they did. One person said, "Yes, I choose all my activities ... I choose my food and my drinks." This demonstrated staff delivered individualised care.
- Care plans contained details of external people who were involved in people's care, for example advocates, appointees, family and friends. This enabled people to have access to support outside of the home if they needed it.

Respecting and promoting people's privacy, dignity and independence

- Peoples records were stored in a locked cabinet which ensure personal information was only available to people who needed to see it. However, when the registered manager was off site, staff were not able to access locked cabinets. We discussed this with the registered manager who said they would ensure people's records were accessible to the staff at all times.
- Staff ensured information relating to people was communicated in a private setting, this ensured confidentiality was maintained.
- Staff treated people with dignity and respect. People told us staff knocked on their bedroom doors and asking if it was ok to enter, we observed this happening.
- People were supported and encouraged to be independent. A staff member said, "We always encourage people to do things for themselves."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us, and records confirmed, they were involved in their care planning. One person said, "[Registered manager] sat in the office with me and we typed the care plan together. I think it's really cool that [registered manager] writes exactly what I say. That's good isn't it."
- People's care plans contained detailed information about how they liked to be supported. They included people's likes and dislikes and things about them such as 'I am a clever, happy, outgoing person, I like to have a laugh'. This showed care plans were individualised and tailored to each person.
- People's care plans held information regarding their personal preferences, life history, religious beliefs and people who were important to them. This enabled staff to have up to date information about people's personal preference.

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.

- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). Information was made available to people different formats including easy read documents.
- Where people were not able to verbally communicate, we observed staff using communication methods the person understood such as Makaton and showing them different items for them to choose from. Makaton is a type of sign language. We saw the person was able to communicate what they wanted with ease.

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

- People were encouraged and supported to be part of their local community where they wanted to. One person told us they regularly visited church. Another person said, "It's been great being here, living in the community is good."
- People were encouraged to form friendships with each other and maintain family contact where appropriate. Comments from people included, "I like living here, we are like a little family" and, "I like the people I live with."
- People told us they were supported to follow their interests and take part in activities that were relevant to them. People told us, "I go out [when I want to] and there's always enough staff" and, "I love to go to the football, I also like to read my star signs."

#### Improving care quality in response to complaints or concerns

The provider had a complaints policy and procedure. People could tell us how they would complain, and staff could tell us the signs to look out for to identify if people were happy or not. There had been no formal complaints since the home opened however, the provider had a system in place to ensure any complaints received would be logged, investigated and responded to and any learning used to improve the service provided.

#### End of life care and support

- No one was receiving end of life care at the time of the inspection. People's end of life wishes, and preferences were recorded in their care plans, this enabled staff to have up to date information to ensure peoples end of life care was delivered in a way they wanted.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. However, leaders and the culture they created did support the delivery of high-quality, person-centred care.

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

- There were systems in place to monitor the service. However, these had not always been effective at identifying where improvements were needed as identified during our inspection.
- For example, there were systems in place to ensure staff were recruited safely. However, staff employment history was not fully explored, and staff DBS checks had not been completed in line with requirements. The registered manager sent us an action plan following the inspection outlining what action they were taking and then confirmed to us when they had completed this.
- We also found, there were systems in place to audit the medicine administration. However, they had not identified where one medicine count was incorrect. The registered manager took immediate action to investigate this.
- The registered manager responded positively to the inspection process and took immediate action on feedback issues raised during the inspection.
- Staff told us they could approach the registered manager at any point to discuss concerns or anything they felt they need to. Staff meetings had taken place and feedback was given to staff. This gave staff the opportunity for learning and development.
- The registered manager had notified The Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities.

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

- The staff and registered manager demonstrated a person-centred approach for the people they supported. We saw people had choice and control and were involved in day to day decisions. We observed staff planning a trip to the shops with one person, they were supported to decide about what they would buy for their meals that day.
- Staff felt well supported and staff and people expressed confidence in the registered manager. A staff member said, "It's a good service and a good manager. It makes you want to do your best. The manager always puts the service users first and has been a real team player." A person said, "[Registered manager] is always here if we need her. She is fun but serious when she needs to be."
- The registered manager or clinical lead were on site every day so were aware of day to day culture and staff attitudes, values and behaviours. A staff member told us, "The management have set standards [they are here every day]. We are trying and working hard to maintain that. We [the team] work hard and try hard."
- Staff were proud to work at Messenger house. One staff member said, "It feels like I am at home when I am

here, it doesn't feel like work. I am proud when I look at what the people have achieved since living here."

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

- People told us, and records confirmed, they were involved in decisions made about their care. For example, people had been consulted with and chose to live at Messenger House.
- People had only been living in the home for a short period of time, so formal feedback had not yet been sent out. The registered manager told us this is something they planned to do. This would enable people to formally feedback about their care and support. People felt able to talk to the manager and discuss any discuss any concerns or changes.
- People's care plans contained information about how they liked to be supported and details about their religious and cultural needs. This enabled staff to know what people's support preferences were.
- Staff had a good understanding of whistleblowing and told us they knew how to access policies relating to this.

Continuous learning and improving care

- The registered manager recognised how new the service was and said there were still processes that needed to be tightened up and fully implemented. The registered manager also told us they were looking in to training themselves or staff to become trainers. This would mean there were people readily available to deliver training to the staff team and this would be a cost saving to the organisation.

Working in partnership with others

- Staff communicated with the GP, social workers, psychiatrists and other professionals when required. This evidenced partnership working between the staff team and external professionals to enable positive outcomes for people.

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 registered manager understood their responsibilities in relation to the duty of candour regulation and was able to discuss how they would meet this requirement.