

Lion Care Service Limited

Hopleys House

Inspection report

14 Hopleys Close
Tamworth
B77 3JU

Tel: 03452415398

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17 February 2023

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05 April 2023

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Hopleys House is a residential care home providing personal care to up to 5 people. The service provides support to adults with learning disabilities and autistic people. At the time of our inspection there were 2 people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right support

People were supported by staff who recognised and reported the risk of abuse. People's risks were assessed, monitored and managed. People were supported by enough staff who were safely recruited to work in the service. People's medicines were managed safely. There were effective systems to prevent and control infections.

People were supported to eat, and drink where required and have a healthy diet. People were well treated and supported with their equality and diversity respected. People received person-centred care which met their needs and preferences and their communication needs were assessed and met.

Right care

People's needs were assessed and delivered in line with their choices and they were supported by staff who were trained to meet their needs. Staff worked with other health and social organisations. The home was adapted and decorated to meet people's needs and preference. They were supported to share their views and be involved in their care. People were supported to develop and maintain relationships and take part in activities and things of an interest to them.

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. The provider planned to review the assessments in place to ensure they were decision specific.

Right culture

Processes were in place to record any accidents and incidents. People's privacy and dignity was respected, and their independence promoted. The provider acted on any concerns and complaints raised to improve people's care.

People were supported by staff who shared a positive culture which provided them with good outcomes.

The provider and staff were clear about their roles and responsibilities. The registered manager understood their obligation under the duty of candour. People and staff were involved and engaged in the service whilst we had mixed reviews from people's relatives. The provider was continuing to learn to improve people's care.

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

Rating at last inspection

This service was registered with us on 01 April 2022 and this is the first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of right support right care right culture. This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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?

Good ●

The service was caring.

Details are in 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.

Hopleys 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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 2 inspectors.

Service and service type

Hopleys House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hopleys House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information

about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 21 November 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who use the service and 2 relatives of people who use the service, about their experiences of care. We spoke with 5 members of staff, including the registered manager, deputy manager and care staff.

We reviewed a range of records, these included 2 people's care records and medication records. We looked at 1 staff file in relation to recruitment and supervision and 3 agency profiles. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 of this service since registering. 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

- People were supported by staff who recognised and reported the risk of abuse.
- People told us they felt safe living at the home and information on safeguarding was displayed in easy read formats to ensure people could access the information. One person told us, "I feel safe here and I can talk to the staff if I have a problem."
- Staff confirmed the process they followed if they had any concerns, this included informing relatives and documenting their concerns to raise any required referrals. The provider confirmed they would ensure staff knew who to go to if the registered manager or deputy manager was not available, including external professionals.

Assessing risk, safety monitoring and management

- People's risks were assessed, monitored and managed.
- People had person-centred risk assessments in place which were up to date and provided staff with clear information on how to safely manage and monitor their risks.
- People's care records included information on any risks associated with any health conditions they had, and we observed people being supported in line with their care plan. The registered manager planned to review a possible risk assessment required for 1 person around Control of Substances Hazardous to Health (COSHH) items. This would ensure staff knew how to support them in this area and help keep them safe.

Staffing and recruitment

- People were supported by enough staff who were safely recruited to work in the service.
- The provider had made improvements to their recruitment processes following a recent local authority quality assurance visit. This ensured pre-employment checks were completed prior to staff employment.
- Staff pre-employment checks included Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Whilst people were supported by mostly agency staff, the provider ensured people received consistent care as the agency staff members only worked at Hopleys House. Safety checks were carried out on the agency staff members to ensure they were suitable to work in the home. The provider was also in the process of recruiting the agency members of staff to permanent.

Using medicines safely

- People's medicines were managed safely.
- Staff followed effective systems to store, monitor and record people's medicines. People's medicine

administration records were completed to ensure people received their medicine as prescribed.

- Staff completed daily stock checks and room temperature checks to ensure medicines were safely stored.
- People received medicine reviews as and when required. We saw where 1 person's prescription had been reviewed and the dosage of their medicine reduced following feedback from the provider on their presentation. Staff also contacted required specialist health professionals where 1 person had refused their medicine, staff followed the guidance in response to this.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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 making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

People's relatives could visit as and when in line with current government guidance.

Learning lessons when things go wrong

- The provider had processes in place to record any accidents and incidents and identify themes and trends, although at the time of the inspection there were no recent accidents or incidents recorded.
- Staff confirmed the process they would follow if any incidents took place, including record keeping and making required referrals. People's care records included any observations following any behaviour they demonstrated, these included where positive interactions had occurred or any triggers identified.

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 of this service since registering. 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 and delivered in line with their choices.
- People's assessments formed their plan of care which was individually tailored to meet their needs. The care plans provided staff with clear and up to date information on how to support people.
- People and their relatives confirmed staff knew them well and knew how to support them. One relative told us, "Staff have a really good understanding of [Person's name] and any risks, they [Staff] know what they are doing."
- Staff we spoke with were aware of people's individual needs and how to support them.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained to meet their needs.
- Staff received an induction when first employed and completed training in a range of topics. Staff also completed The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- People, their relatives and staff confirmed staff knew how to support people and received the right training to meet their needs. One staff member told us, "We have the right training to support people. I support people with their medicines, I have been trained in this and had my medicine competency checked."

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

- People were supported to eat, and drink where required and have a healthy diet.
- People's independence was promoted through them choosing their meals and then preparing and buying the items they required. Staff told us how 1 person had a set routine of their meals. These included a variety of food which were healthy and ensured a balanced diet for the person.
- People could eat and drink when they wanted. Their care records detailed where staff had prompted them to make their meals and where they decided the time they wanted to eat.
- We observed people making the meals they wanted when they wanted. One person also told us, "I go food shopping, I get to pick the food I want, sometimes I ask staff and they pick my food up for me."

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

- Staff worked with other health and social care organisations to ensure people received consistent and

timely care and support to access to healthcare services.

- Staff made referrals to specialist services as and when required. For example, staff requested a review in relation to 1 person's epilepsy, in response an Electrocardiogram (ECG) scan was booked for this person.
- People's care records included where staff sought advice and guidance from health and social care specialists and people had hospital passports in place.
- The provider worked with General Practitioners (GPs), psychiatrists, local authority social workers to meet people's needs.

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

- The home was adapted and decorated to meet people's needs and preference.
- People had access to spacious communal rooms and outdoor areas to use at their leisure. The kitchen area had easy read labels to support people to make their meals.
- One relative told us they noticed a vast improvement of the environment in recent months. They told us, "The cleanliness of the home has improved, and pictures and photographs are displayed around the home. It has changed for the better, it feels more of a home."

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 MCA 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 provider completed required applications where people were being deprived of their liberty. These were reviewed as required to ensure any recommendations were met.
- People's care records included assessments of their mental capacity. The provider planned to review the assessments in place to ensure they were decision specific.
- Staff understood the principles of the MCA and received training in this area to ensure they delivered care in line with the principles of the MCA.

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 of this service since registering. 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 well treated and supported with their equality and diversity respected.
- The home had a calm atmosphere and people were supported by staff who demonstrated a passion to care for them. One staff member told us, "We treat people as if they don't have any needs, we include them and work as a family."
- People and their relatives confirmed people were treated well. We observed people had positive interactions with staff and staff had completed training in equality and diversity.

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

- People were supported to share their views and be involved in their care.
- People and their relatives confirmed people were involved in their care. One person told us, "I am happy with how things are, I can have my time and go out and do other things."
- We observed people choosing how to spend their day and their care plans documented their involvement in everyday decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, and their independence promoted.
- People confirmed and we observed their privacy and dignity respected. One person told us, "Staff respect me, they check on me, knock on my door and ask if I am alright."
- People's care records detailed guidance for staff to support people's independence. For example, where people did their weekly food shop and tidied and cleaned their bedroom. One staff member told us, "We [Staff] encourage people to attend different activities and encourage their independence."

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 of this service since registering. 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 person-centred care which met their needs and preferences.
- People's care records detailed their individual choices, how their care was tailored to them and the level of support they needed.
- Staff we spoke with confirmed people received personalised care and we observed how staff supported people individually and in line with their preferences. Staff also received training in person centred care, this helped ensure people's individual needs were met.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and met.
- The registered manager and staff were aware of the accessible information standard and ensured people received information in their preferred communication method. For example, through boards and easy read documents.
- Staff received training in meeting people's communication needs and we observed staff tailored their way of communicating to meet people's individual needs. One person told us, "Staff know how to talk to me, and I let them know if something has happened, and how I will react, they support me."

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 supported to develop and maintain relationships and take part in activities and things of an interest to them.
- People took part in different activities which were socially and culturally relevant to them, although 1 person's relative felt staff did not always encourage their participation. We found 1 person attended swimming sessions and discos. They had different trips out including the zoo, the cinema and shopping. One person told us, "I do different things, some days are chilled and other days I do different things."
- Staff supported 1 person to regularly access a music studio to learn and record music pieces. The provider had also recently received contact from the Prince's Trust to support 1 person with potential job interests.

Improving care quality in response to complaints or concerns

- The provider acted on any concerns and complaints raised to improve people's care.
- People, their relatives and professionals had the opportunity to raise any concerns or complaints. People had access to an easy read document informing them of how to raise a complaint and who to raise it to.
- The provider kept individual records for each person receiving care which detailed any concerns or complaints made. The records included an overview and any action taken. At the time of the inspection there were no formal complaints open, however we reviewed the process staff took when concerns were raised with actions taken to improve people's care.

End of life care and support

- At the time of our inspection no one was receiving end of life care and support.
- The registered manager and deputy manager informed us they were planning discussions with people receiving care and their families in relation to any future wishes people had.

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 of this service since registering. 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

- People were supported by staff who shared a positive culture which provided them with good outcomes.
- Staff we spoke with described the people and staff as 'a family' and explained how they worked to include people in their everyday routines.
- We observed people had positive interactions with staff and staff we spoke with shared their way of working to meet people's individual needs and working with people to provide the care they required. One staff member told us, "Everyone works together, [Person's name] did not used to interact with staff, now will, they are a step forward from where they used to be."

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

- The provider and staff were clear about their roles and responsibilities.
- Staff received regular supervisions where they could discuss their role and any further support they required.
- People and staff, we spoke with confirmed the registered manger and deputy manager were approachable and visible within the home. One person told us, "I see [Deputy manager's name] a lot, I get on well with them."

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 obligation under the duty of candour.
- Staff were encouraged to be open and honest and confirmed they would go to the registered manager or deputy manager as and when required.

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

- People and staff were involved and engaged in the service whilst we had mixed reviews from people's relatives.
- People were involved in the service and staff told us about key worker sessions where people had the opportunity to discuss their care. One person told us, "If I wanted different bedding, I would ask staff and they would sort it out."
- People's relatives told us the communication could improve from staff members. The provider told us

they sent monthly reports to people's families to update them with any information about the service and care their relative received throughout the month. One relative, however, informed us they had not received a monthly report for a few months and had raised this with the provider. Another relative told us they had not received a report at all.

- The provider was aware of improving engagement with people's relatives and had created feedback surveys which they planned to send at the end of the month. We reviewed the surveys which were specific to people, their relatives and staff. The questions included different aspects of the service and care provided. This would help gain feedback on the home and make any required improvements.

Continuous learning and improving care

- The provider was continuing to learn to improve people's care.
- The registered manager and deputy manager completed regular audits to identify any areas of improvement. The audits included, reviewing people's daily records, care plans and risk assessments and infection control procedures.
- The provider had systems in place to ensure areas for improvement were identified and actioned. The provider had also created an audit spreadsheet to record all audits for a clear oversight of any identified improvements. This would help identify shortfalls and ensure they were addressed within a specified timeframe.
- Staff told us they had the opportunity to make suggestions to improve the care they provided.

Working in partnership with others

- The provider worked in partnership with others to ensure good outcomes for people receiving care.
- The registered manager and deputy manager had worked with the local authority and were actioning the areas identified at their recent quality assurance visit.
- Staff confirmed they worked together to meet people's needs. One staff member told us, "The teamwork is very good, I am supported by everyone to meet people's needs. It is a big teamwork effort."