

The Place Up Hanley Limited

The Place Up Hanley

Inspection report

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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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Place Up Hanley is a care home providing personal care. The home is registered to support up to 51 people. At the time of the inspection there were 36 people living there. The home supported younger and older people, some of the people were living with dementia or other mental health support needs. Some people may also have had physical or sensory disabilities.

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

Governance systems in place had failed to fully identify improvements needed so we could not be sure all concerns would be addressed. Medicines were not always managed safely. Risks to people's health and wellbeing were not always assessed and planned for in a timely manner. People were protected from cross infection risk, however we noted improvements were needed to staff risk assessments, policies being updated and staff practicing good hand hygiene after touching their masks. Lessons had not always been learned when things went wrong as the service remained rated as requires improvement. People did not have their decision specific capacity assessed. People were not supported to have maximum choice and control of their lives; the policies and systems in the service did not support this practice.

Some staff training had not been completed but plans were in place to bring this up to date. The physical environment needed improvement, but plans were in place to complete this, which we saw evidence of during our inspection. People were supported to access other health professionals, but their care plans were not always updated in a timely manner.

The manager was aware of their responsibility in relation to duty of candour. Notifications were submitted as necessary and the previous inspection rating was being displayed appropriately. Relatives and staff found the manager approachable and could raise concerns. The provider worked in partnership with other organisations.

There was a sufficient number of safely recruited staff. People were protected from the risk of abuse by staff who understood their safeguarding responsibilities and appropriate referrals were made. People had enough food and drinks in line with their needs.

Rating at last inspection and update

The last rating for this service was requires improvement overall (published 23 July 2019). The service has remained rated as requires improvement overall.

Why we inspected

The inspection was prompted in part due to concerns received about incidents that had occurred in the service. A decision was made for us to inspect and examine the response to those incidents. We also followed up on the previous breaches of regulation. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. We reviewed the information we held about the

service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

Enforcement

We have identified multiple breaches of regulation in relation to the safe care and treatment of people, checking consent and the governance arrangements in the home.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Place Up Hanley

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 following concerns being raised by the local authority. 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 two inspectors.

Service and service type

The Place Up Hanley is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is required to have 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. A new manager had started at the home; however, they had not yet applied to register with us.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The local authority shared feedback about their visit to the home with us. 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 also asked Healthwatch if they had any information to share. Healthwatch is an independent consumer champion that gathers and represents the views of the public

about health and social care services in England. They did not have any feedback to share. We used all of this information to plan our inspection.

During the inspection

We were unable to have detailed conversations with people who used the service due to their needs. We made observations in communal areas to help us understand the experience of people who could not talk with us. We spoke with seven members of staff including care staff, senior staff, one agency staff member, a domestic staff member and the activity staff member. In addition to this, we also spoke with the manager, deputy manager and the compliance manager from the provider. We also spoke with a visiting health professional.

We reviewed a range of records. This included four people's care records and multiple medication records. A variety of records relating to the management of the service, including audits and building safety records were reviewed. We looked at three staff files in relation to recruitment.

After the inspection

We continued to seek clarification from the manager to validate evidence found. We looked at policies and procedures, training records and quality assurance records. We also had an interview with the manager using a video calling application.

We also spoke with three relatives over the phone to gain their views as we were unable to speak with them during our site visit.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Using medicines safely; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to have systems in place that were robust enough to demonstrate safety was effectively managed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17 which we explore in the well-led section. We also found additional concerns regarding the management of medicines so there was a new breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were not managed safely. There were gaps in records without explanation and the omissions noted below.
- One person had a medicine changed from a solid medicine to liquid form. The person's medication administration records (MARs) had two entries for the same medicine; one in solid form and one in liquid form. Also, the liquid medicine did not have clear administration instructions. Therefore, there was an increased risk the person could receive too much of this medicine, not in line with their prescription.
- Two people had a topical medicine applied on a patch. Staff were recording the change of patches; however, staff were not recording where the patch was being applied so there was a risk it could be placed in the same area. Skin irritation can occur if patches are re-applied on the same area of skin as previous patches within a few weeks. This left the person at risk.
- In another example, one person's allergies were not noted on their MAR despite it being a prompt, this increased the risk of being given a medicine which could impact their allergy.
- There were concerns about the storage of medicines. One person had eye drops. It was not recorded when they had been opened. The instructions stated it should be used within four weeks of opening, but we could not be sure how long it had been opened for.
- The medicine fridge temperatures were not being consistently recorded and the thermometer was not being used correctly to check the temperature. Therefore, there was a risk the medicines needing refrigeration may not have always been stored in the correct manner.
- Risks to people's health and wellbeing had not always been assessed and planned for. People's plans had not always been updated following a change in their needs. For example, one person had started experiencing new ill-health symptoms. Their care plans had not been updated to reflect this change.
- In another example, one person could become anxious and display signs of this. These signs had changed recently, but their care plan had not been updated to reflect these changes.

- This meant, there was a risk people may not always be supported in line with their needs, particularly as new staff or agency staff may be needed to support people.
- There were plans in place to identify how people would need support during an evacuation, however the room numbers did not match which could cause confusion in an emergency. Following our feedback, the manager updated these.

The above constitutes a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Lessons had not always been learned when things had gone wrong, as this was the second consecutive time safe had been rated requires improvement.
- Checks were made on the safety of the building. An action plan was in place regarding fire safety. Some action had not yet been completed but were a work in progress. We fed back our findings to the local fire service to consider further.

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. We had to discuss with the manager that staff would pull down their masks for a drink, whilst not in the presence of people, but then did not practice good hand hygiene following this.
- We were somewhat assured that the provider was meeting shielding and social distancing rules. We discussed the need for staff to not gather closely together during mealtimes whilst awaiting food to be given to people in the dining area.
- We were not always assured that the provider's infection prevention and control policy was up to date. The policy had not always been updated to reflect changes in government guidance, although the guidance was being followed. We also had to discuss the need to assess the risk to individual staff as this had not been documented.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Staffing and recruitment

- People did not have to wait long for support and there enough staff to meet people's needs.
- The provider acknowledged there had been some difficulties with staffing due to staff turnover and they needed to recruit more staff. Some agency staff were also being used. One staff member commented, "They are hiring, staff do leave. When they are hiring, staffing levels drop. [The manager] has been brilliant, they are sorting it out."
- Despite this, we observed staff were available in communal areas and people did not have to wait for support. People were served at similar times during lunch, so no one was left waiting.
- Staff were recruited safely as checks on their identity and suitability to the role, such as criminal record checks, were made.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. Relatives told us they felt people were safe and staff knew how to raise safeguarding concerns.

- Staff recognised different types of abuse and understood their responsibility to raise concerns. They felt able to raise these to senior staff or management.
- The service had reported safeguarding concerns to the local safeguarding authority as necessary.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support was inconsistent.

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 did not always have their decision specific capacity assessed prior to applications being made. Therefore, the provider had not accurately checked people's ability to consent to living in the home and receiving care or any restrictions, prior to making applications about these areas.
- Staff did not have a clear understanding of DoLS, however they understood what capacity meant. One staff member said, "Don't assume people haven't got the mental capacity [to make decisions]." Another staff member said, "I've had training on MCA. If somebody is deemed not to have capacity, it falls on somebody else to make a decision in their best interest."

The above constitutes a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

At the last inspection there were gaps in staffing training and supervision which was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, there was no longer a breach of regulation 18, as staff felt more supported and training was being monitored, but further improvements were needed.

- There were still significant gaps in staff training and staff having their training refreshed. Despite this, staff told us they felt sufficiently trained.
- One staff member said, "Yes [I had an induction]. This covered manual handling, I shadowed for two weeks and someone showed me how to carry out personal care. We get sent online courses that we have to keep up with."
- We did not see concerns with staff practice, such as in relation to moving and handling or their approach with people.
- Whilst there were gaps in training, this was being regularly monitored and there were improvements month-on-month.
- Staff felt supported in their role. A new manager had started and was introducing clearer roles and responsibilities to staff and was spending times doing supervisions. One staff member said, "Yes, I have supervision. It's meant to be two monthly, but I've not had one for a good while and the manager is aware."

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

- The environment was tidy and maintained. However, improvements were needed to the décor and some staining was present in a carpeted area. There was a plan of physical improvements in place to make the environment more homely and we saw evidence being made during our visits.
- There was signage available to assist people in orienting themselves.
- Equipment was in place for people with mobility needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs were not always assessed in a timely manner.
- One person had recently moved into the home. The process in place was for their needs to be assessed and care plans to be written within three days of moving in, however it was three weeks later, and these had largely not been completed. This meant there was a risk their needs may not be fully known and planned for. Following our feedback these plans were put in place.
- Relatives told us they were kept up to date about people's health. One relative said, "They [staff] are making an appointment to see a [doctor]. Staff called an ambulance. If anything happens, they ring me."
- People were supported to access other health professionals. One health professional we spoke with told us about recent improvements; "Staff follow our advice – it's been a lot better since there was a changeover of staff." The health professional said referrals for their support were timely and appropriate.

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

- People had enough to eat and drink and had choices at mealtimes. People were shown the lunch options to help them make a choice. One relative said, "[My relative] loves the dinners and food and they say what great food it is."
- People's dietary requirements were checked, such as if they needed a modified diet, or if they had preferences. We observed staff supporting people to have food in line with their needs.



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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always 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; Continuous learning and improving care

At the last inspection there were concerns regarding the robustness of governance systems and there was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found concerns had continued with the governance systems and the provider remained in breach of regulation 17.

- Quality assurance systems were not always effective at identifying concerns and ensuring people always received safe care.
- A medicines audit had been carried out but this had failed to identify the concerns regarding medicines we found.
- An action plan to respond to fire safety risk was in place and largely complete, however some actions were still ongoing.
- Whilst the level of compliance for staff training had improved since the last inspection and this was being regularly monitored, there continued to be gaps in staff training.
- The provider had failed to update some of its policies relating to COVID-19 and updated government guidance and had failed to implement individual risk assessments for staff.
- The provider had also failed to ensure its processes were fully followed when a new person moved in to the service.

The governance systems were not always effective which was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the new manager had started, there was a review taking place of staff roles to ensure these were more clearly defined and so staff were clear about their responsibilities.

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

- Concerns had been raised to us regarding the response to an incident that had occurred in the home. The provider had been open in informing CQC of the incident, but we were in the process of considering if the

response to the person's relatives was fully appropriate. This was still being considered.

- The new manager was aware of their duty of candour. They explained, "It is being open and honest. Such as if there are medication issues or if a person had an accident that we report it, make sure family are aware."
- The provider's compliance manager had supported the service after the previous registered manager had left. A new manager had started but were not yet registered with us. Once they applied, we would consider this in line with our processes.
- The provider had notified us of incidents that they were required to notify us of and the previous inspection rating was displayed in the home and online, as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We received mixed feedback regarding communication. Some relatives felt they had been kept up to date, whereas other had not.
- Relatives commented they felt able to approach the manager and felt positively about them. One relative said, "[The manager] is very thorough, they seem properly conscientious."
- Staff commented they felt the manager was approachable and improvements were starting to be felt in the home. One staff member said, "Yes, the manager is alright from what I have seen so far. I feel all staff would think they [the manager] is approachable." Another staff member said, "Now we have a new manager. Since they started here its improved loads." Another comment was, "It's good at the moment, now with the new management it's getting there."
- Staff commented they felt staff morale had been more positive recently and staff supported each other well.
- The manager was clear on their responsibility to support people with their equality characteristics. They gave examples of supporting people with their religion, if people chose to practice. They were able to provide examples from their career of supporting people in relation to other characteristics also, such as their gender identity or their beliefs.

Working in partnership with others

- The manager and provider worked in partnership with other organisations, including other health services and the local authority.
- The local authority had visited the home to monitor the service and the provider had engaged with this process.

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 11 HSCA RA Regulations 2014 Need for consent People's ability to consent to living in the home and receiving care was not always assessed prior to submitting application to deprive people of their liberty.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's medicines were not always managed safely. Risks to people's health and wellbeing were not always fully assessed and planned for.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems were not always effective at identifying or acting on concerns in a timely manner. Improvements had not been sustained and the provider had failed to ensure people consistently received good care.