

Starcare Limited

Hallwood Court ECH

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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Hallwood Court ECH is an 'extra care' housing service consisting of 20 apartments accommodating people within a large, purpose-built building. At the time of the inspection eight people received personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People received an exceptionally caring service and felt supported and valued as individuals. An outstanding level of compassion had been demonstrated during the COVID-19 pandemic through a number of acts of kindness by individual staff members and the provider. These actions had a hugely positive impact on people's mental health and well-being and significantly reduced the impact of people feeling isolated and alone.

People told us they were treated with respect and staff upheld their dignity during care visits. People were supported by staff who knew people exceptionally well. Trusting relationships had been formed and without exception, people told us they were happy living at Hallwood Court ECH.

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 involved in developing their care plans which were person centred. These were updated to reflect people's choice and when care needs changed.

Systems were in place to manage risks to people's health and wellbeing and medicines were managed safely. The provider had developed detailed policies, procedures and risk assessments to manage risk relating to the COVID-19 pandemic.

The service was well- led, and staff felt well supported by an open and honest culture. The registered manager had developed positive working relationships other professionals and organisations to ensure positive outcomes were achieved for people.

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

Rating at last inspection

This service was registered with us on 11 March 2019 and this is the first inspection.

Why we inspected

This was a planned inspection to provide Hallwood Court ECH with its first CQC 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Hallwood Court ECH

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 carried out by one inspector.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. This means that 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

We gave a short period notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection. We also wanted to be sure people would be at home to speak with us.

Inspection activity started on 21 May 2021 and ended on 03 June 2021. We visited the office location on 26 May 2021.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. 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 four people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, senior care workers, care workers, the general assistant and the chef who provided an optional lunchtime meal service for people residing at Hallwood.

We reviewed a range of records. This included five people's care and medication records. We looked at three 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 to validate evidence found. We looked at training data and quality assurance records.

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

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place to protect people from the risk of abuse. Staff received training and understood the required actions if they felt someone was being harmed or abused.
- Staff also demonstrated they understood how to respond to, record and report incidents and accidents safely.
- Accidents and incidents were appropriately reported to external agencies including the local authority safeguarding team. Records were reviewed on a regular basis by the registered manager to analyse trends and identify any lessons learnt.

Assessing risk, safety monitoring and management

- People's needs were appropriately assessed; care plans had been developed to minimise any risk to people's health and wellbeing.
- Referrals had been made to other specialist services where risk was identified, or professional input and support was required.

Staffing and recruitment

- Recruitment procedures were safe. Checks were carried out on all staff before they started employment.
- People told us there were enough staff to meet their needs and staff were reliable.

Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed and detailed records were maintained.
- Medicines were only administered by staff who had the correct training to do so. Regular checks on the competency of staff to administer medicines were undertaken by the senior care team.
- People were able to describe the support they needed to take their medicines; and told us they were happy with the support.

Preventing and controlling infection

- Systems were in place to protect people from the risk of infections. People confirmed staff wore appropriate personal protective equipment (PPE) during care visits. A PPE station was available in the main reception for visitors.
- Staff told us they had access to adequate supplies of PPE, had been supported to access COVID-19 vaccinations and completed regular COVID-19 tests. Comprehensive records were maintained in relation to staff testing.

- Staff had also completed training and received regular guidance from the provider to ensure safe practices during the COVID-19 pandemic.

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 before they started using the service to ensure they could be met. This included reviewing detailed assessments provided by commissioners about the person's health and personal care needs.
- This information was used to develop risk assessments and care plans which reflected best practice and professional guidance. For example speech and language guidance was reflected in care plans for people who experienced swallowing difficulties.

Staff support: induction, training, skills and experience

- Staff received the training they needed to support people and spoke positively of the training. One staff member told us, "It provides what we need to do our jobs without overloading."
- Staff received support through induction, regular supervision and observations of their practice.

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

- Staff were aware of people's nutritional needs and had clear information with regards to this. This included where a person needed to consider risks to their diet caused by medical conditions such as diabetes and dysphagia. Dysphagia is a medical condition affecting a person's swallowing ability.
- People could choose to access a lunchtime meal service. Meals could be taken in the communal dining area or in individual apartments. We spoke with the chef who was knowledgeable about people's nutritional needs and maintained detailed kitchen records, including allergen information.

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

- The registered manager and care staff worked with other agencies to ensure people received consistent, effective and timely care. Care plans reflected professional input and advice.
- People confirmed they were supported to access their GP and other health services. Relatives told us they were always kept informed when a person became ill or required medical treatment.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA. Capacity had been assessed; people had signed their care plans to confirm they agreed with the care they received.
- We observed staff seeking the consent of people before accessing apartments to deliver care.
- Where people had put legal arrangements in place such as power of attorney, this was clearly documented in 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.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- There was a strong, visible person-centred culture. People described the quality of care as, "first class," and, "marvellous." We heard of a number of examples how individual staff members and the provider had offered exceptionally compassionate care during the national lockdowns imposed during the COVID-19 pandemic. These examples demonstrated a real empathy for the emotional impact the pandemic had on people residing at Hallwood Court ECH.
- During a period when people had been unable to access the local hairdressing salons, one staff member had utilised the 'inhouse' salon area and provided a hairdressing service to people free of charge and often in their own personal time. The registered manager captured examples of the positive impact this had on people's emotional wellbeing at the time. Comments included, "Having my hair done during lockdown was the best thing ever", "To have my hair done was a bonus and really cheered me up" and "This has made us feel so much better in ourselves."
- Another staff member had grown pots of daffodils at home and presented these to people as a Mother's Day gift. This was at a time when people were unable to see their families face to face.
- The provider had recognised the potential impact of loneliness on people and introduced 'companionship visits'. These were additional non funded calls when staff offered emotional support to people and delivered practical support, which would usually have been completed by others. One person had shared their thoughts on these calls with the local authority and said the gesture meant, "No-one felt alone or isolated." Another person also told the housing provider they, "Wouldn't have wanted to live anywhere else and were so pleased to be in lockdown at Hallwood Court ECH with everyone."
- One person we spoke with about these companionship visits told us, "I love all the staff. During lockdown, carers were coming in all the time and doing extras like changing beds and cleaning." They also added, "I became really lonely during the first lockdown. One day I got really emotional and [staff member] was really supportive and got me through it."
- The registered manager spoke with pride about the staff team at Hallwood Court ECH, and the care they provided to people. They told us, "The staff make it a special place," and "The staff's sole focus is the residents and nothing comes above this." The registered manager told us how staff had also supported one person to access religious services on an electronic tablet to ensure they continued to have their religious needs respected when religious services could not be attended in person.

Respecting and promoting people's privacy, dignity and independence

- People told us they were always treated with dignity and respect and supported at a pace which made them feel comfortable. We were told, "I never feel rushed and [staff] always respect my privacy and dignity."

- Relatives also told us people were treated with respect. One relative said, "[Staff] are patient and bend over backwards. Couldn't ask for better staff."
- We observed staff respecting people's privacy. Staff knocked on apartment doors before entering and sought permission before entering people's personal space. Records demonstrated this was embedded into the culture of the service. For example, monthly observations of staff practice monitored how staff respected people's privacy and dignity when providing care.
- Staff encouraged people to do as much as they could for themselves. Staff were sensitive to people's emotional support needs and able to describe the importance of balancing this whilst maintaining people's independence. One staff member described how they approached support with one person and told us, "[Name] has very low confidence and I give lots of encouragement so [name] feels safe. I chat away to keep [name] going and make [name] feel involved and [name] can rely on us."
- One relative also told us how staff supported a person to be as independent as possible and how important this had been when choosing a care service. They said, "The staff include and encourage, but don't take over and I was looking for this kind of care."

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

- People were fully involved in decisions about the care and support they received. Where appropriate, relatives were also involved.
- One relative told us of a person's recent fall. The relative told us they were fully consulted, and their views were taken into account when considering how to manage the risk following the fall.

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 ensure people have choice and control and to meet their needs and preferences

- People received personalised care which reflected their needs and preferences. Care plans were person centred, staff took the time to discuss people's personal histories and specific wishes in relation to the care they received. One relative told us, "I see how staff are with [name]. I see staff having companion chats and I know they ask about [name's] past and I think that is lovely."
- Care plans were clear and easy to follow; staff were kept informed of any changes. Care plans were stored in people's apartments and reviewed on a regular basis.
- Throughout our inspection we observed positive, caring interactions. We asked one staff member what they liked most about working at Hallwood Court ECH. They told us, "I think caring for people is the best bit. I get to know them really well and understand their likes and dislikes."

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 communication needs of people were assessed and reflected within care plans.
- Information about the service was available in different formats so people had access to information in a way they would understand.

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's social and cultural interests were considered when developing care plans.
- Staff worked alongside people using the service and the housing provider to deliver a plan of social activities. A number of activities had been impacted by restrictions imposed by the COVID-19 pandemic. People we spoke explained they understood why this had happened and told us they were pleased some activities had recently been re-introduced in response to the national easing of restrictions.

Improving care quality in response to complaints or concerns

- There was a system in place for recording and responding to complaints. This was made available to people through the service user guide.
- People confirmed they knew how to raise concerns and felt confident any issues would be addressed.

End of life care and support

- At the time of the inspection, nobody was being cared for at the end of their life. However, training was available and, where appropriate, care plans contained information about people's wishes and feelings in respect of this aspect of their care.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People told us the service was well led and well managed. One person told us, "The building would fall down without the staff. The staff are so good they could run the place blind-folded."
- Relatives also felt the service was well led and told us they were kept informed about people's care.
- Staff felt well supported and spoke positively about the management team. The staff team had worked at Hallwood Court ECH for many years and had experienced a number of provider changes. One told us, "Starcare have been the best of the providers we have had," adding, "I could go to the provider or the registered manager and they are great and will sort any issues."
- Having recognised the potential impact on people's mental health and wellbeing during the COVID-19 pandemic, the provider recently had employed a mental health worker. This was a dedicated role to provide additional emotional support to people receiving care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a robust framework of governance underpinning the service. Audits and other checks were effective in identifying and driving improvements.
- The registered manager understood their responsibility for notifying the Care Quality Commission of events that occurred within the service; accurate records were maintained.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People confirmed they were encouraged to offer feedback about the service through regular contact and quality reviews. In one recent satisfaction survey, one person said it was the, "Best move I ever made coming to Hallwood Court ECH, care staff are fantastic."
- Staff were engaged, motivated and felt valued. Staff felt able to share their views and told us they were listened to.
- The registered manager worked closely with the housing provider and external professionals to ensure good outcomes were achieved for people.
- The provider had initiatives in place to reward and recognise staff and regularly promoted additional benefits available to staff. Such benefits included discount websites and external companies who could offer support to promote physical and mental health and wellbeing.

