

Hilbre Care Limited

Hilbre Manor EMI Residential Care Home

Inspection report

68 Bidston Road
Prenton
Wirral
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13 July 2017
19 July 2017

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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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on 13 and 19 July 2017, the first day of the inspection was unannounced. This period property has accommodation for people on the lower ground, the ground, first and second floors. It provides accommodation and support for up to 15 older people who live with dementia. The house has a large garden, a passenger lift and has been recently refurbished (2015). It is on a main road in Prenton and has good access to public transport and other community facilities. At the time of inspection the home had 12 people living there.

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. At the time of inspection the service had a manager in post who was going through the registration process with the Care Quality Commission.

During our inspection we found breaches of Regulations 12, 17 and 18 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report. These breaches related to the safety of the premises, risk assessments, governance of the service and staffing.

During our visit we found that care plans and risk assessments were mostly in place for people living in the home, however some risk assessments were not always in place or had contradictory information in them. The personal evacuation plans for people did not always match the risk assessments contained in their care files. The provider informed us on the second day of inspection that this was being actioned. These files and people's needs should be regularly checked and updated, not as a consequence of a CQC inspection.

There were some quality assurance systems in place but these did not operate effectively enough to ensure people received a safe, effective, caring, responsive and well led service. Staff did not receive the training and supervision they needed to support people with dementia. This placed people at risk of receiving inappropriate and unsafe care.

The service had systems in place to ensure that people were protected from the risk of harm or abuse. We saw there were policies and procedures in place to guide staff in relation to safeguarding adults. However most staff had not received any up to date training surrounding safeguarding.

We saw that the home did not have records of any reassessment of people's capacity before deprivation of liberty safeguards were applied for. The acting manager told us of the people at the home who lacked capacity and that the appropriate number of Deprivation of Liberty Safeguard (DoLS) applications had been submitted to the Local Authority in relation to people's care. We identified one was out of date and this was reapplied for during the inspection.

People told us they felt safe at the home and had no worries or concerns. From our observations it was clear that staff cared for the people they looked after and knew them well. Relatives we spoke with said they would know how to make a complaint. No-one we spoke with had any complaints.

People had access to sufficient quantities of nutritious food and drink throughout the day and were given suitable menu choices at each mealtime. All medication records were completely legibly and properly signed for. All staff giving out medication had been appropriately trained.

Staff had been recruited safely with appropriate criminal records checks, however some checks required under legislation had not been completed.

The home had recently undergone an infection control audit and we saw that the findings had been actioned and completed. The home was clean, safe and well maintained. We saw that the provider had an infection control policy in place to minimise the spread of infection and a good supply of personal and protective equipment. For example, hand gels, disposable aprons and gloves.

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

We saw that people's individual risks were not always identified and did not always match their personal emergency evacuation plans.

Some fire safety checks and drills had not been regularly carried out and other health and safety checks were not in place.

Staff had been recruited safely, although some required checks had not been completed.

Medication storage and administration was correctly carried out.

Requires Improvement ●

Is the service effective?

The service was not always effective

Staff had not had any supervision and appraisal.

Staff training was not up to date and staff had been told to use techniques for which they had not received the relevant training.

People enjoyed and were given sufficient to eat and drink and a choice of suitable nutritious foods to meet their dietary needs.

Requires Improvement ●

Is the service caring?

The service was not always caring

Not all interactions with the people living in the home showed an understanding of dementia.

Staff were proactive in ensuring people's privacy and dignity.

Relatives told us that there was always communication between them and the service.

Confidential information was kept secure either in a locked office or on a password protected database.

Requires Improvement ●

Is the service responsive?

The service was not always responsive

There was little evidence to show that complaints had been investigated, evidenced and actioned appropriately.

People's care plans identified what support was needed by people living in the home.

People had prompt access to medical and other healthcare support as and when needed.

Requires Improvement 

Is the service well-led?

The service was not always well-led

The provider had not carried out their responsibilities in relation to the service and to registration with CQC.

Audits in place were not were not effective.

The home did not have a registered manager in place.

During our inspection we found evidence that the home did not follow its own policies. This indicated that some policies were not working documents and ineffective.

Requires Improvement 

Hilbre Manor EMI Residential Care Home

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.

This inspection took place on 13 and 19 July 2017 and was unannounced. The inspection was carried out by two adult social care inspectors.

Prior to the inspection we asked for information from the local authority quality assurance team and we checked the website of Health watch Wirral for any additional information about the homes. We reviewed the information we already held about the service and any feedback we had received.

During the inspection we spoke to five relatives of people living at Hilbre Manor EMI Residential Care Home. We talked with seven staff on duty over the two days including the acting manager, administrator, care staff and cook.

We observed care and support for the majority of people who lived at the home. We reviewed a range of documentation including four care plans, medication records, records for four staff members, staff training records, policies and procedures, records relating to the quality checks undertaken by the manager, health and safety records and other records relating to how the home is managed.

Is the service safe?

Our findings

We spoke with five relatives and each said that they felt that their family member was safe in Hilbre Manor EMI Residential Care Home. However during our inspection we identified issues surrounding the premises and the risk assessments.

The home had a 'grab file' that was to be used in the event of an emergency such as a fire. The grab file was meant to have all relevant information immediately to hand about a person. The information held in the grab file should have reflected the information held on the people in their care files and risk assessments. We saw that the information in people's emergency evacuation plans (PEEPS) did not always match what information was held in people's care plans and risk assessments. This showed that the information provided in PEEPS was not accurate and up to date. We saw that the grab file was disorganised and in one case did not hold any information on a person living in the home. Following the second day of inspection the grab file had been organised with the information for evacuation. However when we asked if the risk assessments had been reviewed to ensure the information to safely evacuate people was up to date we were told they were now being reviewed. The files should be regularly checked and updated, not as a consequence of a CQC inspection.

We saw no evidence of weekly checks of fire alarm system and emergency lighting, maintenance staff said they completed these checks in June 2017 but the provider could not locate paperwork. Other staff stated that they did not believe any other weekly checks had taken place since December 2016. We identified that the last fire drill recorded was November 2015 and we saw no evidence of any since then. The home's policies state that 'Fire drills be held, as a minimum, twice per annum'. These had not taken place.

We identified that small electrical devices had not been checked for safety, we approached the provider with this information who accepted that this had not been done. We saw that the gas safety certificate expired July 2016 and the cooker had not been checked since July 2015. On the second day of the inspection, more recent and up to date certificates for gas safety were provided to us.

Care plans and risk assessments were mostly person centred however one person had duplicated risk assessments surrounding mobility and the information in each didn't match. Another person did not have any risk assessments in place at all. This meant the staff had did not always have up to date guidance, we could not be sure that all risks in the home were being assessed appropriately and timely in accordance with people's needs.

These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure that the premises were safe for use and had not assessed the risks to the health and safety of people receiving care.

We saw that some health and safety checks had taken place. These included the water systems had been checked for legionella in June 2016 and the night duty cleaning schedule had been reviewed in January 2017. However we saw that the cleaning schedule was merely ticks as completed with no detail of what had

been done.

We looked at staffing rotas for three weeks prior to the inspection and the rota currently in use. We observed that there was sufficient staff on duty. However feedback from relatives included comments about staffing. One relative said "The staff seem to be different on each occasion, I think there may have been at least three managers over the period that my father has been a resident".

We observed medication administration. This was carried out safely, the medications were administered appropriately and people were observed taking them. The medications trolley was secured and measures were in place to ensure controlled drugs cupboard were stored securely to prevent unauthorised use. Medication Administration Records (MARs) had been fully completed by staff when medicines had been administered. It showed that people had received their medication as prescribed. All the medication we checked was in date and appropriately labelled. This meant that people received medications that were safe. Staff who administered medication had received appropriate training.

We viewed four staff recruitment files and found that most of the appropriate recruitment processes had been followed and that checks had been made. All files contained two references, proof of identification and had appropriate criminal records checks on each person. There were no declarations regarding the medical fitness of staff to complete their roles, these declarations are required under legislation. We were able to see that the home had a disciplinary policy in place and we saw the paperwork the home used, however we asked for the evidence that the policy had been followed to be emailed to us after the inspection but this was not sent. This meant we could not be certain that the home was following their own policies.

We asked staff members if they knew how to safeguard people from the risk of abuse and asked if they felt confident to report any type of potential abuse. Some of the staff we spoke with were able to show an understanding of the different types of abuse and how to report abuse. However we saw that the records provided showed that staff had not received any safeguarding training. We saw that policies and procedures were in place for safeguarding, however the home had not reported safeguarding incidents to the Local Authority and Care Quality Commission appropriately and in a timely manner. The provider later dealt with matter appropriately.

Is the service effective?

Our findings

We identified concerns about the staff training and support processes the home had in place. We saw that no staff apart from one person had received safeguarding training and other training records were not robust surrounding moving and handling, fire or infection control. The home's policy states that they have a responsibility to provide training. In one person's care file it stated that if a person was agitated that the staff were to use 'diversional techniques'. We saw no evidence of training in place to support staff with this. We looked for any records for training about the Mental Capacity Act and we saw that only two staff had attended this. We asked for the certificates for all staff however none were provided. This meant that we could not be certain that the staff had the required skills to provide safe and effective care to the people living in the home.

We saw only one member of staff had received any supervisions or appraisals. Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs. There was no evidence that staff had been given this opportunity.

These were breaches of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to give appropriate support, training, supervision and appraisal as is necessary to enable them to carry out the duties they were employed to perform.

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. The application procedures for this in care homes and hospitals are 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 were being met. The service was working within these principles for the majority. The acting manager was aware of the needs to have all those people needing Deprivation of Liberty Safeguards (DoLS) applications to be completed, however during the first day of inspection we identified that one person's DoLS was out of date, by the second day of inspection this had been rectified. We also identified that some MCA assessments had been carried out on people in 2015 where it stated they had capacity. We then saw that DoLS were placed with no information to show the service had reassessed capacity leading to the application for DoLS.

We saw that people's nutritional needs were assessed and their dietary needs were known by the cook on duty. One relative told us "The food is excellent", another relative told us ""Food is good here. Mum likes the food. Staff are very patient with her and her food" We were also provided with an example of how staff worked hard to get a person's weight back up after a hospital stay. We were told that it had been a "Remarkable recovery". We looked at the menus available and saw the food to be nutritious and varied and

we observed drinks being offered to people throughout the day.

We saw that some people had their dietary and fluid recorded daily and their weight on a monthly basis dependent on the person's needs. We saw that when person's dietary intake or weight changed significantly then the person's risk assessment was reviewed and a referral was made to other external professionals if needed to ensure people's nutritional needs were managed.

We were taken on a tour of the building and we saw that the bedrooms were en-suite and had dementia friendly signs on the bathroom doors. The rest of the house also had these signs for people to have easy access. Other areas of the home were nicely decorated and the entrance to the building was bright and welcoming. We were told that there was a redecoration plan to continue the dementia friendly theme. We were also shown a large outside space that was used for the benefit of the people who lived in the home.

Is the service caring?

Our findings

We spoke to five relatives and all the feedback was positive. Comments included "The staff seem to be attentive to his requirements and make every effort to support him". Another relative told us how they were "Over the moon with the care shown by the carers at the home, nothing is too much trouble, my mother loves living there and she thinks all the staff are wonderful" and one relative was able to tell us how they visited every day "Very happy with care, very happy with staff".

Staff were proactive in ensuring people's privacy and dignity. We saw that staff throughout the day were respectful and discreet when supporting people with personal care. People looked well-groomed and cared for and were dressed appropriately. A relative told us "I have found him to be in reasonable spirits, washed and generally well cared for".

Relatives told us that there was always communication between them and the service and they felt they were kept informed of any issues. One relative told us "I get a call from the home at least once a week" another family member told us "They keep me informed".

The manager showed us a document produced by the provider that was made available to people living Hilbre Manor EMI Residential Care Home, their sister home and their relatives, this included information about the service. This held information that included care services and facilities. However this document was not specific to Hilbre Manor EMI Residential Care Home and held incorrect information as it mentioned the sister home. This was immediately brought to the manager's attention who told us that this would be immediately corrected.

We were able to observe staff interact with people who lived at the home. The majority of the staff patient, caring and respectful approach when approaching people. It was clear from our observations that the majority of staff knew people well. However we did identify that not all interactions with the people living in the home showed an understanding of dementia. We discussed this with the provider who agreed that the staff knowledge regarding dementia needed to be checked. A training course was due at the end of the month.

The home had processes in place to keep people's independence for as long as possible. An example of this was one person had a daily checklist before they left their bedroom. This included personal information to check as well as belongings. We saw clear signs directing people to toilets that encourage people to stay as independent as possible.

At the entrance to the home we saw that a notice board held clear information for people who might need advocacy services. This included contact details and an explanation about advocacy. We also saw that there was clear information about dignity in care.

During our inspection we observed that confidential information was kept secure either in a locked office or on a password protected database.

We saw evidence that end of life discussions had taken place with people and their relatives this showed us that the home understood and respected the advance decisions made by people in respect of their end of life care.

Is the service responsive?

Our findings

We saw a copy of the complaints' procedure displayed on the noticeboard in the reception area and a version was seen in the welcome document provided by the home. This referenced us, the Care Quality Commission [CQC] which is the way that many people now raise complaints or concerns.

We saw that complaints received by the provider had been logged however there was little evidence to show that these had been investigated, evidenced and actioned appropriately. We asked the provider about this who told us of their process they followed when a complaint had been made. This did not follow the homes own policy on actions to take when they receive a concern or complaint.

We asked people relatives if they had any concerns with the service and the feedback was all positive. One relative commented "I'm satisfied with the care provided for my father at Hilbre Manor" and another commented "I'm confident that the staff will deal effectively with any issues and I have no concerns". Everyone we spoke with told us that they would feel comfortable approaching the staff with any concerns.

The home accessed a bible study group once a week for people living in the home and we saw that there were external people who would come and sing. We saw that the home used a mini bus for outings, one relative told us "They offer weekly trips out in the minibus which he seems to appreciate". However we saw little meaningful activities being carried out in between these events. We looked at peoples activity records for the previous 14 days and saw that the majority of the people 'watched telly' for the majority of the time. This meant that people were not regularly engaged, this could have an impact on their social interaction and mental stimulation.

We looked at four care plans and saw that these were stored either on the online system the home had or in paper files. We saw that the files contained plans describing how the person needed to be cared for and we saw some were not person centred. The care plans identified what support was needed including communication, continence and daily life and activities. Care plans had been reviewed regularly to make sure they reflected people's current needs and circumstances. An example of this was a referral to the falls team when it had been identified that a person had fallen on a number of occasions.

We asked relatives if they thought staff knew the people living in the home and we were told "yes". The majority of the staff in the home was able to show that they had in depth knowledge about the people's likes and dislikes. They were also able to tell us that they had access to the care plans for information about the care people were to receive. Staff were also able to tell us how they were informed about people's needs before they entered their new home.

The home held daily monitoring information on each person and we saw that this was up to date and that included hygiene information and weight. We noted that people had prompt access to medical and other healthcare support as and when needed such as GP's, physiotherapists, dentists and district nurses.

Is the service well-led?

Our findings

We saw that in a two year period the home had had a registered manager for two months. At the time of inspection the service had an acting manager in post who was going through the registration process with Care Quality Commission. We had informed the provider that that it is a condition of their registration that they have a registered manager in post. We also explained the consequences if they did not take steps to employ and register a manager in a timely manner.

During our inspection we identified incidents that had not been referred to the local authority and not notified to CQC. This indicated that the provider had not carried out their responsibilities in relation to the service and to registration with CQC and had not updated us with notifications and other information. Records had not been well maintained at the service and those we asked to see were not always located promptly.

We looked at the audits for the home and saw that falls audits and safeguarding audits had not been completed comprehensively. There was a body mapping audit that showed an unexplained injury that should have been notified to CQC. We also saw that the manager's monthly audit check did not correlate with actual monthly checks. The audits in place were not were not effective, an example being the monthly body map audit, this was not an audit, it was printouts of body maps and merely data collection.

The service did not use the current system in place to show us how they identified trends and learnt from them. We were able to establish that some data was held on the homes computerised system that a fall had occurred in June 2017. This was well documented, However there was no evidence of learning or review of the incident which could be used to prevent re-occurrence.

We saw that the home did not have records of any reassessment of people's capacity before deprivation of liberty safeguards were applied for.

The home had no inventory of equipment and there was no evidence of equipment serviced or checked by registered person. We brought this to the provider's attention who accepted that there system for checking equipment was not effective.

We saw a folder marked 'staff meetings 2016' that contained minutes of two meetings held in 2016. We asked if any others had been held since and the provider supplied minutes of one meeting held in June 2017. When we asked the provider about this they agreed staff meetings had been sporadic and management issues/changes of registered manager had mostly been the cause. In the homes policy it stated that 'The proprietor is responsible for convening staff meetings on a monthly basis', there was no evidence that this had occurred.

Staff had access to policies and procedures on areas of practice such as safeguarding, whistle blowing and safe handling of medicines. These provided staff with up to date guidance, however during our inspection we found evidence that the home did not follow its own policies. This indicated that some policies were not

working documents and ineffective.

There was little evidence to show that the complaints that had been received by the home had been investigated, evidenced and actioned appropriately.

These were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the provider had failed to adequately establish and operate effectively systems and processes to ensure compliance.

From April 2015, providers must clearly display their CQC ratings. This is to make sure the public see the ratings, and they are accessible to all of the people who use their services. Hilbre Manor EMI Residential Care Home were displaying their ratings appropriately in a clear and accessible format, at the entrance to the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure that the premises were safe for use and had not assessed the risks to the health and safety of people receiving care.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to give appropriate support, training, supervision and appraisal as is necessary to enable them to carry out the duties they were employed to perform.